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Comparison of the Validity Scales Between the Medical-Spinal Cord Simulation and Forensic-Extreme Hardship Groups

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ABSTRACT

Two clinical groups are compared. One group is a forensic group, which wishes to prove to the United States government of their Extreme Hardship in order to be able to retain their spouses in the U.S. The other group is comprised of patients who wish to have a Spinal Cord Stimulator (SCS) implanted in order to decrease their pain. Both groups have much to lose; the question is, which one will exaggerate their clinical presentation? The hypothesis was that the forensic group would exaggerate and distort their symptomology more than the SCS group. It was found that both groups perform similarly on validity scales. This finding provides important clinical information for both clinicians working with the SCS group and those who accept referrals for Extreme Hardship Psychological Evaluations. One more interesting phenomenon illustrated in this article is that the group of spouses who have no citizenship undergo physical, emotional, and sexual trauma because they have no legal standing in the USA.

Keywords

Malingering, Extreme Hardship, Spinal Cord Stimulator, Immigration, Losses, Domestic Violence, Psychological Evaluation, Neuropsychological Evaluation.

Introduction

A lot of work must be done to complete a neuropsychological evaluation, but when the same evaluation is completed in the light of forensics, the situation changes tremendously. The research presented here describes two groups that are significantly different from each other but have similarities in terms of motivation and performance.

The first group to be discussed is a group of pain clinic patients preparing themselves to be treated with a Spinal Cord Stimulator (SCS). Patients who suffer pain that is not well managed by traditional pharmacological methods may be candidates for the SCS, which is capable of relieving pain to a considerable extent. All SCS patients are required to undergo a psychological and/or neuropsychological evaluation to rule out the likelihood that they are somatizing or exaggerating their pain, as well as to measure their ability to withstand the procedure and participate in the follow-up process.

The second group to be considered consists of individuals who are United States citizens but have spouses who have not been granted citizenship due to legal problems they encountered in the past. Those spouses who are not citizens are facing possible deportation. One circumstance that sometimes enables the partner without citizenship to stay in the U.S. and avoid deportation is to prove Extreme Hardship to U.S. immigration authorities. The standard of Extreme Hardship cannot be met by the mere threat of divorce, the possibility of separating the family, or the need to make difficult decisions about the family. One possible way of obtaining a positive judgment in such a proceeding is to demonstrate to U.S. immigration authorities via a psychological and/or neuropsychological evaluation, that encompasses objective data as well as the clinician's subjective opinion, that the health and welfare of the petitioner will be seriously endangered if the family member who is not a U.S. citizen is deported. It is important to note that the U.S. immigration office is predominantly interested in the status of the citizen spouse who will suffer Extreme Hardship if his or her spouse is deported.

The intention behind this research was to compare the performances of the SCS group and the Extreme Hardship group on the validity scales of the MMPI-2. It was hypothesized that

the Extreme Hardship group, as a forensic population, will show more tendencies to distort their information than the SCS group. Both groups have now been described, and perhaps the Extreme Hardship group within the Polish population has been introduced for the first time in literature. The current literature review indicated no findings about this subgroup of the Polish population. In this article, the domestic violence, including physical, emotional, and sexual abuse, was illustrated in a specific group that is described as forensic. The forensic group in this research is the group of individuals who hold physical, emotional, and sexual power over their spouses who are not U.S. citizens. Since the spouse who does not have citizenship fears they may be deported if they anger their spouse, he or she is more likely endure the abuse.

Do validity scales differ in forensic patients when compared to patients undergoing Spinal Cord Stimulation?

The two groups included in this research were of particular interest to the author. The author has worked for almost 20 years in the field of psychology, during the last 15 of which she has worked closely with both populations that are the subject of this research. This study first looks briefly at the particular characteristics of each group of patients, then moves on to consider the relationship between both sets of data.

Both the SCS group and the Extreme Hardship patients have a lot to lose or accomplish when they come for an evaluation. The group of patients seeking SCS treatments has already gone through a lot, in most cases having already withstood some kind of trauma to their body. Most of their lives have changed dramatically because they are in constant pain, with many of them being unable to return to work or working with the help of multiple pain medications that still leave them hurting. Quite a few of the patients included in this research had to give up not only the luxury of being employed, but many of them can no longer engage in the activities they could perform before the injury. Most of them stay at home and try to engage in some daily activities such as cooking, cleaning, and childcare but find themselves unable to do much because their pain is too disabling. All of them have been to multiple doctors, obtained injections, and tried different pain medications without success. Therefore, they are introduced to the SCS option as a last resort and hence approach the required psychological evaluation in this context.

Members of the Extreme Hardship group have a lot to lose also, as they may have to face deportation, separation from their family, relocation to Poland or another country of origin, find new employment, or meet other life demands such as updating an obsolete education, dealing with divorce, or asking distant family members for help. Should they be deported, many of them do not have a home to return to. A large percentage of the Extreme Hardship population is granted citizenship due to an unusual medical problem that does not allow their spouses to relocate. For instance, a U.S. citizen's medical condition may not allow for relocation, long flights, or withstanding long travel via ship. In these situations, the spouse is unable to follow their mate who provides essential help, and therefore the non-citizen is granted legal standing.

One example from our practice of a successful Extreme Hardship case was a family in which Extreme Hardship status was granted to the husband of a wife who was a U.S. citizen. She relocated to the U.S. after she became an orphan due to a car accident in which she lost both parents. Her traumatic experience was awakened when she faced losing her husband, who was about to be deported from the U.S. Her trauma had been sufficiently extreme that facing another loss in her life placed her in grave psychological danger. In this case, it was possible to demonstrate Extreme Hardship and the family was able to stay in America.

Since both groups have a lot to lose, they may at times tend to malinger or exaggerate their symptoms during an evaluation to make sure the evaluation has the desired goal. The SCS group is considered a clinical population, as they did not have any legal cases open at the time of their testing. For the purpose of this research, the Extreme Hardship group is considered "forensic," as none of those individuals had any intention of seeking any kind of psychological interventions on their own. This group seeks out testing because their legal representatives have informed them that they must do so in order to prove Extreme Hardship.

This research seeks to determine if there is any data that would demonstrate which of the two groups has a stronger tendency to engage in exaggeration and malingering: the SCS group or the Extreme Hardship group. Before the research results will be introduced, the author will survey previous studies that have explored these questions. First, we shall look at research on malingering in general, and then research on SCS groups will be introduced.

It is important to begin with the research conducted by Wiley Mittenberg, Christine Patton, Elizabeth M. Canyock, and Daniel C. Condit, [1] in which base rates of probable malingering and symptom exaggeration are reported. Of these cases, 19% of cases are criminal and 8% are medical. Authors reported that base rates did not differ among geographic regions or practice settings, but were related to the proposition of plaintiff versus defense referrals. The medical complaints in claims resulting in a diagnostic impression of Probably Malingering included: 39% mild TBI; 35% fibromyalgia/chronic fatigue; 31% chronic pain; 27% neurotoxic, and 22% electrical injury.

Psychological research on chronic pain includes a study that investigated the MMPI-2 characteristics of 209 chronic pain patients in an inpatient pain treatment program. This study found that "chronic pain patients reported higher levels of general maladjustment and affective disorders than did the normative control group, including more anxiety, depressive symptomatology, and somatic complaints" [2].

In 2008, K.J. Bianchini, J.L. Etherton, K.W. Greve, M.T. Heinly, and J.E. Meyers also investigated the accuracy of the MMPI-2

validity indicators in detecting malingering in clinical patients with chronic pain [3]. Their results indicated that the MMPI-2 validity scales differentiated malingerers from non-malingerers with a high degree of accuracy. The authors observed that the hypochondriasis and hysteria clinical scales were elevated as well as all variables, except those in Scale L, and that the more extreme scores were associated with higher specificity. Their study demonstrates that the MMPI-2 is capable of "differentiating intentional exaggeration from the effects on symptom reporting of chronic pain, genuine psychological disturbance, and concurrent stress associated with pursuing a claim in a medico-legal context."

The following literature that was reviewed and is included here illustrates some specific examples of the types of cases studied in research in which SCS is recommended. These reviewed articles discuss and describe medical disorders that result in severe pain that does not respond well to pharmacological regimens and that has therefore been treated with the SCS procedure. This literature research was driven by the fact that most of the patients who were included in this research had one or more of the conditions described below.

I. Molton, M.P. Jensen, D.M. Ehde, G.T. Carter, G. Kraft, and D.D. Cardenas [4] compared the use of pain strategies among older, middle-aged, and younger adults living with chronic pain. They determined that the relationship between severity of pain and the patient's ability to cope is moderated by age. This information is crucial for clinicians as they assess each patient's struggles and condition, because it suggests that age should be taken into account when creating recommendations and treatment plans for chronic pain patients.

Patients with diabetes may have complications of peripheral neuropathy, which results in severe neuropathic pain. Their treatment includes glycemic control, tricyclic antidepressants, anticonvulsants, intravenous lignocaine, oral mexiletine, topical capsaicin (derived from red chili peppers), Alpha-lipoic acid (antioxidant, intravenous, or daily injection), opioids, and for those who did not respond to pharmacological treatment, SCS. Via Salmon Tesfaye [5], patients who were fitted with an electrical spinal cord stimulator continue to deem those to be effective five years after implantation.

R. Hussein, A.J. Ordman, and G.S.E. Dowd [6] describe the complex regional pain syndromes (CRPS) that represent an abnormal response to injury, usually of an extremity, typified by prolonged, often intense pain. CRPS is typified by regional pain and sensory changes associated with signs suggesting sympathetic autonomic overreactivity, manifested by temperature changes, pale red or dusky appearance of the skin, swelling, and sudomotor activity (tremors, involuntary movements). The authors also suggest SCS as an optional treatment, especially when physiotherapy, pharmacotherapy, sympathetic blockade, mirror visual feedback, transcutaneous electrical nerve stimulation (TENS), and acupuncture have not helped with pain management. SCS has also been recommended for cancer-related low back pain [7], and for pain management in peripheral vascular disease [8].

Before the results of this research are explained, the Extreme Emotional Hardship phenomenon is described.

A specific population was evaluated, namely spouses of individuals whose residency in the U.S. is in jeopardy. On most occasions, the spouse who is not a citizen may face deportation due to various reasons (overstaying the visa time frame, passing borders without documentation via the "green border," DUI charges, shoplifting charges, and other criminal acts). The only way for these individuals to stay in the U.S. legally is to have a qualifying relative who can prove individual Extreme Hardship to the U.S. Immigration Office. In other words, the spouse who is a law-abiding U.S. citizen must prove to the U.S. Immigration Office that he or she will suffer Extreme Hardship if his or her spouse is deported. Such a hardship may consist of medical problems, financial consequences, family issues that preclude deportation, or extreme emotional hardship.

For U.S. immigration authorities, problems on the level of a possible divorce or high blood pressure as a medical problem do not constitute Extreme Hardship. To prove emotional hardship that is sufficiently extreme to preclude deportation, the spouse hires a legal representative who then refers that spouse for a psychological and/or neuropsychological evaluation. In such cases, it is expected that the evaluation will show that the spouse who is a U.S. citizen cannot handle his or her affairs without assistance due to various reasons. If those reasons consist of severe mental health problems, the specific nature and severity of these problems must be documented and malingering must be ruled out.

Not much has been documented thus far regarding Polish patients who are facing these circumstances. There is even less relevant information on the Latino group, as the stigma of immigration problems is still strong among Latinos and the Latino group in the U. S. is significantly larger than the Polish group. Little is known yet about other populations, such as Asians.

It is very important to describe the specific requirements of working with the Extreme Hardship group a bit further. It is crucial to understand a specific type of abuse that occurs within this population. The U.S. citizen married to a partner who is not a U.S. citizen has tremendous control over his or her partner. In many cases encountered by the author, the non-citizen has suffered emotional, physical, and sexual abuse at the hands of the U.S. citizen. The partner without citizenship tolerates abuse from that person because he or she believes the partner with citizenship "can do things to me because they have the power to report me to Immigration authorities and have me deported." The abused partners report severe emotional abuse, including blackmail, sexual abuse, and physical abuse. It has been reported more than once that the non-citizen spouse suffered physical harm, including not only bruises but also broken bones.

The threats that are directed by the U.S. citizen spouse at their non-citizen mate result in fear of being "beaten again," deported,

or abandoned. These threats are so traumatic that many victims have never told anyone or been to a doctor for treatment. Such a situation opens up another realm of clinical intervention similar to the demands of domestic violence cases. These issues need to be taken under consideration when performing psychological and neuropsychological evaluations and while performing testing for similar referrals. This is but one example of a type of situation in psychology in which culture, political beliefs, and other specific characteristics may come into play. Not all Extreme Hardship evaluations involve this type of pathology, but nevertheless it is important to outline the situation for clinicians who have not yet encountered these cases in their practice.

The Research

Above are found synopses of two different groups of individuals with a tendency to exhibit the common characteristic of malingering and/or symptom exaggeration that is well described in the current literature. The chronic pain patients tend to exaggerate their symptoms to get what they want and the Extreme Hardship examinees may also be motivated to embellish the severity of their symptoms to get what they want. The focus of the current research was to determine which of these two groups is more likely to exaggerate their symptoms.

The hypothesis of this study was that the clinical group of patients seeking the SCS procedure would malinger and/or exaggerate their symptoms less, as they are genuinely hurt and want to get help with their pain. It seemed this group had more motivation to be honest, as they did not have an obvious source of secondary gain. All SCS participants in the current study denied any legal involvement at the time of their testing.

It was the author's opinion that the members of the Extreme Hardship group (aka the forensic group) would exaggerate and malinger more, as they have a forensic component and a great deal to lose if their cases are not decided in their favor. In other words, if their spouses are not granted the Extreme Hardship status, their lives may be turned upside down. They may face relocation to Poland, they may be ejected from their homes, lose their jobs, or be separated from their children. They are engaged in a serious fight for large stakes; therefore, it is worth it for them to lie.

Perhaps it is now a good moment to give a quick description of what happens to those families that are not granted the right to stay in the U.S. They may face jail time before the process of deportation is completed. Their children witness the stress, after which they may be pushed to relocate to Poland where they have to change friends, find new schools, and, in some cases, learn the Polish language to continue their education. The deported spouse must stay in Poland for at least 10 years; therefore, the family members in the U.S. are forced to suffer, live without family members, perhaps lose income, or relocate and have to adjust to a new culture, social customs, laws, and more.

Materials and Methods

Participants were chosen from 100 randomly selected charts from the Wegierek Psychology Center, Inc. (WPC, INC.) data pool.

The plan was to randomly select 20 participants for each group. However, after thoroughly reviewing the data to ensure both samples were as similar and representative as possible, it turned out that some subjects were excluded. Reasons why they failed to qualify included the circumstances of age, educational background, or an existing dementia diagnosis that did not meet the inclusionary criteria. The participants in both groups stated that they did not have a dementia diagnosis and pledged that they were currently involved in no legal proceedings other than the hardship evaluation for the U.S. Immigration Office at the time of testing.

It is important to explain that the forensic group was deemed to be psychologically healthy, as it is assumed none of those individuals would have come for the psychological evaluation or treatment on their own. Their main reason to enter our clinic was to comply with the Immigration Office requirements.

The SCS group inclusion criteria were that those individuals should have no legal case open. Their testing requires only a decision as to whether the patient possesses sufficient psychological health to participate in the SCS procedure and then follow through with their doctor's recommendations.

All participants completed the MMPI-2, and 15 of them were involved in an Extreme Hardship evaluation. Eighteen of them came for a psychological evaluation as a requirement to qualify for the SCS trial and implantation.

The forensic group consisted of patients whose ethnic or racial background was American or Polish- American and had sufficient knowledge of the English language to complete the MMPI-2.

The SCS group consisted of mostly Polish-Americans who complained of some type of injury or pain disorder other than somatization, fibromyalgia, or chronic fatigue syndrome and were referred to WPC, Inc. for a psychological and/or neuropsychological evaluation.

Within the forensic group, the educational background ranged from 12 to 16 years of education. For the SCS group, the educational background ranged from six to 15 years of education. On average, it is certain that most participants had a solid educational background with no major educational problems reported.

All of the data was collected at WPC, Inc. The forensic group did not report any significant mental health problems that would disqualify them from working or maintaining relationships and stated they were not facing any current medical problems.

The SCS group consisted of patients who were hoping to be approved for the SCS trial, after which they would follow through with permanent implantation. They reported major problems in the following areas: syndromes and/or disorders of the back, neck, spinal regions, and lower limbs.

Instruments

Members of the forensic group completed the MMPI-2, and, in some cases, the WAIS-PL. Those patients in the SCS group completed an entire Neuropsychological Battery that included the MMPI-2.

Results

Comparing both groups, the t-test did not show any significant results. When further results of the t-test were evaluated, it was evident that there is an observable pattern of malingering. Members of the forensic Extreme Hardship group show a measurable tendency to exaggerate their pathology more than members of the clinical SCS group. The validity scales of F and FB found in the forensic group indicated that this group exaggerated their symptoms more than the SCS group.

Discussion

With the support of a vast amount of research available today that describes forensic groups of patients as prone to malinger or exaggerate psychopathology, this study demonstrates the same phenomenon. The current research supports and is in agreement with other researchers who have found that forensic involvement adds an additional component of secondary gain that in many cases results in symptom exaggeration or malingering.

It is true that many forensic patients may never have requested a psychological or neuropsychological evaluation specifically to address their own psychological discomfort. For this reason, many of them are requested by a third party as a requirement to qualify these patients for some kind of secondary gain. In many cases, this secondary gain is either a monetary reward or a chance to avoid responsibility for an illegal act with which the patient has been charged.

Of course, this writer is highly aware that referrals for forensic psychological and neuropsychological evaluations are provided for a variety of reasons, among them the need to assess a patient's ability to stand trial. But this research focused mainly on a common type of forensic referral for which testing was completed in an outpatient setting, namely Extreme Hardship cases.

This research indicates that there is not much of a difference in validity scales between the SCS recipients and the Extreme Hardship group. There is one component of this study that perhaps is introduced to many readers for the first time, and that is a specific sub-group of individuals requiring forensic psychological evaluations that consist of people who would suffer extreme emotional hardship if their spouses were deported from the U.S.

As discussed previously, the U.S. citizen who has a spouse who is denied U.S citizenship due to various legal problems may apply to the U.S. Immigration Office for a I-601, which is an application for a Waiver of Grounds of Inadmissibility. In many cases, the non-citizen spouse entered the United States without documents, committed another crime, and is now facing deportation. For families in these situations, deportation means that they either must leave the U.S. to be together or face 10 years living separately. That is why they need the Waiver of Grounds of Inadmissibility because when their waiver application is approved, they may stay together in the U.S.

While preparing for this research, the researcher wondered whether the two groups would show more differences or similarities. The forensic group fell into the previously researched category of forensic clients, which was expected to distort their pathology. The SCS group was considered a separate category from clients in the forensic arena and was therefore hypothesized as less likely to distort or exaggerate their symptoms. This research shows that both groups belong to the category of psychological evaluations that need special attention from the clinician and testing focused on motivation, as in many cases such measures are needed to not only derive an appropriate treatment plan but also to help the client see how he or she performs.

Future Plans

Plan number one for future research is to increase the size of both samples, as the value of the results is diminished by the relatively small sample size. Plan number two is to make sure the Extreme Hardship group is described in its own article, as there is little in the literature about this specific group.

Special Thanks

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Acknowledgments

The findings included in the following article titled "Comparison of the Validity Scales Between the Medical-Spinal Cord Simulation and Forensic-Extreme Hardship Groups" are original, unreported, and not submitted elsewhere.

The work contained in the submitted manuscript conforms to the human and/or animal ethical legislation appropriate to the USA, and the research was completed in accordance with the Helsinki Declaration.

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