

L. Thomas Kucharski,¹ Ph.D.; and Diane Johnsen,² M.A.

A Comparison of Simulation and Known Groups in the Detection of Malingering on the MMPI-2*

ABSTRACT: Three groups of 30 inmates, one instructed to respond honestly, one to fake being mentally ill, and one to fake schizophrenia after being educated to its symptoms, were administered the MMPI-2. These simulation groups were compared to two forensic evaluation groups of 30 pretrial defendants, one believed to be mentally ill and one suspected of malingering based on their psychiatric history, in order to compare the results of simulation with those of the forensic context. The results demonstrated that those instructed to feign psychiatric disorder and those suspected of malingering in the forensic context scored significantly higher on all MMPI-2 validity indicators than did those with a history of psychiatric treatment and those instructed to respond honestly, yet did not differ from each other. These findings suggest that the results of simulation designs are comparable to those obtained from forensic subjects. The F(p) Scale failed to add incrementally to F in discriminating the two defendant groups.

KEYWORDS: forensic science, MMPI-2, malingering

Because of the secondary gain inherent in forensic evaluations, a significant percentage of those referred by the courts are potentially malingering psychiatric disorder. Differentiation of those defendants who suffer from bona fide psychiatric or psychological disorder from those attempting to feign mental health problems is a major element of the forensic evaluation process. Research on the identification of suspected malingering has typically utilized either simulation or known groups designs (1), each of which present inherent methodological concerns. Simulation designs typically involve methodologies that ask college students, psychiatric patients, or inmates to present as if mentally ill. These subjects are then compared to a group asked to respond honestly. Simulation studies are limited in terms of their external validity, that is, it is uncertain whether the results of simulation studies generalize the actual forensic evaluation context. Discriminating those generally devoid of serious pathology who are instructed to respond honestly from those instructed to feign psychiatric symptoms is of limited usefulness. The important discrimination in the forensic context is between those with genuine psychiatric disorder and those who attempt to present as if seriously disturbed.

Known groups designs often suffer from internal validity problems. Known groups designs study subjects involved in the actual forensic evaluation process. The criterion for classifying subjects into suspected malingering and honest responder groups is typically based on the subject's membership in some actual group presumed to be at high risk for malingering. The suspected malingering group is typically compared to a group believed to be unlikely to malingering. Past research has typically defined defendants involved in court-ordered evaluations or who are in pre-litigation sta-

tus as high-risk malingering subjects, presumably because of the potential for secondary gain. Conversely, inpatient psychiatric patients not involved in criminal cases and insanity acquittees are viewed as low risk of malingering subjects in that secondary gain issues are presumed to be reduced or nonexistent.

In an early study, Wasyliw, Grossman, Haywood, and Cavanaugh (2) used as a criteria for defining suspected malingerers any subject undergoing forensic evaluation. They compared these subjects to a group of insanity acquittees, presuming that the pretrial group would be more likely to malingering than those already adjudicated. They found that the pretrial group scored significantly higher on most measures of malingering on the MMPI than the post-adjudicated subjects. However, the use of forensic evaluation status as the criteria for defining a group suspected of malingering is questionable, as a high proportion of those referred for pretrial evaluation are potentially mentally ill. After all, defendants are referred for competency to stand trial and/or for criminal responsibility evaluations because their presentation or history has raised concern regarding the possibility that the defendant may be suffering from actual psychiatric difficulties. Noteworthy in this regard are the findings of Cornell and Hawk (3). In their review of 319 consecutive forensic evaluations, they found that only 9% of their subjects were believed to be definitely malingering, suggesting that a high proportion of those undergoing a forensic evaluation may actually be mentally ill. This raises concern regarding the use of forensic evaluation status as a criteria for defining a high risk malingering group.

Utilizing post-adjudication insanity acquittees or psychiatric patients not involved in court proceedings as bona fide mentally ill, the not malingering comparison group is also problematic as many of these subjects may attempt to deny psychiatric symptoms in order to secure release or may exaggerate in order to remain in the hospital, to obtain disability benefits or other financial rewards. Another potential methodological problem is the inclusion of subjects who are denying psychiatric disorder into groups presumed not to be malingering as this potentially creates an artifact in that they are likely to produce suppressed MMPI/MMPI-2 protocols, which when contrasted with exaggerated profiles would magnify group differences.

¹ Metropolitan Correctional Center, New York, NY, and the John Jay College of Criminal Justice, New York, NY.

² John Jay College of Criminal Justice, New York, NY.

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Walters, White, and Greene (4) compared four groups of maximum security federal inmates, one of which was believed to be definitely malingering, one mild to moderately disturbed but exaggerating, one disturbed with a mild trend towards exaggeration, and one with a consistent presentation of significant psychopathology and no exaggeration. They were unable to distinguish the four groups on any of the standard MMPI validity or clinical scales with the exception of Scale 1. Significant differences emerged on the Ds-r measure (5) and the Obvious-Subtle (6) score. An acceptable rate of correct classification was achieved on only the Ds-r variable and then only after the two intermediate exaggeration groups were excluded. While these results are interesting, they are generally inconsistent with the meta-analytic findings for the MMPI (7) and the MMPI-2 (8). This lack of congruence with the research in this area may be reflective of differences between the sentenced and pretrial subject's motivation to malingering in terms of the potential secondary gains or a variety of selection biases.

Bagby, Rogers, and Buis (9), in a study that directly compared simulation and known groups, reported that subjects asked to simulate mental illness could, with acceptable levels of accuracy, be distinguished from honest responders and pretrial forensic psychiatric inpatients. However, they made no attempt to differentiate the forensic inpatient subjects who were attempting to malingering psychiatric illness from those who were actually mentally ill. Therefore, the generalizability of the results of the simulating group as compared to suspected malingerers in the forensic context could not be assessed. Interestingly, their results revealed that the mean scores of the pretrial forensic group on both the clinical and validity indices of the MMPI-2 were generally in the range of what would be expected from psychiatric inpatients in general. While they reported a high rate of correct classification, it is unclear what is the meaning and/or usefulness of being able to distinguish forensic evaluation subjects from those asked to simulate psychiatric disorder when the forensic evaluation group is potentially composed of a heterogeneous group of mentally ill and subjects feigning psychiatric disorder.

Compounding the problems faced by known groups designs is the issue that mental illness and malingering are not mutually exclusive. Defendants with bona fide mental illness may well attempt to exaggerate their psychiatric difficulties in order to avoid prosecution and incarceration or obtain financial rewards. Berry et al. (10), in an interesting study, attempted to address the issue of exaggeration of existing, real psychological disturbance. Comparing psychiatric outpatients asked to respond honestly, to exaggerate their difficulties, to feign a different disorder, or to feign global psychological disturbance, they reported that the feigning groups scored higher on standard over-reporting indices but did not differ from each other. Classification results yielded near perfect specificity, but poor sensitivity. These results, while supporting the validity of the MMPI-2 in the detection of malingering, suggest that differentiating those with bona fide difficulties who exaggerate from those who are outright feigning may be quite difficult.

Probably because of the inclusion of measures designed to detect an exaggerated response set, the MMPI and MMPI-2 have been among the most frequently used and validated instruments for the detection of a "fake bad" presentation (8). However, several problems in the use of the MMPI-2 validity scales, including F (infrequency) and Fb (back page infrequency) remain, in that both F and Fb appear to be multifaceted. Individuals in psychological distress and those with bona fide mental health problems often produce elevated F and Fb scale scores. In fact, Graham, Watts, and Timbrook (11) reported that an elevation of greater than $T = 120$ was required to discriminate psychiatric inpatients from those in-

structed to fake bad. They reported that much lower scores differentiate groups of nonclinical subjects in simulation designs, providing some evidence of the lack of generalizability of simulation findings to those observed in known groups. These results are not surprising when one considers that the F and Fb scales are based on infrequent responses in nonclinical samples, responses not uncommon in those with mental health difficulties.

In an attempt to develop an MMPI-2 scale more sensitive to the detection of malingering, Arbisi and Ben-Porath (12) have recently reported the results of their attempts to validate an Infrequency Psychopathology F(p) scale that is based on MMPI-2 items infrequently endorsed by those with significant mental health concerns. They identified 27 MMPI-2 items infrequently endorsed by a large group of hospitalized psychiatric patients. They reported that F(p) correlated less than F and Fb with a majority of the MMPI-2 clinical and content scales that do not reflect severe psychological disturbance but moderately with Scales 6, 8, and Bizarre Ideation, suggesting that F(p) represents a unique measure of difficulties infrequently endorsed by mentally ill subjects. When they regressed the F and F(p) scores against group membership (psychiatric inpatients vs. fake bad instructions), F(p) added significantly to F, but F did not add to F(p) when the order of entry was reversed, suggesting that F(p) has a unique ability to discriminate between groups and may add incrementally to F in the detection of malingering. Noteworthy are the recent findings of Greene, Baer, and Elkins (13), who found a similar lack of correlation between F(p) and F and Fb. However, F(p) failed to add incrementally to F in the discrimination of faked vs. honest protocols.

The purpose of this study was primarily methodological. We were interested in determining whether the pattern of results of those asked to simulate psychiatric disorder on the MMPI-2 generalized to known groups of subjects involved in the actual forensic context. Three groups of federal inmates, one asked to respond honestly, one asked to fake being mentally ill, and one asked to fake schizophrenia after being educated to the symptoms of schizophrenia, were administered the MMPI-2. We compared these three simulation groups to two well-defined known groups: forensic evaluation cases with a documented history of psychiatric hospitalization, pre-existing the instant offense, and those with no history of psychiatric treatment. We presumed that the group of forensic subjects now reporting psychiatric symptoms without any history of treatment represented a high risk of malingering, while those with a documented history, pre-existing their arrest, were likely to represent a group with bona fide mental illness as their hospitalization and treatment were not related to a potential attempt to avoid criminal prosecution. We excluded forensic cases who were obviously mentally ill but denied psychiatric difficulties, as these subjects produced suppressed MMPI-2 protocols since these subjects denied of being mentally ill, malingering was less of a significant concern. Including these subjects would have magnified the differences between groups yielding an artifactual increase in group differences. Finally, we were also interested in studying the generalizability of the F(p) scale and its ability to discriminate malingered from honest protocols relative to other MMPI-2 measures of exaggeration.

We recognized that our operational definitions of suspected malingering and bona fide mental illness were not without potential error, as some defendants without a history of psychiatric treatment may be experiencing their first episode or may have long-standing psychiatric disorder but gone untreated. Conversely, it was possible that some of our subjects in the bona fide mentally ill group may have been malingering in other noncriminal contexts and feigned psychiatric illness in an attempt to procure disability payments or other secondary gain. We believe, however, that the magnitude of

this potential error in group assignment was probably small and would not seriously impact the comparison of group means. However, for this reason, with our relatively small sample sizes, estimates of correct classification were not attempted as it was felt that small group assignment errors might produce misleading results.

Methods

The subjects of this study were three groups of 30, males randomly assigned, sentenced federal inmates who gave written informed consent to participate. All groups completed the paper and pencil version of the MMPI-2. One group completed the MMPI-2, with standard instructions to respond honestly (Honest Condition), the second with general instructions to respond as if they were severely mentally disturbed (Fake Mental Illness Condition), and the third with instructions to respond as if they suffered from schizophrenia (Fake Schizophrenia Condition). Immediately preceding administration of the MMPI-2, the Fake Schizophrenia group was provided with a list of the symptoms of schizophrenia, taken from DSM IV (14) and viewed a video entitled "The Schizophrenias," from the PBS series "The World of Abnormal Behavior." Only those subjects who correctly answered a 17-item true/false test made up of questions relating to the DSM IV diagnostic criteria at a 70% rate or higher were included in the Fake Schizophrenia group. Inmates with a history of mental health difficulties were excluded from these simulation groups. These three simulation groups were compared to two groups of 30 defendants referred by the federal courts to the Metropolitan Correctional Center, New York, New York, for evaluation for competency to stand trial and/or criminal responsibility. These known groups subjects were non-randomly selected samples of convenience selected in order of their date of arrival at the institution. The first of these known groups was composed of 30 subjects, 25 males and 5 females, who presented a documented history of psychiatric hospitalization that preceded their arrest on the instant offense (Bona Fide Mentally Ill group). It was assumed, given a history of prior psychiatric hospitalization, presumably under conditions of no secondary gain to avoid criminal prosecution, that this group of subjects would be composed of those with substantiated psychiatric disorder. The second known group was composed of a group of forensic evaluation subjects, 25 males and 5 females, with no history of psychiatric hospitalization or significant treatment preceding the instant offense (Suspected Malingering group). It was assumed that since the first documented history of psychiatric symptoms occurred after arrest that this group represented a high risk of being a malingerer. Psychiatric hospitalization and treatment history was gathered from the defendants' pretrial services report, review of records from psychiatric hospitals, interviews with family members and the defense and prosecuting attorneys. All forensic cases completed the paper and pencil version of the MMPI-2 under standard instructions as part of their court-ordered evaluation. Subjects who denied being mentally ill were excluded, as these subjects often produced suppressed, guarded MMPI-2 profiles indicative of denial or limited insight that potentially could have distorted the results.

Results

The mean age of the subjects in this study was 32.99 years, with a mean educational achievement of 12.25 years. There were no significant differences between the five groups for age ($F(4,145) = 2.07$, $p = 0.0872$). The Fake Mental Illness (FMI) and Fake Schizophrenia (FS) groups had significantly more years of education than the Suspected Malinger (SM) group ($F(4,145) = 3.94$,

$p = 0.005$). However, the magnitude of these differences were not extreme (12.73 years for FMI, 13.17 years for FS, and 11.03 years for SM). Given the equal number of males and females in both known groups, it is apparent that there were no gender differences between the Suspected Malingers (SM) and Bona Fide Mentally Ill (BMI) groups. Within the Bona Fide Mentally Ill group, seven received a final diagnosis of schizophrenia, five schizoaffective disorder, two delusional disorder, three bipolar disorder, one PTSD, two major depression, seven drug-induced psychotic disorders, two dysthymia, and one no Axis I diagnosis. Of the Suspected Malingers, that is, those without a history of prior hospitalization, 17 had a final Axis I drug abuse or dependant-related diagnosis, two schizophrenia, one brief reactive psychosis, two dysthymic disorder, one organic mental syndrome NOS, and seven no diagnosis on Axis I. That is, in the Suspected Malingering group, 27 of 30 cases (90%) received a final diagnosis not of psychotic proportions, while 28 of 30 (93%) of the Bona Fide Mentally Ill group received a final diagnosis representing a severe psychiatric disorder. These results attest to the relative validity of our operational categorization of cases into their respective known groups. Only one of the Bona Fide Mentally Ill subjects received a secondary diagnosis of antisocial personality disorder, compared to 13 of the Suspected Malingers, providing some support to the DSM-IV diagnostic criteria that view antisocial personality disorder as a risk factor for malingering. Two subjects in each group were given secondary diagnoses of borderline intellectual functioning. Five Bona Fide Mentally Ill subjects and two Suspected Malingers had a secondary diagnosis of personality disorder other than antisocial.

A one-way multivariate analysis of variance (MANOVA) with Honest (H), Fake Mental Illness (FMI), Fake Schizophrenia (FS), Bona Fide Mentally Ill (BMI), and Suspected Malingers (SM) as the grouping variable and the MMPI-2 L, F, K, F-K, Fb, O-S, F(p), VRIN, and TRIN as the dependant variables was significant ($F(72, 506) = 5.65$, $p < 0.0001$). A separate MANOVA with the same grouping variables and each of the MMPI-2 Clinical Scales as dependant variables was also significant ($F(40, 538) = 5.83$, $p < 0.0001$). A one-way analysis of variance (ANOVA), followed by Tukey multiple range tests was conducted on each dependant variable. Table 1 presents the means for each group for each of the validity scales and the results of the individual ANOVAs and follow-up tests.

Significant differences were found between groups on all of the validity scales except the L scale ($F(4,145) = 1.77$, $p = 0.138$) and TRIN ($F(4,145) = 2.30$, $p = 0.0618$). As can be seen, the three malingering groups, that is, those instructed to Fake Mental Illness, to Fake Schizophrenia, and the Suspected Malingers from the forensic evaluation known groups, scored significantly higher on F, Fb, F-K, Obvious-Subtle (O-S), and F(p) than either the Honest responders or those in the Bona Fide Mentally Ill group. Those in the Bona Fide Mentally Ill group scored at an intermediate level on Obvious-Subtle, scoring significantly higher than the Honest group, but lower than any of the three malingering groups. These results demonstrate that educating subjects to the symptoms of schizophrenia did not enhance their ability to avoid detection of malingering in that subjects educated to the symptoms of schizophrenia did not score differently from those instructed to fake mental illness without education and scored significantly higher than those with documented psychiatric histories. Second, it appears that the results of the simulation component of the study, that is, the groups instructed to fake psychiatric disorder, are highly generalizable to the known groups forensic context in that those suspected of malingering in the forensic context did not differ from those instructed to fake psychiatric disorder in the simulation context. All malingering groups

scored significantly higher than the Honest and Bona Fide Mentally Ill groups on F, Fb, F(p), and O-S. Noteworthy is the observation that the Bona Fide Mentally Ill group produced modest elevations on F and Fb in the expected range as this group presented significant psychological difficulties. Interesting is the finding that only the Fake Mental Illness and Fake Schizophrenia groups, and not the Suspected Malingering group, scored significantly higher on VRIN. However, the magnitude of the VRIN elevations and the differences between groups was not great. Also interesting is the finding that all malingering groups scored significantly lower on K than the Honest or Bona Fide Mentally Ill groups.

The results of the individual ANOVAs with the MMPI-2 clinical scales as the dependent variables are presented in Table 2. As can be seen from Table 2, significant differences were detected, between groups, on all but Scale 5 (Mf) of the clinical scales. A clear pattern of findings emerges in which all malingering (FMI, FS,

SM) groups scored significantly higher than the Honest Groups. This pattern is true for Scales 1, 4, 6, 7, 8, and 0. In addition, all malingering groups scored significantly higher than the Bona Fide Mentally Ill group on Scales 4, 6, 7, and 8, scales indicative of an over endorsement of severe psychopathology. The three malingering groups did not differ on scales 1, 3, 6, 7, 8, and 0, again demonstrating the generalization of the simulation findings to the known groups forensic context. However, some differences between the simulation and known groups contexts, in terms of the malingering groups, were observed. For example, Suspected Malingers in the forensic context scored significantly higher than the Fake Mental Illness group, but not different from the Fake Schizophrenia group on Scale 2. However, the magnitude of this difference was not large and may have resulted from some moderate degree of real depression, given their recent arrest and incarceration. In addition, the Suspected Malingers scored significantly lower than the Fake

TABLE 1—Mean and standard deviations for MMPI-2 validity scale scores for each of the simulation and known groups.

Group Variable	H	FMI	FS	SM	BMI	F (4,145)	P = Follow Up
F	65.33 (23.3)	118.93 (5.13)	113.40 (16.3)	105.97 (17.6)	78.48 (23.8)	47.73	.000 H, BMI< FMI, FS, SM
K	47.5 (10.6)	40.53 (7.1)	40.57 (8.5)	41.87 (10.5)	45.63 (10.9)	3.24	.014 FMI, FS, SM <BMI, H
F-K	-4.60 (9.8)	26.06 (9.4)	23.40 (14.3)	13.36 (10.9)	0.5 (10.7)	44.42	.000 H, BMI< SM<FMI, FS
Fb	67.50 (24.2)	117.20 (5.37)	110.93 (15.6)	101.50 (17.5)	78.60 (23.1)	40.04	.000 H, BMI<SM, FS<FMI
O-S	48.40 (80.5)	185.83 (54.2)	205.03 (75.5)	177.33 (66.7)	107.40 (77.3)	25.05	.000 H<BMI< FMI, FS, SM
VRIN	55.97 (10.7)	70.60 (19.9)	69.83 (22.9)	61.57 (16.6)	64.07 (12.6)	3.76	.006 H, SM, BMI< FMI, FS
F (p)	63.13 (22.3)	116.30 (8.56)	109.90 (15.8)	88.10 (24.5)	69.60 (23.7)	29.27	.000 H, BMI<SM <FMI, FS

NOTE: Values represent Mean T Scores, except for F-K, which is the mean raw score difference, and O-S, which is the difference between Obvious Scales T Score and Subtle Scales T Score. H = Honest instructions, FMI = Fake Mental Illness instructions, FS = Fake Schizophrenia instructions, SM = Suspected Malingers, BMI = Bona Fide Mentally Ill.

TABLE 2—Means and standard deviations for the MMPI-2 clinical scales for each of the simulation and known groups.

Group Scale	H	FMI	FS	SM	BMI	F (4,145)	P = Follow Up
1 Hs	57.90 (13.6)	69.00 (16.2)	73.03 (15.8)	72.97 (15.5)	64.93 (13.5)	5.42	.000 H<BMI<FMI FS, SM
2 D	59.60 (13.2)	67.67 (11.7)	72.90 (13.7)	77.90 (12.6)	71.73 (14.4)	8.12	.000 H, FMI<SM. H<FS, BMI.
3 Hy	53.93 (16.0)	63.30 (16.8)	67.73 (16.8)	71.00 (18.7)	62.93 (15.3)	4.42	.002 H, BMI, FMI, <FS, SM
4 Pd	63.37 (14.2)	81.63 (15.9)	79.07 (13.9)	75.57 (12.9)	68.46 (11.8)	9.02	.000 H, BMI<SM< FMI, FS
5 Mf	50.47 (9.9)	49.93 (10.0)	54.53 (9.6)	53.73 (9.9)	52.43 (11.3)	1.15	.33 ns
6 Pa	61.30 (15.1)	98.00 (14.0)	102.07 (20.8)	96.17 (17.9)	76.90 (20.7)	27.93	.000 H<BMI<SM, FMI, FS
7 Pt	60.93 (13.3)	75.40 (13.3)	81.87 (14.3)	80.63 (12.7)	68.67 (15.3)	12.02	.000 H, BMI<FMI, SM, FS
8 Sc	61.17 (15.8)	104.67 (12.4)	104.63 (17.2)	96.26 (17.1)	76.37 (18.3)	41.72	.000 H<BMI< SM, FMI, FS
9 Ma	57.23 (14.4)	80.47 (13.9)	76.53 (14.2)	65.80 (15.2)	59.03 (12.6)	16.25	.000 H, BMI, SM <FS, FMI
0 Si	53.20 (10.2)	66.47 (11.4)	69.93 (11.6)	66.80 (11.4)	60.27 (9.9)	11.21	.000 H, BMI< FMI, SM, FS

NOTE: Values are mean T scores. H = Honest instructions, FMI = Fake Mental Illness instructions, FS = Fake Schizophrenia instructions, SM = Suspected Malingers, BMI = Bona Fide Mental Illness.

Schizophrenia and Fake Mental Illness groups on Scale 4. It is unclear whether this finding represents inclusion of more antisocial qualities into the simulation subjects' conception of mental illness or whether our groups of simulating inmates reported some of their own actual antisocial qualities. Finally, the Suspected Malingers scored significantly lower than the Fake Schizophrenia and Fake Mental Illness groups on Scale 9. This finding potentially results from the infrequent attempt to feign mania in the Suspected Malingering Group. Among all three malingering groups, the Suspected Malingers, that is, those involved in the actual forensic context scored significantly lower on Scale 4 than the two instructed malingering groups in the simulation context. This potentially results from the actual forensic subjects attempting to present as less antisocial given their ongoing court cases.

In order to assess the ability of the MMPI-2 validity scales to discriminate between the Suspected Malingers and the Bona Fide Mentally Ill forensic groups, a stepwise Fisher's Linear Discriminant Analysis with Group (Suspected Malingers vs. Bona Fide Mentally Ill) as the criterion and the MMPI-2 validity scales as the predictors was conducted. The Discriminant Analysis was significant (Wilks Lambda = 0.6900, $F(1,58) = 26.05$, $p < 0.0001$). Only the F scale was entered into the equation. The F(p) scale failed to add significantly to the difference between groups.

In summary, generalization of the simulation groups results to the known groups forensic context was observed for a majority of the MMPI-2 validity and clinical scales. Those suspected of malingering in the forensic evaluation context and those asked to simulate psychiatric disorder scored significantly higher on the F, Fb, F(p) scales and the O-S and F-K index than those with a pre-existing history of psychiatric hospitalization and treatment, who in turn scored higher than those asked to respond honestly. The absence of significant differences between the three malingering groups supports the generalizability of simulation to known groups' methodologies. On the clinical scales, a similar pattern was observed on those scales reflecting psychotic symptomatology, the presentation that would most likely have an influence on court proceedings and therefore more likely to be malingered.

Discussion

Detection of those defendants attempting to feign psychiatric disorder is central to the conduct of competent forensic evaluations. Failure to do so has serious consequences for the implementation of criminal justice sanctions. Research in the area of the detection of malingering has generally supported the use of the MMPI and MMPI-2 as valid instruments in the identification of defendants who falsely portray themselves as mentally ill. However, much of the research in this area has relied on simulation designs whose generalizability to the forensic context is generally unknown or on known groups designs that suffer from serious internal validity problems due to questionable criteria for the definition of the known groups. Recently, Lim and Butcher (15) compared a group of college students administered the MMPI-2 under standard and fake bad instructions with a group of hospitalized psychiatric patients. They found adequate classification yet commented that the correct classification of the psychiatric patients was more difficult, suggesting problems with the generalizability of the results of simulation to known groups designs. The present study attempted to address this primarily methodological concern. Specifically, we investigated whether simulation conditions are generalizable to the context of forensic practice. We believe our results clearly validate the utility of both approaches to the study of malingering, at least as it applies to the MMPI-2 and to this particular population.

The results of this study demonstrate that the MMPI-2 validity and clinical scales were significantly elevated in all malingering groups compared to honest responders and those with documented histories of psychiatric disorder. This was true for those suspected of malingering in the known groups forensic evaluation context as well as in the simulation condition. Subjects instructed to feign psychiatric disorder and those suspected of malingering during the forensic evaluation did not differ from each other, demonstrating the comparability of simulation and known groups designs in this study. Our results also demonstrate that all malingering groups scored significantly higher than those with a history of psychiatric hospitalization and those asked to respond honestly on the F(p) Scale, adding some empirical support for the validity and utility of this measure of the malingering of psychiatric disorder. However, similar to the findings of Greene, Baer, and Elkins (13), our results unfortunately failed to show that the F(p) Scale added anything unique beyond what is contributed by the F Scale in the discrimination of those with a history of psychotic disorder from those suspected of malingering. Further research is needed to determine why this theoretically interesting measure is not more useful. Such efforts might lead to the creation of new measures that would enhance our ability to detect malingering. Suffice to say that our research suggests that the findings of the numerous simulation studies reported in the literature are applicable to the real world forensic context.

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Additional information and reprint requests:

L. Thomas Kucharski, Ph.D.
Department of Psychology
Metropolitan Correctional Center
150 Park Row
New York, NY 10007