

Advanced Clinical Solutions

Suboptimal Effort Case Studies







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Case Study 1

Client A is a 35-year-old White male with a master's degree in business and is employed as an executive in a mid-sized import business. While traveling for the company, he was involved in an automobile accident that resulted in a mild traumatic brain injury. He had a concussion and an initial Glasgow Coma Scale score of 14. CT scans were negative, and he was released from the emergency room after several hours of observation. Client A noticed persistent neck pains and headaches after the accident. He also felt that he was having difficulty concentrating and remembering. When he returned from his trip, he went to his family physician and was prescribed some mild pain medication and told to monitor his symptoms. Subsequently, Client A's work performance suffered, and he requested to go on short-term disability, having used all his allotted time off. Client A attempted to return to work after several weeks off. He reported an increase in symptoms, including fatigue, chronic headaches and neck pain, poor attention, and an inability to remember things. He missed many days of work, and when he was at work, he could not perform his job to the level required. Client A requested to go on long-term disability, due to the injuries he had suffered.

Client A was referred for numerous medical evaluations to determine the source of his physical complaints. In addition, he was referred for neuropsychological evaluation. The scores obtained on his assessment are reported in Figure 3.1.



Client A's GAI level lies in the 85–99 range. The clinician set an *a priori* cutoff criterion as two or more positive indicators, using the 10% base rate cutoff. Client A had five scores at or below the 10% cutoff, surpassing the level set by the clinician as indicating potential suboptimal effort. In the post-hoc analysis, the clinician reviewed the 5% and 2% criteria. It was determined that these scores were unlikely due to low intellectual ability because none of the individuals in the 85–99 GAI range had four scores at the 5% cutoff or three scores at the 2% cutoff.

Similarly, such a finding was not typical of an individual with his educational or racial/ethnic background. Among the clinical samples, none of the TBI group and 3% of the ID-Mild group had as many scores at the 5% and 2% cutoff. In the No Stimulus group, 38% and 50% had as many scores at or below the 5% and 2% cutoff, respectively. The clinician determined that this level of performance was atypical for all clinical samples and more closely resembled the performance of the random responders. The clinician determined that the examinee's performance was inconsistent with the injury and indicative of exaggeration.



Effort Assessment Score Report					
Examinee Name	Client A	Date of Report	12-13-09		
Examinee ID	44555	Education	≥ 16 years		
Date of Birth	07-26-1974	Home Language	English		
Gender	Male	Handedness	Right		
Race/Ethnicity	White	Examiner Name	Examiner T		

WAIS-IV/WMS-IV Performance Summary

Score	Index Score	Qualitative Description	Classification Level
WAIS-I V General Ability Index	90	Average	_
WMS- IV Delayed Memory Index	76	Borderline	_
WMS- IV Brief Cognitive Status Exam	-	_	Average

Effort Score Summary

			Overa	all Clinical Sample Base Rates			
Score	Raw Score	≤2%	≤5%	≤10%	≤15%	≤25%	>25%
Word Choice	39		✓	✓	1	1	✓
LM II Recognition	14	1	✓	✓	1	1	1
VPA II Recognition	24	1	✓	✓	1	1	✓
VR II Recognition	3			✓	1	1	1
Reliable Digit Span	3	1	✓	✓	1	1	1
	Totals	3	4	5	5	5	_

Effort Score Analysis

	Percentages With Matching Number of Cut Scores at Cutoff					
Group of Interest	2%	5%	10%	15%	25%	
No Stimulus	50	38	_			
Simulators	8	10	8			
Overall Clinical Sample	0	0	0			
Traumatic Brain Injury	0	0	0			
Temporal Lobectomy						
Schizophrenia						
Major Depressive Disorder						
Intellectual Disability-Mild Severity	3	3	0			
Nonclinical Sample						
Education Level	0	0	0			
Race/Ethnicity	0	0	0			
GAI	0	0	0			

Figure 3.1 Effort Scores for Client A

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Case Study 2

Client B is a 40-year-old Hispanic female, with 10 years formal education, who is employed as a factory worker. She immigrated to the United States with her family when she was 10 years old. She speaks English fluently and considers herself bilingual. While moving boxes from high shelving with a co-worker, a large box slipped off a forklift and struck Client B on the head. She suffered injuries to her head, shoulder, neck, and left arm and was immediately transported to the hospital. She was unconscious for 2 1/2 hours. CT scans revealed minor contusions in the left frontal and temporal regions. Client B was hospitalized for 3 days and released to go back to her home. She experienced ongoing headaches, fatigue, and pain in her arm and neck. She continued receiving treatment for her complaints through her primary physician. Client B returned to work after 2 weeks. She noticed difficulties performing her job due to pain in her arm, anxiety about working near the forklift, and difficulties with attention and memory. She developed symptoms of depression and required increasingly more time off. Her treating physician recommended that she be placed on long-term disability while she recovered from the effect of the brain injury. Her employer requested an independent medical evaluation to review her case.

Client B was referred for numerous medical evaluations to determine the source of her physical complaints. In addition, she was referred for neuropsychological evaluation. The scores obtained on her assessment are reported in Figure 3.2.



Client B's GAI level lies in the 70–84 range. The clinician set an *a priori* cutoff criterion as two or more positive indicators, using the 10% base rate cutoff. Client B had two scores at or below the 10% cutoff, meeting the level set by the clinician as indicating potential suboptimal effort. In the post-hoc analysis, the clinician reviewed the 5% and 2% criteria. Client B had no scores at the 2% or 5% cutoff, so her scores were unusually low but not to the degree that might indicate a negative response bias. Her obtained scores were not typical of examinees of similar education, race/ethnicity, or general ability level. The clinician determined that the results of the assessment are not a valid representation of her current cognitive functioning.

Subsequently, Client B did not receive long-term disability. Further evaluation of her psychological symptoms revealed that anxiety related to returning to work was the primary issue. When confronted with her test scores, she admitted that she was concerned that if she did too well on the tests, she would be forced to go back to working in the warehouse. She was transferred to the company mail room, and her ability to function improved sufficiently for her to keep her job.



Effort Assessment Score Report					
Examinee Name	Client B	Date of Report	06-18-10		
Examinee ID	77333	Education	9–11 years		
Date of Birth	06-22-1970	Home Language	English		
Gender	Female	Handedness	Left		
Race/Ethnicity	Hispanic	Examiner Name	Examiner W		

WAIS-IV/WMS-IV Performance Summary

Score	Index Score	Qualitative Description	Classification Level
WAIS-I V General Ability Index	77	Borderline	_
WMS- IV Delayed Memory Index	93	Average	_
WMS- IV Brief Cognitive Status Exam	_	_	Average

Effort Score Summary

	Overall Clinical Sample Base Rates						
Score	Raw Score	≤2%	≤5%	≤10%	≤15%	≤25%	>25%
Word Choice	43			✓	1	1	1
LM II Recognition	18				1	1	1
VPA II Recognition	35					1	1
VR II Recognition	5						1
Reliable Digit Span	5			✓	1	1	1
	Totals	0	0	2	3	4	_

Effort Score Analysis

	Percentages With Matching Number of Cut Scores at Cutoff						
Group of Interest	2%	5%	10%	15%	25%		
No Stimulus			100				
Simulators			36				
Overall Clinical Sample			5				
Traumatic Brain Injury			6				
Temporal Lobectomy							
Schizophrenia							
Major Depressive Disorder			2				
Intellectual Disability—Mild Severity							
Nonclinical Sample							
Education Level			4				
Race/Ethnicity			1				
GAI			2				

Figure 3.2 Effort Scores for Client B



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