

Practical Considerations in The Assessment of Potential Abilities In Applicants For Benefit Programs

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In this and other countries, millions of people every year apply for programs through which forms of government financial assistance are available. These programs include rent assistance, applications for food stamps, vocational training, etc.

One of the clearest examples of such a government assistance program involves applications for Social Security disability, of which there are about two million annually in the United States (Leo, 2002). These applications, to put it crudely, involve a worker saying, in effect, that not only is she or he no longer able to support him-/herself and her/his family, as well as contribute to the welfare of those who are unable to work, but is actually in need of financial aid from those who are working and paying payroll taxes. Therefore, great care is called for in doing qualifying evaluations in that a severe error could cause a person who is actually capable of working to receive benefits at the expense of the truly disabled and additionally to not contribute to the upkeep of those with genuine disabling conditions. Obviously, the reverse negative scenario is also possible.

Not only are these evaluations important, but they are quite different in focus from general clinical evaluations conducted in hospitals and clinics in which an emphasis is placed on a diagnostic formulation of the case. While in these examinations a labeled disabled person must have a diagnosis (One can't have a disability without a diagnosis.), the bulk of the reports focus on the functional abilities of persons with such conditions as diabetes, depression, anxiety and substance abuse disorders, which vary widely among individuals placed into the same diagnostic categories.

Given that functional ability is the key question, people applying for benefits may attempt to present themselves as being potentially less functional than might actually be the case. Perhaps the best example of such a situation occurs during the course of Social Security disability applications. In fact, these are sort of reverse job interviews in which the desired outcome is that the patient can't work!

There seem to this writer to be three prongs in attempting to qualify for such benefits

1. I am a very honest and responsible person. I have always worked and have never taken anything from anybody. I love to work!
2. Unfortunately however, I have this (mental or physical) condition or conditions which make it impossible for me to work.
3. Also unfortunately, I was never good at school/am not too bright, so I couldn't be retrained for some kind of office desk job in which my physical limitations wouldn't interfere.

Contention Number One above can, potentially and obviously, be confirmed or disconfirmed by such documents as employment and welfare roll records.

Number Two is more challenging in that no evaluator or decision maker can be an expert in all medical fields, including here mental health. Hopefully, however, she or he will have access to reports, such as from treating physicians. Also, In both the physical and mental health fields, an evaluator may choose to use the Wildman Symptom Checklist (Wildman & Wildman, 1999; Wildman & Wildman, 2014) in an effort to identify persons who are claiming to suffer from bogus physical and psychiatric symptoms, as well as presenting themselves as possessing an unrealistically high level of morality. This brief, self-administered instrument along with scoring and interpretive instructions is presented as Appendix A to this article.

Number Three of our “three-legged stool” relates to a person’s functionality. In the very frequent case of an injured worker who is unable to return to his previous construction job, the relevant question could come down to whether such a person could be retrained for less physically demanding work, such as in an office. Parenthetically here, many outside workers seen by this writer express outright disgust at the prospect of being “cooped up in a cubicle.”

Given the above-mentioned avoidance on the part of some physically impaired applicants, it makes sense that some of them might attempt to downplay their intelligence in their interactions with evaluators, reasoning here that if they succeed in hiding their true intellectual abilities/potentials, the decision maker reading their report will conclude that he or she is not educable for a light-duty desk job and just go ahead and grant the requested benefits.

There are in this psychologist’s experience a number of ways to detect such “dumbed-down” presentations:

1. Marked discrepancies between a person’s level of presentation, such as in the completion of the intake forms and during the interview, and the educational and vocational background and in the absence of a dementing condition. For example, a high school graduate from a regular educational program who restricts herself to a fourth or fifth grade vocabulary might be suspected of downplaying her intelligence for the reasons explained above.
2. Inconsistent presentations. It often occurs that an applicant will use a higher level of verbal ability during one part of the evaluation than another. For example, the interview or past or present intake forms may reflect varying levels of intellectual ability.

The author has found it useful to probe a patient’s receptive vocabulary following an assessment of her or his expressive vocabulary. As an illustration here, I have had success with abruptly asking an applicant displaying a very low level of speech about the last statement, “But doesn’t that negate what you said earlier about this matter?” On a number of occasions, patients have quickly explained away any apparent inconsistencies, obviously indicating an understanding of the meaning of the word “negate” and strongly suggesting the potential for a higher level of cognitive functioning than had been presented up to that point.

HELP FROM PSYCHOLOGICAL TESTING

While it is not usually possible to order full-length psychological tests, such as a formal IQ test, many of which can be scored to detect malingering (Rogers & Bender, 2018), there exist brief cognitive assessment tools which are sensitive to such forms of negative patient impression management as are described in this report.

The Nevada Brief Cognitive Assessment Instrument (NBCAI; Wildman, 2008) is a 50-item matching test which correlates .83 with the WAIS-III Verbal IQ score, certainly qualifying it as a screening measure for intelligence. To date, it has been used in published studies of screening for early dementia (Brown, Lawton, McDaniel & Wildman, 2012; Wildman & McDaniel, 2014). This instrument is included as Appendix B to this article.

Research with this brief, self-administered instrument shows that it can be used to predict formally-assessed IQs. The table for making these predictions is presented as Table 1.

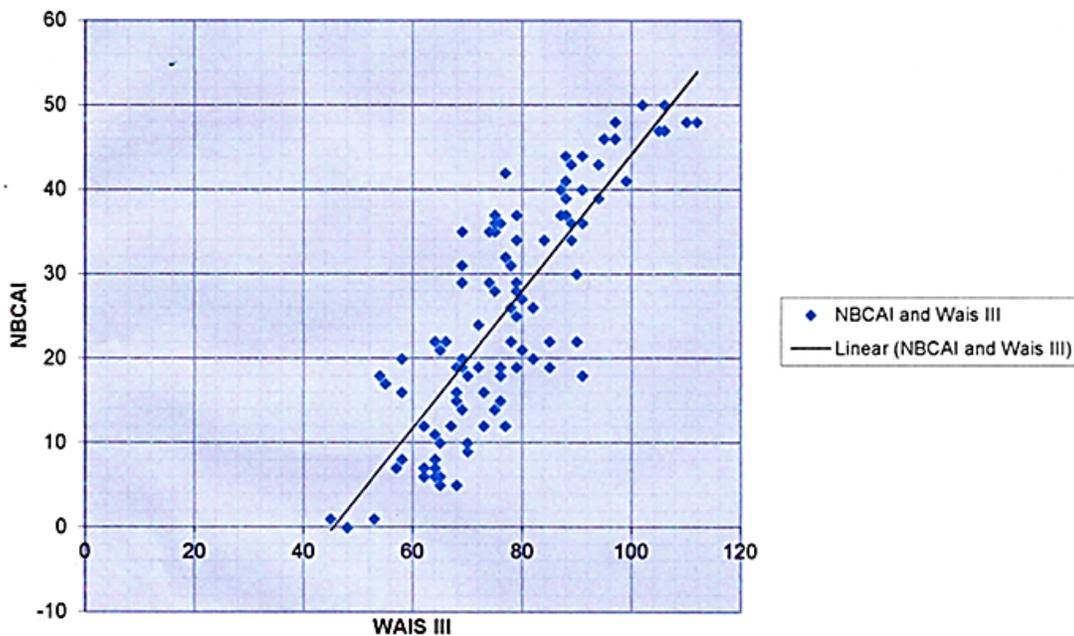


Figure I. NBCAI-WAIS-III correlation matrix.

By way of rough summary, a score of 20 predicts an IQ of about 70, obviously on the borderline of intellectual disability, and a score of 40 would be consistent with normal intelligence (about 100).

In terms of detecting negative patient impression management on the NBCAI, an evaluator should become suspicious if an applicant's educational/vocational background is grossly inconsistent with the predicted IQ. I have found it to be particularly useful to compare the client's written responses on the intake forms with the result of the NBCAI vocabulary subtest, in many cases concluding that it would not be possible for someone with such a low-level vocabulary to have produced such high-level written (or subsequently spoken) responses.

A more rigorous and statistical method for using the NBCAI to detect feigning lower levels of intelligence emerged from the report of Wildman (2018). Briefly, a ratio is calculated by dividing the number of the 20 empirically-determined easiest items on the instrument (1,2,3,12, 15, 20, 21, 23, 24, 28, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40) by the total number of matching items with incorrect answers. Predicting that patients scoring .125 and higher on this index are trying to hide their true level of intelligence, while lower-scorers are making a good-faith effort produces a "hit-rate" (Wildman & Wildman, 1975) of 77%. Specifically, this index correctly identifies 87% of those downplaying their abilities and 67% of those responding honestly, employing here a broad range of data sources outside the NBCAI itself, suggesting more false positives than false negatives with respect to having the condition of malingering.

A less dramatic form of patient negative impression management relates to simply not making a good-faith effort to do as well as possible, as opposed to, say, giving wrong answers. The Reno Effort Test (Wildman, 2015), reproduced as Appendix C to this report, was designed to help in detecting such failure to exert oneself maximally during evaluations. The average person completes a little over 100 of these items in a two-minute period, so scores markedly below that figure should inspire some doubt as to how hard the person being evaluated was trying.

However and perhaps obviously, no statistical calculation, such as the ones discussed above, can be relied upon to detect or rule-out negative patient impression management. But they may provide warnings during the general clinical evaluation process, such as when the easy items missed/total items missed ratio on the NBCAI is two or three times the cutoff for suggesting the downplaying of one's level of intellectual ability.

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APPENDIX A

The Wildman Symptom Checklist

THE WILDMAN SYMPTOM CHECKLIST Robert W. Wildman, Ph.D. and Robert W. Wildman, II, Ph.D.

For examiner Use
Number of Symptoms Reported: Physical _____ Mental _____
Total Disability Index: _____

SECTION I: Physical Illness

- 1 T F I find myself frequently blacking out when I sit down.
- 2 T F I frequently experience headaches.
- 3 T F My muscles ache after I run or walk long distances.
- 4 T F I come down with a cold several times a year.
- 5 T F I notice that the color of objects around me keeps shifting.
- 6 T F I often have a taste like vinegar in my mouth.
- 7 T F I have difficulty in seeing to drive at night.
- 8 T F My hearing is not as good as it used to be.
- 9 T F The buzzing in my ears keeps switching from the left to the right.
- 10 T F My stomach at times growls so loudly that it can be heard by people outside the room.
- 11 T F At times my fingernails itch.
- 12 T F I've been told that I sometimes sleep with my eyes open.

- 13 T F My stomach is easily upset.
- 14 T F I have a condition in which the faster I walk the slower my heart beats.
- 15 T F I have allergies during several seasons of the year.
- 16 T F I experience difficulty in starting/stopping urinating.
- 17 T F Things taste differently from one side of my mouth to the other.
- 18 T F I have allergies that I suffer from only at night.
- 19 T F I have a skin rash that I'm having trouble getting rid of.
- 20 T F I have had a runny nose for more than a week at a time.

**SECTION
II: Mental
Illness**

- 1 T F I am aware that I am one person in the morning and a different person in the afternoon.
- 2 T F I hear female voices through my right ear and male voices through my left.
- 3 T F I have thoughts that keep running through my mind.
- 4 T F I used to think I was a Confederate General, but more and more I think I'm fighting for the Union.
- 5 T F There are certain foolish things I have to do, like step over the cracks in the sidewalk or count the bricks in a wall.
- 6 T F I have visited the future.
- 7 T F I sometimes get so nervous that things don't seem "real."
- 8 T F I can get so nervous that my hands get cold.
- 9 T F I can, at will, assume superhuman powers, somewhat like Superman.
- 10 T F Someone is plotting to kill me, and I know they will strike at midnight.
- 11 T F I find myself being afraid of things that other people realize won't hurt them or me.
- 12 T F At times, I have so much energy that I go days on end without stopping to sleep or eat.
- 13 T F There are people I've never harmed who are plotting to harm me.
- 14 T F Often I walk into a room and am certain that others have been talking about me.
- 15 T F I have a sexual problem that I do not feel comfortable about discussing with anyone.
- 16 T F When I need more time to complete a task, I have the special ability to make the clocks go more slowly.
- 17 T F I don't feel sorry for people who are sick or injured.
- 18 T F I have the ability to look through the ceiling and see what's going on on the floor above us.
- 19 T F I have a terrible fear of street signs.
- 20 T F I have headaches that are so severe my feet hurt.

**SECTION III:
Lifestyle
Questionnaire**

- 1 T F I donate to every charity that asks me.
- 2 T F Every time I encounter a word I don't know I look it up in the dictionary.
- 3 T F I see humor in many things in daily life.
- 4 T F I only listen to the news and classical music on the radio.
- 5 T F I have never told a lie.
- 6 T F I never exceed the speed limit, even when I know that no law enforcement officers are within miles.
- 7 T F I sometimes tell "white lies" to avoid social embarrassment.
- 8 T F I try to meet others "half-way."
- 9 T F I never find it difficult to talk to strangers.
- 10 T F At times I get nervous when I have to speak in public.
- 11 T F I believe I have at least normal intelligence.
- 12 T F I hate to admit it, but some people get on my nerves.
- 13 T F I wish I could love everyone, but some people are just hard to love.
- 14 T F I never miss a worship service.
- 15 T F I read the newspaper front to back every day.
- 16 T F I'm as comfortable in formal attire as I am in sportswear.
- 17 T F I never make a good story better.
- 18 T F There are times when I feel that I don't have enough time to do those things I'm supposed to do.
- 19 T F There are some people who seem not to like me.
- 20 T F There are times when I don't know what to say at parties and receptions.

Thank
you.

Scoring Key for the Wildman Symptom Checklist

One malingering/exaggeration point is scored for positive (+) responses to the following items:

- I. 1,5,6,9,10,11,12,14,17,18
- II. 1,2,4,6,9,10,16,18,19,20
- III. 1,2,4,5,6,9,14,15,16,17

A score above 15 would be suggestive of malingering, and, quite obviously, a look at from which of the three sections these suggestive answers come can help an evaluator with hypotheses as to the nature of the involved negative patient impression management.

APPENDIX B
The Nevada Brief Cognitive Assessment Instrument (Nbcai)

**NEVADA BRIEF COGNITIVE ASSESSMENT INSTRUMENT
 (NBCAI)**

Robert W. Wildman, II, Ph.D. ¹

NAME: _____

SECTION I: Please fill in the blanks.

1. **What is your birth date?** **Month:** _____ **Day:** _____ **Year:** _____
2. **In what city are you today?** **City:** _____ **State:** _____
3. **What is today's date?** **Month:** _____ **Day:** _____ **Year:** _____
4. **What is a big story in the news these days?**

SECTION II: Please match the items in Column A with items in Column B. Write the letter from Column B beside the number of the item it matches in Column A.

	A	B
1.	Author of "Huckleberry Finn"	A. Election Day
2.	The capital of Japan	B. Zero
3.	The day after Sunday	C. Constitutional Monarchy
4.	First Tuesday after the first Monday in November	D. Tokyo
5.	Freezing on the Celsius Scale	E. Tolstoy
6.	The United States' form of government	F. Representative Democracy
7.	The capital of Spain	G. Twain
8.	Freezing on the Fahrenheit Scale	H. Madrid
9.	Britain's form of government	I. Thirty-two
10.	Author of "War and Peace"	J. Monday

SECTION III: Please match the word from Column B with the best definition of that word in Column A. Write the letter of the word in Column B beside the number of the correct definition in Column A.

¹ Please address correspondence to the author at 100 N. Arlington Avenue, Suite 240, Reno, NV 89501.

	A	B
	1. Start or begin	A. Demean
	2. Say "yes"	B. Agree
	3. Hidden	C. Rescind
	4. Put someone down	D. Interject
	5. Something you sit on	E. Stapler
	6. To quickly get into a conversation	F. Circumnavigate
	7. Sail around the world	G. Commence
	8. Stop making people follow a rule or pay a tax	H. Biological
	9. Has life	I. Couch
	10. Used to attach pieces of paper together	J. Clandestine

SECTION IV: Please match the possible similarity from Column B with the best answer in Column A. Write the letter of the similarity in Column B beside the number of the correct item in Column A.

	A	B
	1. Airplane and Helicopter	A. Used in Music
	2. Applause and booing	B. Sciences
	3. Up and South	C. Living things
	4. Chicken and Corn	D. Giving feedback to performers
	5. Relativity and Evolution	E. Ways to improve a physical facility
	6. Kilobytes and Liters	F. Scientific theories
	7. Agronomy and Paleontology	G. Forms of entertainment
	8. Piano and Baton	H. Units of measurement
	9. Renovate and Expand	I. Fly
	10. NASCAR and Shakespeare	J. Directions

SECTION V: Please match the best reason from Column B to do what is described in Column A. Write the letter of the reason in Column B beside the number of the correct item in Column A. Use each reason ONLY ONCE.

	A	B
	1. Why do we obey the speed limit?	A. To be friendly
	2. Why do we file our income taxes?	B. To know who is in the country
	3. Why does the President use the veto?	C. To be sure to get a table in a restaurant
	4. Why do we make a reservation?	D. To show patriotism
	5. Why do we rotate our tires?	E. To reduce wear
	6. Why do we floss?	F. To be polite
	7. Why do governments have passports?	G. To get a refund
	8. Why do we speak softly in places like libraries?	H. To stop a bill from becoming law
	9. Why do we stand during the national anthem?	I. To help save teeth
	10. Why do we say "Hello"?	J. To avoid a fine

SECTION VI: Please match the proverb in Column B with the best interpretation in Column A. Write the letter of the proverb in Column B beside the number of the correct item in Column A.

	A	B
	1. Don't give up, no matter how bad things may look.	A. A stitch in time saves nine.
	2. Wisdom doesn't necessarily come with age.	B. There's no fool like an old fool.
	3. Don't put things off.	C. A rolling stone gathers no moss.
	4. Make purchases carefully.	D. One robin doesn't make a Spring.
	5. Don't give up something for something else you can't count on.	E. Words are cheap.
	6. It's easy to say anything.	F. What goes around, comes around.
	7. Staying busy helps keep you out of trouble.	G. When the going gets tough, the tough get going.
	8. Don't jump to conclusions.	H. A bird in the hand is worth two in the bush.
	9. Adversity often brings out the best in people.	I. It's always darkest right before the dawn.
	10. People will treat you the way you treat them.	J. A fool and his money are soon parted.

SECTION VII: Please complete the following:

	100
	-3
Answer	

	100
	-7
Answer	

93 + 7 = _____ 20 + 15 = _____ 88 + 13 = _____

Please copy these designs below them:



For Examiner Use Below This Line

Digit Span: 1-10:

Alphanumeric: A-Z:

Objects in Office:

**SCORING TEMPLATE for
THE NEVADA BRIEF COGNITIVE ASSESSMENT INSTRUMENT (NBCAI)**

Correct Responses

Fund of information

1. G
2. D
3. J
4. A
5. B
6. F
7. H
8. I
9. C
10. E

Similarities

1. I
2. D
3. J
4. C
5. F
6. H
7. B
8. A
9. E
10. G

Proverbs

1. I
2. B
3. A
4. J
5. H
6. E
7. C
8. D
9. G
10. F

Vocabulary

1. G
2. B
3. J
4. A
5. I
6. D
7. F
8. C
9. H
10. E

Comprehension

1. J
2. G
3. H
4. C
5. E
6. I
7. B
8. F
9. D
10. A

APPENDIC C

The Reno Effort Test (Ret)

RET

Robert W. Wildman, II., Ph.D. 1.

INSTRUCTIONS: Please mark through all the odd numbers below (1,3,5,7,9) with a single slash and underline the even numbers (2,4,6,8). Example: ~~3~~, 6. Do as many as you can until you're told to stop. Thank you!

9 2 1 8 4 5 4 6 6 5 8 7 5 4 6 3 7 2 7 9
8 6 4 8 7 2 8 8 6 7 5 8 2 7 5 5 5 8 2 2
5 2 9 7 7 1 4 5 3 1 7 5 8 7 2 5 6 3 5 3
8 5 6 9 4 2 2 2 4 2 5 1 3 1 7 6 9 8 4 1
2 7 4 3 6 7 7 6 8 8 2 8 1 5 8 3 5 5 1 2
1 6 7 6 5 8 1 4 6 6 2 1 1 2 2 9 6 5 8 8
1 3 1 9 2 7 3 8 3 9 7 1 9 1 3 8 6 1 3 9
2 7 3 7 9 4 5 4 3 4 7 7 1 9 2 8 2 2 1 2
9 5 5 2 7 4 6 6 8 3 2 3 5 7 3 1 6 3 7 3
4 1 7 5 7 5 2 7 4 1 9 4 6 4 1 7 9 9 9 5
8 3 2 4 2 7 4 7 4 1 2 7 5 3 6 1 5 7 7 9
4 2 3 8 7 7 8 5 3 1 2 9 5 8 4 6 3 8 5 4
9 6 6 7 1 5 5 4 1 7 8 5 6 9 7 9 9 5 5 2
5 2 7 8 1 8 5 2 2 3 6 9 4 7 9 8 9 8 7 4
2 6 1 8 8 2 7 7 3 7 1 9 2 8 2 5 5 9 5 7

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