

# My Favorite Tips for Detecting Malingering and Violence Risk

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## INTERVIEWING TIP #1: DETAILED SYMPTOM INQUIRY

### The Problem

A criminal defendant may mangle psychiatric symptoms to avoid criminal responsibility. The ability to detect malingering in a clinical interview is a challenge for even experienced clinicians. One easy symptom to mangle is hallucinations. There are few objective signs that indicate a person is genuinely hearing a voice. For criminal defendants seeking to fake an insanity defense, a common ploy is to allege a hallucinatory command to carry out a crime.

### The Solution

The detailed symptom inquiry is a useful technique to unmask the mangle [1]. The naive mangle is likely to overstate his or her symptoms based on portrayals of mentally ill persons seen in movies and television. All mangle are actors portraying a part, but most mangle do not know the subtle aspects of the phenomenology of psychiatric symptoms. The interviewer should begin with a broad inquiry asking the evaluatee to tell all the details he or she can about the onset, course, and evolution of each alleged symptom.

I will illustrate the techniques with the symptom of auditory hallucinations. After the evaluatee has described his or her hallucinations fully, inquiry should be made about specific details: for example, whether the voice comes from inside or outside the head; the clarity of the voices; whether the voices converse with each other; whether the voices ever ask questions; the frequency of the voices; whether voices instruct the evaluatee to do things, and if so, whether the evaluatee feels compelled to obey the command hallucinations.

The subject's answers then can be compared with what is known about genuine auditory hallucinations. For example, 66% to 88% of patients report that their voices come from outside their head; only 7% of auditory hallucinations are vague or inaudible [2]. Genuine auditory hallucinations are intermittent rather than continuous. One third of patients who have hallucinations report

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having command hallucinations; the majority of persons who have command hallucinations do not always obey them [3].

One third of patients who have hallucinations report that voices ask them questions. If the evaluatee states that he hears questions, he should be asked for examples. Genuine hallucinated questions are not information seeking but tend to be chastising [4]. Thus, genuine voices are likely to say such things as, “Why haven’t you written your essay?” rather than, “What time is it?” or “How is the weather?” Questions the interviewer can ask are:

1. Tell me exactly what the voices say.
2. Are the voices continuous, or do they come and go?
3. Do you always feel compelled to carry out the instructions of the voices?

### Clinical Caveat

The interviewer should not formulate the question as, “Is the evaluatee malingering or genuinely ill?” but instead, whether or not the evaluatee has a genuine mental illness, “Is the evaluatee malingering specific psychiatric symptoms?” Persons who have experienced true hallucinations may still make up a hallucination to escape criminal responsibility. These malingerers are more difficult to detect because they can rely on their own past genuine hallucinations to answer detailed questions.

## INTERVIEWING TIP #2: ENDORSEMENT OF BOGUS SYMPTOMS

### The Problem

Although most persons going to clinicians for therapy are honest in describing symptoms, some patients malingering symptoms to gain unjust financial benefits. An easy illness for civil litigants to fake is posttraumatic stress disorder because virtually all of the symptoms are subjective. Another common arena is the evaluation of an alleged psychosis when interviewees are attempting to gain inappropriate eligibility for Social Security Disability.

### The Solution

The examiner can ask a suspected malingerer whether he has had rare or improbable symptoms. For example, a patient may be asked whether he has ever believed that automobiles were members of organized religion. Such questions must be asked in the context of other questions exploring psychotic ideas so they do not stand out as unrealistic. Some psychological tests for malingering apply formal scoring measures to endorsing rare or improbable symptoms. The best-validated of these tests is the Structured Interview of Reported Symptoms [5].

A variation of this technique is to mention to another clinician, within earshot of a suspected malingerer, that a particular symptom is missing that would clinch a psychiatric diagnosis. If the patient then volunteers that

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