

## Book section: ESSAYS AND REVIEWS

**Detection of Deception**, by Amy R. Boyd, Alix M. McLearn, Robert G. Meyer, and Robert L. Denney (Sarasota, FL: Professional Resource Press), 2006, 250 pages, \$39.95.

REVIEWED BY  
Gregory  
DeClue, Ph.D.,  
ABPP (forensic)

A psychologist walks into a jail to conduct a court-ordered pre-trial evaluation of one of the inmates. The inmate shows and describes symptoms of severe mental illness. Based solely on this information, and pretending for the moment that having severe mental illness versus malingering are mutually exclusive, what are the odds that this inmate is malingering?

- (a) 0 - 19%
- (b) 20 - 39%
- (c) 40 - 59%
- (d) 60 - 100%

Boyd and colleagues present base rates to help us answer this one-item quiz. Severe mental illness occurs at a rate of 6% to 15% in jail populations (Lamb & Weinberger, 1998). Studies of pretrial inmates in jail have found the prevalence of malingering to range from 8% (Hawk & Cornell, 1989) to 21% (Rogers, 1997) to 37% (Wasyliw & Grossman, 1998). Rounding for the purpose of this quiz, about 10.5% of pretrial jail inmates have severe mental illness and about 22% malingering during pretrial evaluations. So in this simple quiz, the odds are slightly over 2:1, or about 68%, that the person is malingering. The correct answer is (d).

*Detection of Deception* begins by enhancing the reader's understanding of deceptive response styles. The evolving art

and science of detecting deception is presented, using general assessment techniques and methods specifically designed for detecting deception regarding psychopathology and/or cognitive dysfunction. Screening measures are addressed, and attention is given to assessments of youths. Hypnosis and polygraph assessment are considered.

Boyd and colleagues describe various types of negative response bias (e.g., malingering, Factitious Disorder, and cries for help) and socially desirable responding (including impression management and self-deceptive enhancement). These response patterns can occur in any setting, even when it would be least expected (e.g., DeClue, 2002). Intentional deception, as in malingering, can best be understood using the adaptational model (e.g., Rogers, 1997), which views the deception as arising from reasonable and natural processes (though it is, of course, manipulative and in some cases a violation of rules or laws).

Prior to publication of *Detection of Deception*, Rogers' (1997) *Clinical Assessment of Malingering and Deception* set the standard for psychological handbooks on the detection of deception, and comparisons to Rogers' book are inevitable. *Detection of Deception* provides more current information than Rogers' book and is valuable for that reason, but I miss Rogers' framework of providing clear decision rules for decision-making regarding deception. And, in my opinion, *Detection of Deception* is not as consistently rigorous as Rogers' book.

As Boyd and colleagues point out, deception can occur in any clinical context. As illustrated in the quiz at the beginning of this review, the base rate for deception is high in some forensic evaluations. The conceptually and empirically well-supported adaptational model of intentional deception recognizes that attempts to deceive are "under some circumstances ... adaptive behavior" (American Psychiatric Association, 1994, p. 683). Therefore, forensic evaluators

should anticipate the possibility of deception and should routinely conduct assessments with that possibility in mind. Given our current understanding of motives to deceive and tools and techniques to detect deception, we have reached this point: **In any forensic evaluation in which the data would tend to support a favorable outcome for the evaluatee, the forensic evaluator must collect data regarding the possibility of deceptive responses and address that possibility in the report and testimony.** This book assists in that work. *Detection of Deception* is a valuable resource for any mental-health professional, especially those who conduct clinical forensic evaluations.

## References

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