

ABSTRACT

A Comparison of Simulated Schizophrenia in Mental Health Experts and Genuine Schizophrenia in Psychiatric Patients

by

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Malingering is a construct that includes the intentional feigning of psychiatric symptoms combined with motivation for external gain (American Psychiatric Association, 2013).

Malingering is likely to occur in the justice system in both criminal and civil contexts, as there is increased opportunity for secondary gain in these settings. When individuals successfully malingering, it can be very costly for the United States (Chafetz & Underhill, 2013; Walczyk, Sewell, & DiBenedetto, 2018). As a result, mental health experts are often asked to evaluate for malingering in these contexts. Psychological testing is a primary method used to assess for such feigned symptoms, as it standardizes the assessment process, increasing validity and reliability of subsequent findings (Aronoff et al., 2007; Rogers & Bender, 2003). As a result, there is an abundance of literature examining the validity and reliability of feigning measures. The majority of feigning research utilizes simulation designs, in which a group of participants are instructed to simulate mental illness (Rogers & Gillard, 2011). Simulation studies have been published since the 1980s (Berry & Nelson, 2010), but the context of feigning has changed since that time. Most notably, individuals wishing to feign a particular disorder in recent years have easy access to a substantial amount of literature about relevant symptoms through a simple online search. This study added to the body of literature using mental health experts as simulators, thus considering whether those with greater knowledge of mental illness will be identified as feigning. This study was one of the first to also examine the impact of professional differences within an expert

sample. Using an archival analysis, 271 mental health experts instructed to simulate paranoid schizophrenia on the Personality Assessment Inventory (PAI; Morey, 2007) were compared to 81 psychiatric inpatients who completed a genuine PAI during their inpatient hospitalization and were diagnosed with paranoid schizophrenia at the time of their discharge. Several analyses of variance (ANOVAs) were conducted to examine differences between these two groups, as well as differences within the mental health experts by discipline and level of education. Results indicated that mental health experts were generally not successful at feigning psychiatric symptoms. Experts scored significantly higher on three of the PAI indicators of malingering when compared with the genuine psychiatric inpatients. Further, there were no significant differences when splitting the mental health experts group by discipline or level of education. Overall, academic knowledge related to mental illness might not increase one's ability to feign mental illness. Alternately, mental health experts may not necessarily serve as more “sophisticated” simulators in these research designs, despite their expertise in the mental health field. The implications of these findings and directions for future research are discussed.