

Word Memory Test.

This is a “malingering” test used by psychologists to claim your client is dishonest.

The problems with this “test” are many. They include:

- a. No norms that I could see which include people with depression, TBI AND chronic pain. Comparing your client’s answers to individual norms, ie tbi only, depression only, is worthless because we don’t know how someone with all three problems would respond to the test. For example, the doctor may say “Well, your client did worse than most people with severe brain injury.” So what! Can you show me how people with TBI *and* depression *and* pain *and* on medications which affect his concentration fare when they take this test? Nope. Didn’t think so. So you are comparing *apples* to *rocks*... Claiming that you can conclude
 1. Your client knew the correct answers and
 2. Intentionally gave the wrong ones

This can be unscientific, I have a sample deposition I took of a doctor (which you can access on my login website) wherein she said my client was purposefully exaggerating because he made 3 mistakes on an effort test. I then pointed

out that she made six errors in the deposition alone (which only took 3 hours while her testing took 4) and, using her logic, *she* was purposefully exaggerating...

- b. The test “flunks” your client if your client gets less than 82.5% correct. Imagine flunking a child for getting over 80% of a test correct.
- c. Some doctors play games with the comparison groups. Get the raw data and read it. See if the DME picked adolescent Lithuanians as a comparison group. Hardly relevant. Many comparison groups are not in your client’s age or culture.
- d. Has there been any quality control to find out if those who have been accused of malingering were *later* found, in fact, to be malingering?
- e. The WMT may result in the doctor intentionally misrepresenting the facts, twice. If the doctor tells the patient he’s going to test his memory and it may be difficult. Those are untrue. The test is not, as it’s name implies, a real test to test whether someone has poor memory or not. It is a test purported to test for malingering. Furthermore, according to the authors, it’s not hard... it’s easy. Therefore, the only misrepresentation came from the DME when introducing his testing.
- f. Research reveals inadequacies in the test.
See: “Effort and Cognition in Schizophrenia Patients”

Journal: *Schizophrenia Research*, 78 (2005) 199-208, (Netherlands and Spain) found that when administered to schizophrenics who had NO REASON to malingering, a MAJORITY of them flunked, isn't that correct? And 25% of the mental patients who had NO reason to flunk ALSO flunked, meaning it called 25% to over HALF of the people who took it malingerers when THEY WERE NOT. Furthermore, "patients with very severe memory disorders, such as Alzheimer's disease or Korsakoff's syndrome are unable to do the test." (page 205)

The article, 205, finds that the most plausible explanation is lack of effort on part off patients which is part of "frontal lobe syndrome" in schizophrenic, apathy, disinhibition and executive dysfunction. This means, therefore, that flunking the WMT can actually be used to support brain damage.

Also, a poster presentation by Bowden, Shores and Mathias "Assessment of Neuropsychological Malingering after TBI: Is the Word Memory Test Worth the Effort?" (University of Melbourne) concluded

"We conclude that the scientific basis for validity of the WMT is open to question, and our independent replication does not support the assumption that WMT effort scores interact with injury severity to modify cognitive outcome after TBI"

Research done by Dr. Erin Bigler, Phd and others published in *Brain Injury*, December 2007, 21 (13-14):1425-1428 revealed that "given the extensive neural network necessary to perform the WMT, this study raises important questions about what WMT "failure" truly means in patients with traumatic brain injury, who have increased likelihood of disruption within this neural network of vision language, attention, effort and working memory."

The theory behind the WMT is that it is so easy you have to try to do poorly on this test unless you are intentionally faking. This study shows when people really take the test, it while their brains are being scanned using a functional MRI to watch actual brain *function as they took the WMT*, the test actually required the use of multiple areas of the brain.

Further research in Clinical Neuropsychology found in December, 2006:20(4):858072 concluded "We failed to find any evidence for this interaction in a sample of 100 Australian litigants. We conclude that our data do not support the view that effort, as measured by the WMT, interacts with injury severity to suppress cognition after brain injury."

Please also note: Clin Neuropsychol UH 2006 Dec; 20(4):858-72 Does effort suppress cognition after traumatic brain injury? A re-examination of the evidence for the word memory test

[HBowden SCUH](#), [HUShores EA](#), [MathesU](#) concluded,

“We failed to find any evidence for this interaction in a sample of 100 Australian litigants. We conclude that our data do not support the view that effort, as measured by the WMT, interacts with injury severity to suppress cognition after brain injury.”

Furthermore, “. Results of both studies showed that cognitive impairment may significantly interfere with SVT performance”, see Merten, T, Bossink, L, Schmand B, J. Clin Exp Neuropsychol. 2007 On the limits of effort testing: symptom validity tests and severity of neurocognitive symptoms in nonlitigant patients., Apr:29(3):308-18

In fact, poor effort on effort tests has been associated with lower education, unemployment but *not automatically* litigation, see [Stulemeijer M](#), [Andriessen TM](#), [Brauer JM](#), [Vos PE](#), [Van Der Werf S](#). *Brain Inj*. 2007 Mar;21 3 309-318, Cognitive performance after mTBI: the impact of poor effort on test results and its relation to distress, personality and litigation. “Behavioural factors like distress and personality should be considered as potential threats to the validity of neuropsychological testing after MTBI.”