SIMS™

Structured Inventory of Malingered Symptomatology™

Glenn P. Smith, PhD

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Interpretive Report

Developed by

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Client Information

Client name:	Sample Client
Client ID:	SIMS
Test date:	08/12/2013
Date of birth:	02/03/1975
Age:	38
Gender:	Male
Education:	12
Race/Ethnicity:	Caucasian
Marital status:	-Not Specified-
Occupation:	-Not Specified-

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.

Version: 1.10.032

Administrative Information

Location of testing: Tampa

Context/Setting: Outpatient Center

Purpose of testing: Disability

Reported symptoms: -Not Specified-

Introduction

The Structured Inventory of Malingered Symptomatology (SIMS) is a multi-axial, self-administered measure developed to serve as a screening tool for the detection of feigned or exaggerated psychiatric disturbance and cognitive dysfunction among adults ages 18 years and older across a variety of clinical and forensic settings. The SIMS consists of 75 items that yield a summary score reflective of a general feigning presentation (Total score), as well as five nonoverlapping scales that reflect theoretical and statistical considerations of the more commonly feigned or exaggerated disorders: (a) Psychosis, (b) Neurologic Impairment, (c) Amnestic Disorders, (d) Low Intelligence, and (e) Affective Disorders.

The SIMS is intended to serve multiple functions as (a) an initial screening tool for individuals who may not otherwise be referred for specific evaluation of potential feigning within a forensic or medico-legal context or setting; (b) an initial screening tool for individuals suspected of feigning to determine the need for more extensive evaluation; and (c) convergent data in a comprehensive evaluation for potential feigning. The SIMS' brief, easily administered self-report format and fifth-grade reading level reduce clinician burden and allow for completion by a wide range of individuals at varying educational/cognitive levels.
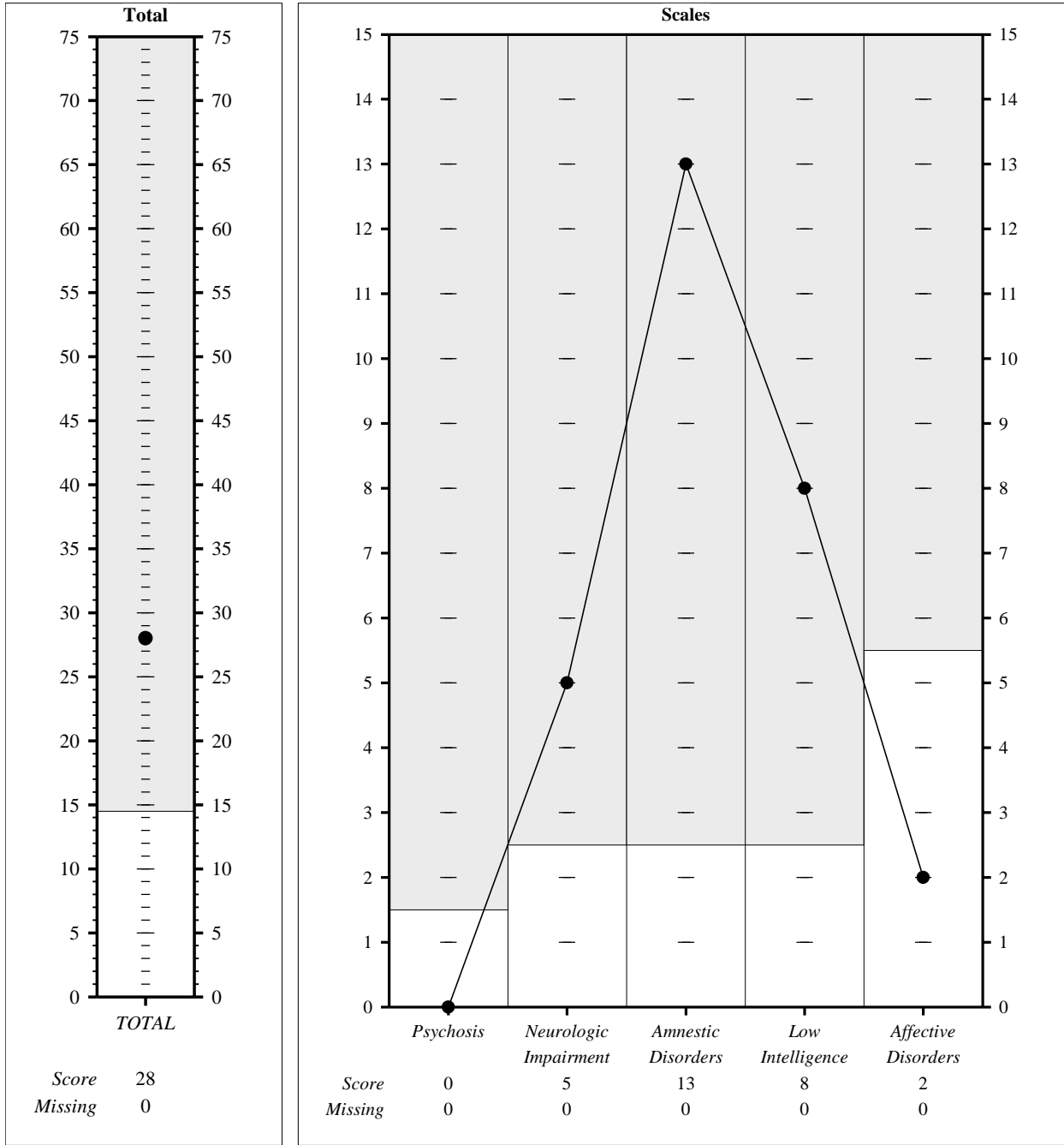
Interpretive Caveats

This report is confidential and intended for use by qualified professionals only. This report should not be released to the individual being evaluated. A thorough understanding of the SIMS, including its development and its psychometric properties, is a prerequisite to interpretation. As with any clinical method or procedure, the utility and validity of the SIMS is dependent on the qualifications and competencies of the professional(s) who use the instrument.

Cutoff scores are used to interpret the level of feigned or exaggerated symptoms as presented by the respondent. SIMS Total and scale cutoff scores were statistically derived by validation and cross-validation samples and have been further validated by independent researchers with clinical forensic samples, psychiatric samples, and nonclinical samples. Validation samples have included adults of both genders, various racial/ethnic backgrounds, and a wide range of ages. As a result, the SIMS is appropriate for the screening of malingered psychiatric and cognitive complaints in a wide range of contexts (e.g., forensic, neuropsychological, medico-legal) and in a wide variety of settings (e.g., inpatient, outpatient, correctional).

The SIMS is not intended to serve as a diagnostic tool for feigning in isolation. Individuals identified as potential malingerers through the use of the SIMS should be referred for more extensive assessment. A determination of feigning should be made in the context of a comprehensive evaluation only, whereby multiple sources of data (e.g., psychosocial, psychiatric, and medical history; clinical interview; comparison of subjective reports of symptoms to objective information and observations; results from feigning-specific and psychological inventories) as well as multiple assessment devices (e.g., structured interviews, performance based tests) are employed in order to provide convergent and corroborative data in making a definitive classification of feigning.

Although the determination of feigning is dependent upon the discrimination between actual versus feigned or exaggerated symptoms, it does not preclude the presence of another disorder. As such, the suggestion of probable feigning using the SIMS should not negate the possibility of genuine disability or disorder.

Profile of SIMS Scores

	Total			Scales				
				Psychosis	Neurologic Impairment	Amnestic Disorders	Low Intelligence	Affective Disorders
Score	28		Score	0	5	13	8	2
Missing	0		Missing	0	0	0	0	0

	True	False	Missing
Frequency	36	39	0
Percent (%)	48	52	0

Overview

The respondent completed the Structured Inventory of Malingered Symptomatology (SIMS) on 08/12/2013. He completed 75 of a possible 75 SIMS items.

Protocol Validity

Missing items

There are no missing item responses in the protocol, providing a complete data set for interpretation.

SIMS Total and Scale Scores

Total score

The SIMS Total score is an overarching summary score that incorporates all of the SIMS scales. The Total score provides an overall estimate of the likelihood that an individual is feigning/exaggerating symptoms of psychiatric or cognitive dysfunction. Although review of individual scale scores is recommended for all SIMS protocols in order to identify the specific types of deficits and/or symptoms being feigned or exaggerated, the Total score has demonstrated the best utility in the identification of potential feigning response styles.

The respondent's Total score was significantly elevated above the recommended cutoff score for the identification of likely feigning. This respondent endorsed a high frequency of symptoms and impairment that is highly atypical of individuals who have genuine psychiatric or cognitive disorders. This suggests a high likelihood of potential feigning. It is recommended that the examiner refer for or conduct a more comprehensive evaluation to provide a definitive diagnosis regarding the issue of feigning. A qualitative review of the individual scale elevations will likely assist in guiding the selection of comprehensive assessment detects or corroborative data to determine the specific type of symptoms and impairment that the respondent appears to be feigning and/or exaggerating.

Psychosis (*P*)

The Psychosis scale reflects the degree to which a respondent endorses unusual psychotic symptoms that are not typically present in actual psychiatric patients. Such a presentation includes symptoms that are illogical or bizarre, that vary in extremity or course from documented symptoms of psychosis, or that occur very rarely. The respondent's score on the Psychosis scale is not significantly elevated above the recommended cutoff score for the identification of feigned or exaggerated psychotic symptoms. This suggests that either the respondent is experiencing an actual psychotic disorder, if reporting psychotic symptoms, or that he is not attempting to feign or exaggerate psychosis through endorsement of illogical, bizarre, or atypical symptoms.

Neurologic Impairment (*NI*)

The Neurologic Impairment scale reflects the degree to which a respondent endorses illogical or highly atypical neurologic symptoms. Such a presentation includes symptoms that are illogical or inconsistent with symptoms of neurologic disorder or that occur very rarely in neurologically impaired patients. The respondent's score on the Neurologic Impairment scale is significantly elevated above the recommended cutoff score for the identification of feigned or exaggerated neurologic symptoms. This suggests that the respondent's presentation is either highly atypical or inconsistent with the presentation of a patient who has genuine neurologic impairment, given the illogical, inconsistent, and/or atypical nature of symptoms that he endorsed. Although even low levels of endorsement of such symptoms are suggestive of feigning or exaggeration given the rarity with which such symptoms are endorsed by patients with genuine neurologic impairment, there remains a possibility that he is experiencing an actual neurologic disorder with atypical features. Item-level analysis is recommended when scale elevations are obtained by individuals with traumatic brain injury (TBI) or head injury, given the real difficulties such individuals have in describing their symptoms.

Amnestic Disorders

The Amnestic Disorders scale reflects the degree to which a

(*AM*) respondent endorses symptoms of memory impairment that are inconsistent with patterns of impairment seen in brain dysfunction or injury. Such a presentation includes endorsement of symptoms that differ from those experienced by brain-injured patients in terms of onset, course, or nature, and generally reflects an unsophisticated knowledge of a true amnestic disorder. The respondent's score on the Amnestic Disorders scale is significantly elevated above the recommended cutoff score for the identification of feigned or exaggerated amnestic symptoms. This suggests that the respondent's presentation is either highly atypical or inconsistent with the presentation of a patient who has genuine memory impairment, given the illogical, inconsistent, and/or atypical nature of symptoms that he endorsed. Although even low levels of endorsement of such symptoms are suggestive of feigning or exaggeration given the rarity with which such symptoms are endorsed by patients with genuine brain injury, there remains a possibility that he is experiencing an actual amnestic disorder or memory impairment with atypical features. Item-level analysis is recommended when scale elevations are obtained by individuals with traumatic brain injury (TBI) or head injury, given the real difficulties such individuals sometimes have in describing their symptoms.

Low Intelligence (*LI*) The Low Intelligence scale reflects the degree to which a respondent endorses cognitive incapacity or intellectual deficits that are inconsistent with capacities and knowledge typically present in individuals with cognitive or intellectual deficits. Such a presentation includes providing incorrect responses to very simple items or providing approximate answers. The respondent's score on the Low Intelligence scale is significantly elevated above the recommended cutoff score for the identification of feigned or exaggerated cognitive incapacity or low intellect. This suggests that the respondent's presentation is either highly atypical or inconsistent with the presentation of a patient who has genuine deficits in intellect or cognitive capacity, given his endorsement of approximate items and incorrect responses to very simple items. Although even low levels of endorsement of such symptoms are suggestive of feigning or

exaggeration given the rarity with which such answers are endorsed by individuals who have genuine cognitive or intellectual deficits, there remains a possibility that he has very severe cognitive or intellectual deficits.

Affective Disorders (*AF*)

The Affective Disorders scale reflects the degree to which a respondent endorses atypical feelings and symptoms of depression and anxiety. Such a presentation includes symptoms that may be present in depressed or anxious individuals, but that occur on a very infrequent basis as a symptom of an atypical affective disorder. The respondent's score on the Affective Disorders scale is not significantly elevated above the recommended cutoff score for the identification of feigned or exaggerated depression or anxiety. This suggests that either the respondent is experiencing genuine symptoms of depression or anxiety, if reporting such symptoms, or that he is not attempting to feign or exaggerate an affective disorder.

Summary and Recommendations

The respondent's Total score was significantly elevated above the recommended cutoff score for the identification of likely feigning. The respondent endorsed an overall level of symptomatology and impairment that is highly atypical of patients with genuine psychiatric or cognitive disorders, resulting in a high likelihood of feigning or symptom exaggeration. Specifically, he endorsed items highly suggestive of feigned or exaggerated neurologic impairment, amnestic disorder or memory impairment, and low intelligence or cognitive incapacity.

Given that the elevated SIMS' Total score suggests a high likelihood of feigning, it is recommended that the respondent be referred for more extensive evaluation of feigning using a multi-method approach. The examiner should consider administration of a validated structured interview developed to minimize the possibility of false positive errors in the identification of feigning. Furthermore, the examiner may wish to consider administration of more symptom-specific feigning measures or performance-based or self/informant report measures of neurologic impairment, cognitive functioning, and cognitive functioning to more adequately differentiate the atypical nature of a genuine disorder versus symptom-specific feigning.

Finally, although the respondent's SIMS protocol suggests a high likelihood of feigning or symptom exaggeration, there remains the possibility that he may actually be experiencing a very atypical psychotic disturbance or atypical neurologic or cognitive impairment. A diagnosis of feigning should only be made in the context of a comprehensive evaluation, whereby multiple sources of data converge to support such a diagnosis.

Item Responses

Item #	Resp	Item #	Resp	Item #	Resp	Item #	Resp	Item #	Resp
1.	False	16.	False	31.	False	46.	True	61.	True
2.	False	17.	False	32.	True	47.	False	62.	False
3.	False	18.	True	33.	True	48.	False	63.	True
4.	True	19.	True	34.	False	49.	True	64.	False
5.	False	20.	True	35.	False	50.	True	65.	False
6.	False	21.	False	36.	True	51.	False	66.	False
7.	True	22.	True	37.	False	52.	True	67.	True
8.	False	23.	True	38.	False	53.	True	68.	True
9.	False	24.	False	39.	False	54.	True	69.	False
10.	False	25.	False	40.	False	55.	True	70.	True
11.	True	26.	False	41.	True	56.	True	71.	False
12.	True	27.	True	42.	False	57.	False	72.	True
13.	False	28.	False	43.	False	58.	True	73.	True
14.	False	29.	True	44.	True	59.	False	74.	True
15.	True	30.	True	45.	True	60.	False	75.	False

*** End of Report ***