



## Psychiatry and Behavioral Sciences Section - 2014

### **110 Extremes of Malingering: Clinicians' Stories of Feigned Behaviors by Inmates in Corrections Facilities**

*Bryan J. Chamberlain, MD\**, 215 W 7th Street, Apt 307, Los Angeles, CA 90014

---

The goal of this research is to explore the bizarre behaviors displayed by inmates believed to malingering symptoms from a clinician's perspective.

This presentation will impact the forensic science community by highlighting key elements that clinicians can use to identify and assess clients who are incarcerated and malingering.

While serious mental illness is prevalent among individuals incarcerated in jails and prisons across the country, many clinicians believe that those who feign or exaggerate symptoms represent a large percentage of the population. The *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition* (DSM-5) labels these individuals as malingerers and sets the criteria for such labeling as the "intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives." The incentives for malingering in an incarcerated population may or may not be intuitive; they could include presenting a mental condition that could result in reduced culpability or lenient sentencing, obtaining better facility placement, being excused from work assignments, and receiving non-indicated medications for tranquilizing effects and/or for trade/sales.

The false presentation of symptoms can be exhibited by incarcerated individuals with and without actual mental illness, thus further complicating decisions in diagnosis, treatment, and disposition. In addition, the time spent assessing these malingerers reduces the already-limited availability of services for those whose symptom presentation is genuine. While assessment tools exist for identifying individuals who malingering symptoms, they are often time-consuming to administer and may require expertise in interpreting results. As such, malingering is often identified based upon clinical judgment, and not through assessment instruments.

In the community, persons who malingering may present with symptoms that are fewer or less severe than those presented by persons who are incarcerated. Perhaps one reason for this is that patients are free to "shop" until they find a provider who will concede to their requests. However, in an incarcerated population, the ability to "shop" is highly limited. Consequently, individuals may believe that they have to exhibit as "sick" of a presentation as possible in order to persuade the clinicians that they are ill and thus achieve their secondary gain. As such, a mental health provider inexperienced in working at a jail or prison may be shocked by the extreme behaviors which some inmates exhibit in pursuit of their goals. They may be less likely to attribute such behaviors to exaggeration or feigning because of the deviance of presentation from that seen in the community.

Clinical vignettes of psychiatrists and psychologists providing treatment to persons in a correctional facility will be presented. The goal is to explore the clients' incentives for malingering and the types of behaviors displayed in pursuit of these incentives. Key elements which clinicians may use to identify and assess incarcerated clients who are malingering will be highlighted.

---

#### **Malingering, Corrections, Secondary Gain**