STANLEY L. GOODMAN, M.D. – Qualified Medical Examiner #962948
Diplomate, American Board of Psychiatry & Neurology
in Forensic, Child, Adolescent, Adult, Addiction, and Geriatric Psychiatry
MAIN OFFICE – 5535 Balboa Boulevard, Suite 215, Encino, California 91316 Phone: 818-986-7826 Fax: 818-986-7834
E-mail: slgoodmanmd@goodmanforensic.com ~ Website: www.stanleylgoodmanmd.com
SATELLITE OFFICES – Los Angeles ~ Pasadena ~ Long Beach ~ La Mirada
Santa Ana ~ Rancho Cucamonga ~ Oxnard ~ Palmdale ~ Bakersfield

OVERVIEW OF MALINGERING

Definition:

Malingering is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR®) as the voluntary production or gross exaggeration of symptoms in pursuit of an external goal.

The goal for many applicants is to exaggerate their symptoms for financial gain and to obtain treatment. For applicants who may enjoy the feeling of relaxation that comes from opioids, the goal of malingering may be to obtain opioids. This may produce a dependence upon the medication.

Introduction:

In my opinion, the world's expert in this area is Phillip J. Resnick, M.D., Professor of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, Ohio. He summarized the broad picture of malingering in Audio-Digest Psychiatry, Volume 39, Issue 22 on November 21, 2010. My personal review will focus on malingering that occurs within the field of Workers' Compensation.

Purpose of Malingering:

To create false illness to support false permanent disability compensation.

Role of Psychiatrist:

The role of the forensic psychiatrist is different than that of the treating psychiatrist. As Dr. Resnick states, "Forensic psychiatrists must exercise a higher level of skepticism." A forensic analysis of patients should include information from collateral data, records, and interviews with other relevant subjects -- usually from significant others, spouses, etc. After speaking with a number of attorneys, I feel that obtaining data from spouses and significant others is warranted.

Clues to Deception:

Dr. Resnick states that it is a misconception that if a person looks directly at you, that means the person is being honest.

Additionally, the patient's physical presentation is helpful in determining malingering. The patient's psychiatric complaints of depression and/or anxiety should be consistent with the patient's physical appearance, speech and thought. When the clinical presentation is inconsistent (that is, the patient does not appear to be depressed or does not show any pain-related behavior, yet complains of severe depression), this inconsistency should be noted.

For example, if a patient complains of having severe pain but will go through a six-to-eight hour QME evaluation without exhibiting any pain-related behavior that would indicate malingering. Note that office staff and interpreters who spend extended periods with the patients can provide observation which can be very helpful in this regard.

In one particular case, a female applicant reported complaints of physical pain following a relatively minor accident or assault sustained during a physical alteration with office staff. The altercation had occurred four years prior to the evaluation at my office. She alleged that her pain had not improved in the four years since the altercation/injury. However, she had never undergone an MRI. This was suspicious. During the evaluation, the applicant told me about how much pain she had been experiencing. In regards to psychological symptoms, this woman was very "suggestible" and would agree to even symptoms of psychosis, which would be also inconsistent with her clinical picture. She periodically stood up and tried to act as though she were in pain. Yet, it was well-known to everyone in my office that when she left the office and we watched her leave the building, she ran out of the building and to her car. Therefore, her presentation in the office was very inconsistent with the observation of her running when she left the office. In my opinion, she was willfully and knowingly exaggerating her symptomatology.

Malingering on Psychological Tests:

Many psychological tests are self-report, and the patient can easily exaggerate responses. On the MMPI-2, there are scales for exaggerating such as the following:
The F-K score should be in the 0 to +5 range.
The DS Gough score should be in the 50s. However, score above the 70s are suspect for conscious exaggeration.

False Imputation:

False imputation is a concept in which a person is depressed but blames the depression on industrial causation when the real cause of the depression is non-industrial (e.g. relationship problems, etc.).

Following Applicant Attorney's Advice:

The applicant attorney may tell the applicant that it's best not to return to work. I've seen a number of cases where patients have been off work for four to five years, claiming that they are disabled. When I asked why they had not returned to work, they will admit that their attorney told them not to do so at this time. Thus, the suggestion is that they want to present themselves as disabled when, in reality, they can perform some type of work and are primarily unemployed.