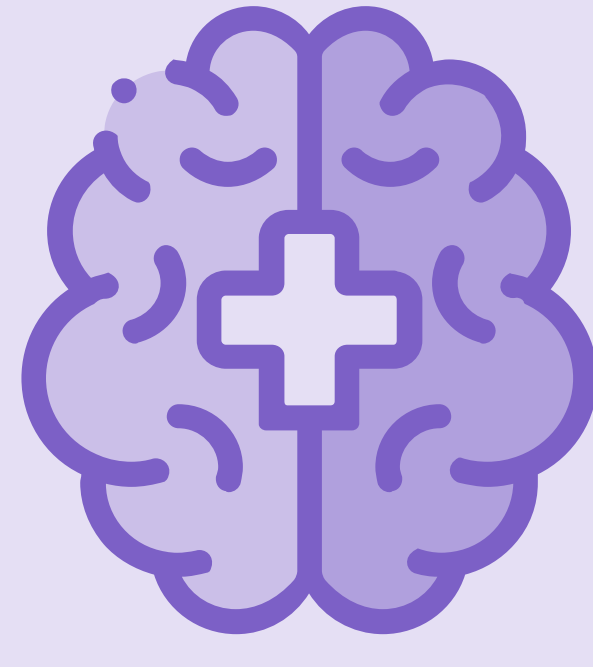


# PSYCHOPATHOLOGY AS A FACTOR IN FAILED PERFORMANCE VALIDITY TESTING

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## Objective

Evidence of incomplete effort is sometimes attributed to common symptoms of depression, anxiety, or somatic preoccupations. The objective of this study was to examine the role of mood disturbance severity in failed performance validity testing (PVT) in referrals to a memory disorders clinic.



## Measures

01

Test of Premorbid Functioning (TOPF): A measure of longstanding intelligence

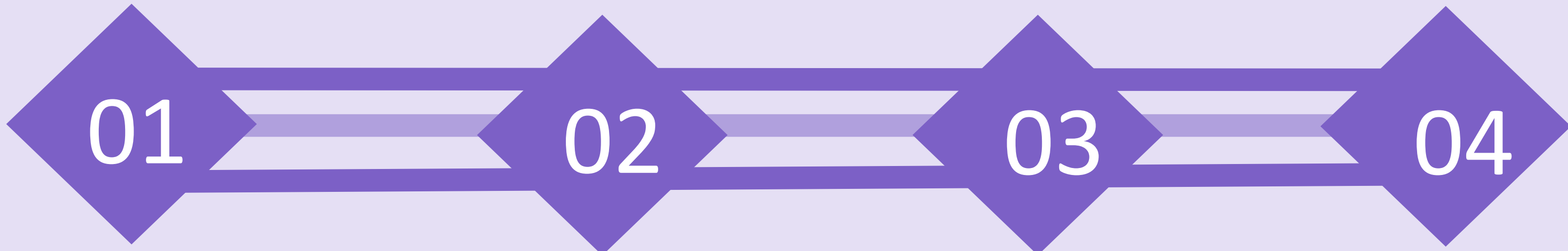
02

Halstead Russell Neuropsychological Evaluation System, Revised (HRNES-R) : A comprehensive battery to measure a wide range of neurobehavioral abilities.

03

Minnesota Multiphasic Personality Inventory-2 (MMPI-2) : measures personality and psychological status.

## Participants and Method



164 non-litigating referrals, 66% of which were women, 84% white non-Hispanic, were divided into two groups (n = 82) based on passed or failed PVT results.

51% of participants had diagnoses of depression and anxiety.

Participants had an average age  $60.4 \pm 15.7$  and education  $14.9 \pm 2.9$  years.

Protocols were assessed for performance invalidity using Reliable Digit Span and Digit Span SS.

## Results

MMPI-2 content scales were factor analyzed (PCA/varimax) yielding three factors:

- Emotional/Internalizing Psychopathology
- Behavioral/Externalizing Psychopathology
- Thought Dysfunction

Mean scores on the three MMPI-2 factors were contrasted across the failed PVT and passed PVT samples. No significant differences emerged (all  $ps > .13$ ).

Mean scores on the MMPI-2 validity scales (F, Fb, Fp, and FBS) were also contrasted. No significant differences emerged (all  $ps > .29$ ).

## Conclusion

Psychological symptoms such as motivational inertia, apathy and indifference, emotional withdrawal and isolation, preoccupations and distractibility, and acting out tendencies could conceivably contribute to incomplete effort and failed PVT. However, in this non-compensation-seeking clinical sample , psychopathology was independent of “effort” or credibility in cognitive test performance.

Symptom over-reporting on the MMPI-2 could conceivably be associated with “incomplete effort” or noncredible cognitive test performance. However, in this clinical sample, self-report validity on the MMPI-2 was independent of cognitive test performance validity.

These findings might be setting-specific. They might not generalize to persons who are seeking compensation.

