PARALLEL SESSION 1 – THURSDAY JUNE 20TH 2019, 15h15 – 16h45
The importance of symptom validity testing for the clinic

- J. Roor, R. Ponds: Feedback on Underperformance in Patients with Chronic Fatigue Syndrome: Relevant Patient Characteristics and Clinical Impact
- M. van Leeuwen, et al.: On Aggravating Depressive Symptomatology: A study using the Assessment of Depression Inventory (ADI)
- R. Ponds, J. Roor: The Residual Effect of Intentional Feigning on Symptom Reporting and Memory Performance
- T. Schoemaker, et al.: Genuine and deceitful symptom reporting in psychosomatic patients: A study in a medico-legal or disability claim setting

Theme
Symptom validity (SV) is currently amongst the most researched topics in clinical (neuro)psychology. Research has shown that noncredible responding is frequent in the clinical context and therefore SV-tests (SVTs) are considered a necessary component in clinical (neuro)psychological assessment. Besides malingering, alternative psychological explanations for noncredible performance and symptom are presently researched. Data will be presented on distorted symptom validity in psychosomatic patients. Two new SVT-tests will be presented. The ADI combines the assessment of depressive symptomatology and response bias in one relatively short questionnaire. The VAT-E is an easy to apply non-verbal memory test including advanced symptom validity scales. Data are presented on the impact of low SV on treatment outcome in patients with chronic fatigue symptoms. Finally, we report on the residual effect of intentional feigning on symptom reporting and memory performance, which informs us about one of the possible underlying mechanisms of low SV.

Takeaways
- clinicians are insufficient capable to detect low symptom validity in (neuro)psychological examinations - symptom validity should always be part of the clinical examination; there are multiple well researched specific tests and questionnaires - low performance on symptom validity test does not reveal the motive - the reasons for distorted symptom validity are many; malingering (deliberately feigning symptoms is just one them - low symptom validity may be an indication of distorted illness perception and behaviour - low symptom validity limits the interpretation of the clinical examination

Chair: Rudolf Ponds, Professor of Medical Psychology, clinical neuropsychologist, Maastricht University Medical Center, NL
Feedback on Underperformance in Patients with Chronic Fatigue Syndrome: Relevant Patient Characteristics and Clinical Impact

Aim
Performance Validity Tests (PVTs) are used to measure the credibility of neuropsychological test results (i.e., underperformance). Additionally, research suggests that underperformance has negative prognostic value for subsequent treatment. In this study, we examined which patient characteristics are associated with feedback responsivity upon underperformance (i.e., increased performance on a repeated PVT), and whether this responsivity to feedback is related to treatment outcome in patients with Chronic Fatigue Syndrome (CFS).

Methods
Data consists of 103 adult outpatients diagnosed with CFS that were provided with feedback upon failing the Amsterdam Short-Term Memory test (i.e., ASTM ≤ 85), after which the ASTM was re-administered. At baseline, all patients also completed questionnaires about fatigue-related complaints and level of functional impairment. After Cognitive Behavioral Therapy (CBT) for CFS was provided, these measures were repeated.

Results
Only level of underperformance at baseline was associated with improvement on the repeated ASTM after feedback. Additionally, patients responsive to feedback reported significantly less cognitive difficulties after CBT compared to patients that continued to fail the ASTM.

Conclusion
Level of underperformance has clinical value since it is negatively associated with response to corrective feedback. Additionally, the effect of feedback upon underperformance has prognostic value, as responsive patients show significantly less cognitive difficulties after CBT for CFS compared to non-responsive patients.

Author(s)
Jeroen Roor $^1$ / Rudolf Ponds $^2$

P: Presenting author

Affiliation(s)
1. Radboud Universitair Medisch Centrum, Psychiatry, Nijmegen, NL
2. Maastricht Universitair Medisch Centrum, Medical Psychology, Maastricht, NL
On Aggravating Depressive Symptomatology A study using the Assessment of Depression Inventory (ADI)

Aim
The Assessment of Depression Inventory (ADI) is a self-rating questionnaire of 39 items. Embedded in the ADI are three stand-alone validity scales to detect the variables of random responding, feigning, and reliability (Mogge et al, 2008). This study aims to validate the feigning and depression scales of the ADI's Dutch version.

Methods
This cross-sectional observational study included 499 participants, including referrals in a medico-legal or disability claim context (n=151), outpatients with an established psychiatric diagnosis, fibromyalgia or chronic back pain patients (n=156), instructed malingerers (n=60) and healthy control subjects (n=152). Symptom validity tests (GWMT, SIMS, AKTG, RDS) and depression questionnaires (BDI-II-NL, HADS) were used for correlation and to help classify respondents into groups of probable or no response bias.

Results
The feigning (α=.841) and depression scale (α=.955) showed high internal consistency. The ADI-feigning scale correlated strongly with the SIMS (r=.741, p<.001, n=207). Scores differed between Slick-positive or -negative groups. The ADI-feigning scale effectively distinguished between probable response bias cases, healthy controls and non-aggravating patients, showing high sensitivity (.850) and specificity (.878) rates. The optimal cutoff score was ≥10. A cutoff score of 37 was established for moderate depression and 43 for severe depression.

Conclusion
The Dutch version of the ADI shows to be a promising symptom validity test with good psychometric properties, indicated by high internal consistency and concurrent validity for both the feigning and depression scales. The ADI may be efficient and effective neuropsychological tool, especially in settings where both depressive complaints and malingering are common occurrences.

Author(s)
Machteld van Leeuwen / Jos de Jonghe / Jordy Muller / Winy Grent / Tjerk Schoemaker / Sascha Meyer

P: Presenting author

Affiliation(s)
1. Noord West Ziekenhuis, Medical psychology, Alkmaar, NL
2. Noord West Ziekenhuis, Medical Psychology, Alkmaar, NL
The Visual Association Test – Extended: Detecting non-credible memory performance

Aim
The results of neuropsychological tests may be distorted by patients who exaggerate or fabricate memory deficits. This may lead to an incorrect diagnosis. Prevalence of such non-credible performance for patients referred to memory clinics of general hospitals is estimated to be 6.5%. Performance validity tests (PVT) can be used to detect noncredible performance. The aim of our two studies was to validate such a test, i.e. the newly developed Visual Association Test - Extended (VAT-E).

Methods
In study 1, we compared VAT-E total scores of healthy controls (n = 226), patients with amnestic mild cognitive impairment (a-MCI) (n = 76), patients with Alzheimer’s disease (AD) (n = 26), and persons instructed to feign memory deficit (n = 29). In study 2, we compared litigating patients classified as Malingering of Neurocognitive Dysfunction (MND) (n = 26) or non-MND (n = 67).

Results
Results showed that the VAT-E differentiated patients with a-MCI (specificity 93% - 100%) or patients with AD (specificity 92% - 100%) from persons instructed to feign (sensitivity 86% - 100%). Furthermore, the VAT-E differentiated MND from non-MND (sensitivity 54%, specificity 97%).

Conclusion
The VAT-E may be a useful PVT based on the ability to differentiate between those with a genuine memory impairment, persons instructed to feign memory impairment, and a group suspected of malingering cognitive deficits.

Author(s)
Sascha Meyer, Rudolf Ponds

P: Presenting author

Affiliation(s)
1. University Maastricht, Psychiatry and Neuropsychology / MHeNS, Maastricht, NL
2. Maastricht Universitair Medisch Centrum, Medical Psychology, Maastricht, NL
The Residual Effect of Intentional Feigning on Symptom Reporting and Memory Performance

Aim
Much is unknown about the causes of noncredible responding. One line of research focuses on the residual effect of symptom over-reporting where individuals might truly believe in intentionally fabricated symptoms and lose sight of the conscious origins. Current study examines if a similar residual effect exists for performance tests.

Methods
An assessment-re-assessment design was used with two experimental groups of undergraduate psychology students; the honest-honest group (n = 18) and the feigning-honest group (n = 19). The Word Memory Test (WMT), the Auditory Verbal Learning Test (AVLT), the Structured Inventory of Malingered Symptomatology (SIMS) and the Brief Symptom Inventory (BSI) were administered at assessment and after one hour at reassessment. The honest-honest group was instructed to perform honestly and the feigning-honest group to feign symptoms. At re-assessment, both groups were instructed to perform honestly.

Results
The feigning-honest group still scored significantly lower at re-assessment on the WMT-Free Recall (WMT-FR) and WMT-Long Delayed Free Recall (WMT-LDFR) in comparison to the honest-honest group. No group effect was found on the AVLT. We did find a significant residual effect for the feigning-honest group on the BSI, but not on the SIMS

Conclusion
This study provides support for the existence of a residual effect of intentional cognitive underperformance. The results show again that intentional feigning symptoms or cognitive deficiencies might result in a more unconscious form of feigning. Different explanations for this phenomenon (e.g. poor introspective abilities, distorted memory learning) and implications for clinical practice will be discussed.

Author(s)
Rudolf Ponds 1 / Jeroen Roor 2

P: Presenting author

Affiliation(s)
1. Maastricht Universitair Medisch Centrum, Medical Psychology, Maastricht, NL
2. Radboud Universitair Medische Centrum, Psychiatry, Nijmegen, NL
Genuine and deceitful symptom reporting in psychosomatic patients A study in a medico-legal or disability claim setting

Aim
Symptom or performance validity testing has become a major theme in contemporary neuropsychological research, motivated by the growing consensus that such assessments are an essential part of neuropsychological evaluations (Bush et al., 2005). The present study aimed to investigate the prevalence of response bias and its effects on regular cognitive tests and self-rating scales in a medico-legal and disability claim context.

Methods
Archival data were obtained from 393 individuals referred for independent neuropsychological assessment in the Netherlands. A total of 64% had a differential psychiatric diagnosis, including somatic symptom disorder. Performance validity tests and symptom validity tests were used to classify subjects into two groups based on diagnostic criteria for probable malingering (Slick et al., 1999).

Results
Results showed that nearly half of all subjects (48.3%) exhibited response bias. Response bias was associated with an average 1 standard deviation worsening of scores on cognitive tests, and dramatically increased reporting of depressive symptoms. Response bias was significantly related to a presumptive psychiatric diagnosis and a low level of education.

Conclusion
The incidence of response bias can be very high in a medico-legal, disability claim context, thereby corroborating earlier findings in Anglo-Saxon cohorts. Response bias impacted the entire range of neuropsychological tests and questionnaires, implying invalid test results. The results of the present study highlight the importance of testing response validity by means of well-validated tests during the evaluation of medico-legal or disability-related claims.

Author(s)
Tjerk Schoemaker 1 / Jos de Jonghe 2 / Anne-Ava Stevens 2 / Rudolf Ponds 3

P: Presenting author

Affiliation(s)
1. Noord West Ziekenhuis, Medical Psychology, Alkmaar, NL
2. Noord West Ziekenhuis, Medical Psychology, Alkmaar, NL
3. Maastricht Universitair Medisch Centrum, Medical Psychology, Maastricht, NL