

From: "Paul Green" <paulgreen@shaw.ca>  
To: "Neuropsychology" <npsych@npsych.com>  
Subject: [npsych] Money for Nothing: Testing another hypothesis  
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There may even be an interaction with personality, as some individuals such as paranoids and probably people with **high scale 4's** (not necessarily diagnosable sociopaths) may have greater tendencies to kick back if they feel they are being kicked, even if they are told that they should not. There is a whole generation of studies for some prospective Ph.D. students.

Sorry but you did not sign your post. In any case, we might expect high scale 4 to be linked with poor effort. Antisocial features are mentioned in DSM IV under malingering. However, the hypothesis that high scale 4 is linked with effort test failure is not well supported by my data in 883 outpatients. It was one of the very first hypotheses that I tested against the data in about 1992. Sometimes I think that data to test our hypotheses is irritating because, so often, it is not in accord with our hypotheses.

The profile of 73 cases who failed both WMT and CARB (n=73) versus those who passed both (n=608) was:-

FAIL both versus PASS both effort tests

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L 59 versus 57

F 72 \* versus 60

K 46 versus 49

-

Hs 84 \* versus 73 \*

De 81 \* versus 71 \*

Hy 83 \* versus 73 \*

-

Pd 63 versus 57

Ma 49 versus 49

-

Pa 66 \* versus 58

Pt 76 \* versus 66

Sc 79 \* versus 66 \*

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Ma 54 versus 52

Si 62 versus 55

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**Slightly elevated 123 (possibly 6) with a low F is the profile for good effort cases.**

**Very high mean scores on 123 and 8 (possibly 6 and 7) and a high F is the mean for those who fail both effort tests.**

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Scale 4 and 6 barely differ. Scale 4 correlates at only  $-0.12$  with WMT DR and scale 6 correlates at  $-0.15$ .

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Not surprisingly, on the MMPI-2 the strongest correlations between effort on cognitive testing are with scale 1 and 2 and they are only  $-0.23$  and  $-0.24$ .

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The F scale correlates at  $0.23$ .

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I agree that studying correlates of poor effort is important.

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The biggest correlate so far established with poor effort is that other test data are invalid and inaccurate.

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The reasons for this are, of course, very interesting. But they do not alter the fact that, if test data are inaccurate, we cannot draw inferences about brain function from them. We have to face this fact and stop shooting the messenger because we do not like the message.

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With regard to fraud by insurance companies, my father used to say, "Two wrongs do not make a right".

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Out of self-interest, claimants should tell the truth and, when they promise to try their best on tests, they should do so. What is so surprising is that, of all the cases who do fail effort tests, almost none ever admit making a poor effort. The strongest denials are from those who are clearly producing invalid test data due to grossly insufficient effort. By effort, of course, I mean what most psychologists refer to when they write "The patient was making a valid effort and the test results are thought to be reliable". [The patient was not making a valid effort and the test results are thought to be unreliable.] We say just the opposite when effort is poor.

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Paul Green