

Preface

Within the field of psychology, there has been an emerging interest in and emphasis on *evidence-based* practice—that is, on interventions and assessment strategies with an empirical basis. When I was in graduate training, conclusions regarding psychological test results frequently were based on professional folklore and “cookbook” guidelines that often had no supporting documentation. The findings detailed in psychodiagnostic reports were frequently poetic, but one was left wondering, “Where did this come from?” with the suspicion that interpretations were idiosyncratic and probably illuminated more about the psychologist than the patient.

Psychological assessment reports have huge impacts on the lives of those who undergo the exams, and errors in interpretations can have major ramifications. The results of psychological testing are relied upon in determinations of whether individuals should receive disability compensation, lawsuit damages, classroom accommodations, and medications, as well as whether they are competent to stand trial or manage their own affairs (including independent living, parenting, handling finances, and driving). Therefore, it is critical that test interpretations be reliable and accurate, and this can only occur if they are grounded in the empirical literature. The purpose of this book is to challenge and assist neuropsychologists to pursue evidence-based clinical forensic practice.

Chapter 1 covers topics related to conducting a neuropsychological exam, with a focus on issues specific to forensic practice. These include requests for observers, treater–expert relationships, and demands that test names be provided to the test taker and counsel prior to the exam. Critical

areas to be covered within the pretest interview are also outlined, as well as the problems associated with interviewing collateral informants. The chapter proceeds with a discussion of neuropsychological test selection in a forensic context, as well as concerns and recommendations regarding the testing of patients who do not speak or are not fluent in English, the use of technicians, and documentation of the exam. The chapter concludes with tips regarding the types of behavioral observations that are particularly informative in a forensic context.

Chapter 2 systematically addresses the incorporation of symptom validity tests (SVTs) in the forensic neurocognitive exam, as well as additional techniques for identifying negative response bias. The individual SVTs have been cataloged and critiqued elsewhere (Boone, 2007a; Larrabee, 2007; Victor, Kulick, & Boone, in press-a, in press-b), and this chapter instead focuses on considerations in the selection and interpretation of these measures.

Chapter 3 provides a comprehensive summary and critique of the literature on the effectiveness of tests specifically developed to identify psychological symptom overreport: the M Test, the original Structured Interview of Reported Symptoms (SIRS) and its revision (SIRS-2), the Miller Forensic Assessment of Symptoms Test (M-FAST), the Structured Inventory of Malingered Symptomatology (SIMS), and the Morel Emotional Numbing Test (MENT). In the companion chapter, Chapter 4, literature on the ability of standard psychological tests to detect overreport of psychological symptoms is analyzed. Commonly used personality inventories are covered, including the Minnesota Multiphasic Personality Inventory–2 (MMPI-2) instruments (but with a focus on the MMPI-2–Restructured Form [MMPI-2–RF]), the Millon Clinical Multiaxial Inventory–III (MCMI-III), and the Personality Assessment Inventory (PAI), as well as projective techniques (e.g., Rorschach Inkblot Test, Draw-a-Person Test). In addition, measures specific to posttraumatic stress disorder (PTSD) are covered: the original and revised Trauma Symptom Inventory (TSI and TSI-2) and the Detailed Assessment of Posttraumatic Stress (DAPS). Special emphasis is placed on research examining whether the various tests are also able to identify noncredible cognitive/somatic symptom overreport. An attempt has been made to provide detailed information on the various studies to allow careful scrutiny of the underlying methodology, because in many cases irregularities in research design have limited the usefulness of the resulting data.

Chapter 5 addresses the next step in the forensic neuropsychological examination process—namely, test scoring and interpretation—and the memorializing of the findings within the neuropsychological report. Again, the focus is on issues particularly pertinent within the forensic context. These include the limitations of methods used to describe premorbid cognitive functioning; effects of “practice” (repeated exposure) on test results;

the importance of viewing test results within the context of medical and academic records; and caveats in interpreting lowered scores, particularly the need to consider normal variability and alternative etiologies aside from the claimed injury. Regarding this last issue, I summarize findings from review articles (primarily meta-analyses) to provide “thumbnail” sketches of the cognitive profiles associated with various medical, psychiatric, and academic conditions, so that clinicians are alerted to variables requiring further consideration and investigation. Suggestions are also provided regarding the documentation of SVT and personality test data, and the chapter concludes with a sample report of a noncredible patient to illustrate one approach to the construction of such reports.

Chapter 6 outlines major flaws commonly observed in forensic neuropsychological reports. These entail failure to assess adequately for symptom invalidity; use of inappropriate tests and/or norms; conclusions that are inconsistent with published research; failure to consider all possible causes for lowered cognitive scores; overinterpretation of lowered scores; incorrect use of test scores to document brain injury; and misinterpretation of the MMPI-2 and MMPI-2-RF.

Chapter 7 discusses common misperceptions regarding mild traumatic brain injury, describes what the empirical literature tells us about this disorder, and (as a corollary) indicates what we can and cannot conclude about this condition in our expert witness roles.

The book concludes with Chapter 8, involving testimony. In particular, this chapter describes how to protect a report and its conclusions from attack and outlines many of the common methods used in attempts to override and discredit neuropsychologists and their data.

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