

Research Assessment 14: Structured Interview of Reported Symptoms

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Sources:

1. <http://www4.parinc.com/Products/Product.aspx?ProductID=SIRS-2>
2. <http://criminal-justice.iresearchnet.com/forensic-psychology/structured-interview-of-reported-symptoms-sirs/>

Analysis:

Interestingly enough, the SIRS, otherwise known as the structured interview of reported symptoms, was written by Dr. Richard Rogers of UNT. Dr. Rodgers is a professor of psychology, and was my fifth interview last year due to his significant involvement in forensic psychiatry even though he is only a psychologist. Similar to the Miller Forensic Test, the SIRS assess feigning of psychiatric symptoms, or malingering. According to PARiConnect, "the SIRS has been in use for almost twenty years and has been validated with clinical, community, and correctional populations, making it appropriate in civil and clinical settings as well as forensic settings." The test is administered to those in the age range of eighteen to one hundred years old and takes approximately thirty to forty minutes to take. For the administrator, it takes about twenty minutes to score. Currently, it is the most widely accepted and validated test for malingering detection in the forensic and clinical psychology field.

With expanded scoring and classification, the SIRS was developed to assess deliberate distortions in the self-report of symptoms. Each scale produces useful information on how a particular client may distort or fabricate his or her symptoms. The primary focus of the SIRS is on the evaluation of feigning and the manner in which it is likely to occur—for example, exaggeration of symptom severity versus fabrication of symptomatology. Additionally, the test is very useful due to its ability to distinguish the validity of answers between either feigned illness and genuine illness through response styles. Interestingly enough, response styles are correlated to feigning or genuine responses. The SIRS also detects any inconsistent responses made by the subject. For example, there are certain symptoms that are associated with specific illnesses. For example, disorganized speech is a common indicator of schizophrenia and in rare occasions, anxiety. If an individual claiming to be bipolar and reporting symptoms of disorganized speech, this would be considered inconsistent with the symptomatology of the illness. Another interesting but sensible accuracy measure is repetition. The test repeats thirty-two of 172 items to detect inconsistencies. For instance, an individual with a mental illness will respond with the same or similar answer when asked the same question repeatedly. Only a malingerer would change responses significantly.

As mentioned earlier, the scales provide information on how a particular client may distort or fabricate his or her symptoms. These scales are important and there are

eight of them: Rare Symptoms (RS), Symptom Combinations (SC), Improbable and Absurd Symptoms (IA), Blatant Symptoms (BL), Subtle Symptoms (SU), Selectivity of Symptoms (SEL), Severity of Symptoms (SEV), and Reported Versus Observed Symptoms (RO). These eight scales act as detection strategies to help detect malingering. Notably, these eight are primary scales, but the test also has five supplementary scales.

So how reliable and valid is the structured interview of reported symptoms? According to Criminal Justice Research, "internal consistencies (alpha coefficients) for SIRS primary scales were excellent: They ranged from .77 to .92, with a mean alpha of .86. The reliability of individual scores was examined via standard errors of measurement (SEM). The SEMs were low for both clinical and control samples, indicating high reliability for individual scores. A central issue for the SIRS was its interrater reliability. These estimates were impressive, ranging from .89 to 1.00. The median reliability was .99, which represents almost perfect agreement." So the test is reliable, its established, but what about valid? Since the test relies on a combination of theoretical simulation designs and known symptom comparisons, the test is relatively valid. On this matter, here is the mathematical backing to prove the claim of validity: " a major focal point of the SIRS is its discriminant validity. The critical issue is whether each of the primary scales systematically differentiates between genuine and feigned

psychopathology. Combining across studies, effect sizes can be computed for the critical distinctions (a) simulators versus clinical honest and (b) suspected malingerers versus clinical honest. For simulators, Cohen's d's were very large: They ranged from 1.40 (SU) to 2.31 (RS) with an average d of 1.74. Cohen's d's were also very large for suspected malingerers but showed less variability: 1.20 (IA) to 1.98 (SEL). The average effect size for malingerers was identical to that of simulators (d = 1.74). These combined data provide very strong evidence of discriminant validity." Furthermore, the test has been used significantly and has been proven to have a very low false-positive, a type I error, rates.

The SIRS is one test in a category of numerous test meant to detect malingering. While it may not be as quick as the Montreal Cognitive Assessment or the Miller Forensic Act of Symptoms Test, it is relatively more valid and reliable. Learning about this test will help expand my knowledge on the various tests professionals in the mental health field use for various purposes. Understanding the tools available to someone like a forensic psychiatrist will help me better understand the field as a whole. It help me connect symptoms and patterns back to mental illnesses.