

A Note on the Clinical Utility of the Wildman Symptom Checklist

Robert W. Wildman, II¹ & Robert W. Wildman²

1.0 Abstract

Data are presented showing that the Wildman Symptom Checklist, previously only used in simulation research, has actual practical validity in a clinical setting.

Keywords: Malingering, Impression management, Wildman Symptom Checklist

2.0 Introduction

The Wildman Symptom Checklist (WSC) is a sixty-item self-administered inventory of physical and mental “symptoms” and life-style variables (Wildman & Wildman, 1999). Half of the “symptoms” are bogus in terms of never being observed among genuine psychiatric patients, and 10 of the lifestyle reports are unrealistically virtuous. An individual’s score on the WSC is the total of the bogus “symptoms” plus the number of unrealistic lifestyle behaviors endorsed. Therefore, total scores on the WSC can range from 0 to 30. Although this brief instrument has been used previously in simulation research (eg, Merckelbach, Smeets & Jelicic, 2009), this report contains the first data relating to the WSC from a “clinical sample,” to the best of the authors’ knowledge.

¹ Reno, Nevada. RWW, II is the corresponding author – PO Box 50654, Reno, Nevada 89504, rapidrobert813@yahoo.com

² Milledgeville, Georgia

3.0 Methods

3.1 Subjects

Subjects for this study were the 137 consecutive adult applicants for Social Security disability benefits seen by the first author in clinics in Las Vegas and Reno, Nevada between December 3, 2007 and March 5, 2008.

3.2 Procedures

All were, at a minimum, interviewed for 40 minutes by a clinical psychologist (RWW, II), who rated them on a 1 to 10 scale in terms of the extent to which he believed that malingering/exaggeration were important factors in their clinical presentations, with higher ratings suggesting higher levels of patient negative impression management. Following this written assessment, which was never changed, the patient was asked to complete the WSC. As all the instruments used in this study were standard in these cases, data were collected purely through an anonymous review of existing clinical records.

4.0 Results

Patients rated in the following categories obtained the following mean scores on the WSC: 0, 1 and 2 (N = 19) 2.47; 3 and 4 (N = 36) 3.53; 5 and 6 (N = 48) 3.71; 7 and 8 (N = 29) 6.13; 9 and 10 (N = 5) 11.4. The consistently and progressively higher scores on the WSC as ratings of the involvement of malingering/exaggeration increase document a statistical relationship between the two measures which is beyond the .01 level, based on the probability that all five mean WSC scores would fall exactly into the predicted incremental category, which they all did.

Looking at the possibility of assessing malingering/exaggeration from the WSC score, the following results were observed: among patients scoring 0 through 4 on the WSC (N = 92), 37% were rated 6 or higher on the clinical rating, suggesting a significant involvement of motivational factors, but only 1% were rated 8 to 10, meaning that the psychologist thought the presentation was mostly malingering/exaggeration based. For patients with scores of 5 to 9 (N = 33), the corresponding percentages were 56% and 18%; 10 through 14 (N = 6), 67% and 67% and WSC 15 and above (N = 6) 83% and 67%.

5.0 Discussion

5.1 Review and Weaknesses

These findings make it clear that the WSC can offer some guidance to an evaluator regarding the possible involvement of malingering/exaggeration in a claimant's clinical presentation. A weakness of this study, however, is that all of the ratings were made by just one psychologist. Obviously, future research on the WSC should be conducted by workers other than the instrument's authors.

5.1 Future Directions

A strength of the WSC is that it provides concrete examples of a patient's attempts to malingering. For example, endorsing the statement, "I hear female voices through my right ear and male voices through my left," can be used on the witness stand as powerful evidence of malingering. A weakness of this device, however, is that there are only 30 relevant items measuring malingering, and they could be copied and memorized in order to avoid detection. A possible solution to this problem would be to generate a large number of equivalent items and have a computer program present each claimant/defendant with a random sample of items, producing a near-unique instrument for which the individual could not realistically prepare.

7.0 References

- Merckelbach, H., Smeets, T. & Jelicic, M. (2009). Experimental simulation: Type of malingering scenario makes a difference. *Journal of Forensic Psychiatry and Psychology*, 20, 1-9.
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