1982). Obtained Full Scale IQ for this group of litigating mild head injured patients averaged 73.33 \( (S = 12.5) \). The discriminant function classified 45% of the group as malingers. This identification was significantly related to extent of apparent intellectual decline \( (r = 0.35) \). Patients in the litigating group also completed either the Portland Digit Recognition Test, the Test of Memory Malingering, and/or the Warrington Recognition Memory test. 50% of the group was classified as malingering based on published cutoff scores for at least 1 of these measures. Results suggest that the discriminant function is useful in detecting malingered intellectual impairment on the WAIS-3 in head injury cases, and displays sensitivity that is similar to that of other validated and widely used methods.

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**Trying to beat the system: misuse of the Internet to assist in avoiding the detection of neuropsychological symptom dissimulation**  
*Ruiz MA, Drake EB, Marcotte D, Glass A, van Gorp W.*

This investigation sought to evaluate internet websites that may be misused to assist patients in successfully avoiding detection of their symptom dissimulation. The impetus for this investigation came from clinical observations that some patients were able to pass standard neuropsychological malingering measures, but demonstrate unrealistic performance on clinical cognitive measures. These observations raised questions regarding whether the individuals might have prepared for the neuropsychological malingering measures. Although professional safeguards exist to protect the test instruments, there is growing concern that publicly accessible sources may intentionally or inadvertently contain sensitive information related to neuropsychological evaluations. The internet is one potential source of this information. Five individuals (3 psychology graduate students and 2 laypersons) were instructed to use the Internet to find out how to simulate depression during an independent psychological evaluation so as to maintain disability benefits. Websites were identified that contained information related to the nature and scope of independent psychological evaluations, signs of symptom dissimulation, and the motivational measures most likely to be encountered during evaluations. Some websites offered explicit instructions that patients could use to strengthen their case or prepare for various validity scales. Participants were also able to purchase forensic psychology books that contained clinical and technical information regarding psychological evaluations through Internet-based bookstores. The results of this search strongly suggest that sufficiently motivated evaluates could obtain considerable information that would enhance their chances of avoiding the detection of symptom dissimulation. These findings will be discussed in terms of their implications for clinical neuropsychology practice. Additionally, guidelines for the regulation of publicly accessible information pertaining to neuropsychology will be recommended.

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**The performance of older depressed patients on malingering tests**  
*Lee A, Boone K, Lesser I, Wohl M.*

To our knowledge, no investigations have been undertaken to determine whether depression impacts performance on 2 commonly used tests to detect malingering of cognitive symptoms, the Rey 15-item Memorization Test and the Rey Dot Counting Test. This is a critical issue because of the high rate of depressive symptoms in patients with neurological conditions. It was hypothesized that depressed individuals, especially those with more severe depression, might be at risk for failing the tests because these patients exhibit mild deficits in mental speed, visual perceptual/spatial skills, and visual memory, abilities required for successful completion or the malingering tests. The purpose of the present study
was to: 1) determine the false positive rates on the Rey 15-item Memorization Test and Rey Dot Counting Test in an older depressed population, and 2) to ascertain whether increasing severity of depression impacts performance on the cognitive malingering tests. Examination of test performance in 64 older subjects with major depression revealed very low false positive rates, ranging from 0% for the Dot Counting Test, and 3% to 10% for the 15-item Memorization Test. In addition, comparison of patients with mild, moderate, and severe depression did not reveal any significant group differences, indicating that severity of depression is unrelated to test performance. These results add to accumulating data supporting the validity of these cognitive malingering tests by documenting few false positive identifications.

Admissibility of scientific evidence on malingering of cognitive deficits, post-Daubert
Vallabhajosula B, van Gorp W.

The Supreme Court in Daubert v. Merrell Dow Pharmaceuticals, Inc. (1993) held that evidence must be ‘reliable’ to be admissible and for scientific evidence ‘evidentiary reliability’ is based on scientific validity. This paper addresses the question “Do the Test of Memory Malingering (TOMM), the Rey 15-item Test (FIT), and the Validity Indicator Profile (VIP) likely meet the Daubert standard for admissibility of scientific evidence?” We conducted a computerized literature search to find research studies providing sufficient data to calculate various accuracy indices. Sensitivity, specificity, positive and negative predictive values, using various base rates were then calculated. Based on our analysis, the FIT, does not appear to reach the Daubert threshold for scientific validity. In contrast, to demonstrate the presence of malingering the data on the TOMM are encouraging and the test appears to meet the Daubert standard for admissibility. However, while the TOMM shows considerable promise it must be viewed with some caution until larger scale validation studies with non-simulators are used. Similarly, our findings suggest that caution be used regarding the VIP. This conclusion, however, is based solely on our review of the initial validation study of the test. Subsequent research may demonstrate the VIP, in fact, meets the criteria for admissibility of scientific evidence, under Daubert.

Estimating premorbid IQ utilizing group achievement measures from school records
Baade LE, Schoenberg MR.

Determining the patient’s level of premorbid intellectual functioning is an important part of a neuropsychological evaluation. Knowledge of premorbid functioning in clinical cases aids in determining the rate and extent of decline in cognitive abilities. In forensic applications, the estimation of premorbid IQ is an essential element in establishing damages from traumatic brain injury. Methods to estimate premorbid intelligence scores include: demographically based regression equations (Barona and Chastain, 1986), best current performance on the WAIS-R (Axelrod, Vanderploeg, and Rawlings, 1999), and current reading ability (Spreen and Strauss 1998). Additionally, some authors have combined both demographic and current ability measures (Crawford, Stewart, Parker, Besson, and Cochrane, 1989; Williamson, Krull, and Scott, 1996). These approaches all have large standard errors of measurement (Graves, Carswell, and Snow, 1999). Thus, large differences between the estimated premorbid IQ and the current IQ are necessary for statistical significance. Another means clinicians may employ for estimating premorbid IQ involves the use of historical data (e.g. grades,