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COMPARISON OF THE LEES-HALEY FAKE BAD SCALE, HENRY-HEILBRONNER INDEX, AND RESTRUCTURED CLINICAL SCALE 1 IN IDENTIFYING NONCREDIBLE SYMPTOM REPORTING

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A known groups design investigated the comparative predictive validity of the 27-item MMPI-2 Restructured Scale 1 (RC1), the 43-item Lees-Haley Fake Bad Scale (FBS), and the 15-item Henry-Heilbronner Index (HHI) to identify noncredible symptom response sets in 63 personal injury litigants and disability claimants compared to 77 non-litigating head-injured controls. Logistic regression analyses revealed that the HHI and FBS were better predictors of group membership than the RC1. Results suggest that the FBS, HHI, and RC1 may be measuring different constructs. The HHI and FBS reflect an exaggeration of disability or illness-related behavior. Differences in scale construction are discussed. The RC1 may have greater relevance under external incentive conditions involving chronic pain patients, or clinical patients with no external incentive to exaggerate their symptom presentation.

Keywords: Fake Bad Scale; Henry-Heilbronner Index; Noncredible symptom reporting; Restructured clinical scales.

INTRODUCTION

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is the most frequently used personality inventory in the United States for individuals undergoing psychological and neuropsychological assessment. Meta-analyses of the MMPI-2 (Rogers, Sewell, & Salekin, 1994; Rogers, Sewell, Martin, & Vitacco, 2003) have demonstrated its efficacy within the forensic context. Identification of symptom exaggeration or malingering is a critical feature of forensic neuropsychology (Bush et al., 2005). According to the Diagnostic and Statistical Manual of Mental Disorders–4th Edition (DSM-IV; APA, 1994, p. 683) "malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives". External incentives vary according to the forensic context. For example, in the criminal area the

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