

Research Assessment 13: Miller Forensic Test

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Sources:

1. "Focus Exclusively on Malingered Psychiatric Illness." M-FAST (Miller Forensic Assessment of Symptoms Test). N.p., n.d. Web. 22 Mar. 2017.

Analysis:

The Miller Forensic Act of Symptoms Test, otherwise known as M-FAST, is known as a twenty five item screening test those from age 18 to 71 that allows mental health professionals to discern the likelihood that an individual is feigning a psychiatric illness. The test takes no longer than 10 minutes and it takes only 5 minutes to score the results. However, it is important to remember that malingering tests are not definite. In the case of a suspected malingering test, a face-to-face interview, and other malingering test such as the Rey's 15 Item Test. A combination of all of these and inconsistencies in the claims of the individual is usually what leads to a diagnosis of malingering.

The Miller Test is measured off of scales that have been proven to reveal whether or not a person is feigning a mental illness. The scales are the following: Reported vs. Observed Symptoms, Extreme Symptomatology, Rare Combinations, Unusual Hallucinations, Unusual Symptom Course, Negative Image, and Suggestibility.

Oftentimes, when an individual is malingering, they are unaware of how the mental illness they have chosen to fake presents. As a result, there are inconsistencies and symptoms that don't match. Such slip ups are the clues a mental health professional pick up on.

Interestingly enough, the Miller test evaluates the results in three levels. According to PARiConnect, "the total score provides an estimate of the likelihood that the respondent is malingering psychopathology; scale scores provide information about the nature of the individual's response styles that can help to explain how he or she is attempting to mangle mental illness; and several scales consistently differentiate malingerers from honest responders."

Like all tests, the validity of this one has always been questioned. However, it is commonly used today because there is statistical evidence supporting its validity. For instance, a group of scientists published a study they conducted on the validity of the M-FAST on the National Center for Biotechnology Information's website. The study was conducted on a sample of 70, which ensured the large counts requirement for a study. 70 is far greater than 30 and $70(10) = 700$, which is less than or equal to 10% of the population. Here are the results according to the article, "among those patients who also completed the Personality Assessment Inventory (N=44), Total M-FAST score was related in the expected directions to the Personality Assessment Inventory validity

scales and indexes, providing evidence for concurrent validity of the M-FAST. With the PAI malingering index used as a criterion, we examined the diagnostic efficiency of the M-FAST and found a cut score of 8 represented the best balance of sensitivity, specificity, positive predictive power, and negative predictive power. Based on this cut-score of 8, 16% of the population was classified as malingering. The M-FAST appears to be an excellent rapid screen for symptom exaggeration in this population and setting." This is simply one investigative study that validates this test.

The following is a great chart that organizes information and factors on malingering in a easily understandable way.

Table 1 Factors Suggesting the Presence of Malingering	
A. Motivation/ Circumstances	<ol style="list-style-type: none"> 1. Financial incentive 2. Solution to socioeconomic problems 3. Antisocial acts/behavior 4. Career dissatisfaction 5. Work conflict 6. End of career (retirement) 7. In treatment for documentation purposes 8. History of lying, malingering, or dishonesty 9. Change in diagnosis to fit policy requirements
B. Symptoms	<ol style="list-style-type: none"> 1. Unusual or atypical symptoms 2. Currently asymptomatic with claim of future decompensation 3. Exaggeration of symptoms/impairment 4. Psychological test results 5. Symptoms incongruent with usual course of illness
C. Claimant Interview Presentation	<ol style="list-style-type: none"> 1. Admission of malingering 2. Uncooperative with evaluator or with divulging information 3. Discrepancies between interview report and history/documentation
D. Activity/ Behavior Outside Interview	<ol style="list-style-type: none"> 1. Working during period of claim 2. Capacity for recreation, non-work activity 3. Functioning well except in particular line of work 4. Noncompliance with treatment 5. Surveillance