

Malingering Probability Scale (MPS)

A WPS TEST REPORT

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Version 1.110

ID Number: Sample

Age: 52

Gender: Female

Education: 16

Ethnicity: Not Entered

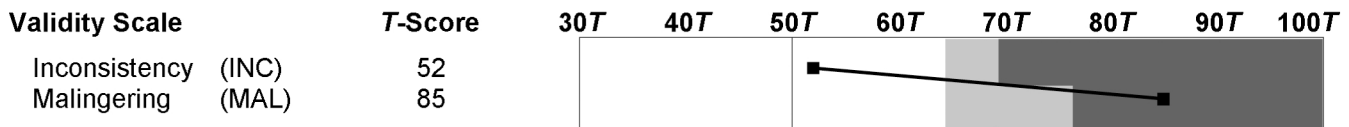
Examiner ID Number: Examiner

Administration Date: 6/3/97

Processing Date: 6/3/97

This interpretive report for the MPS is designed to aid in clinical decision making and diagnosis. The user should be familiar with the material presented in the MPS Manual (WPS Product No. W-295B). No clinical or diagnostic decisions should be made solely on the basis of this report without the support of information from independent sources.

Inconsistency and Malingering Scale Results



Malingering Probability: 98%

An Inconsistency score of 52T suggests that the examinee has adequately understood the MPS statements and responded to them in a consistent fashion. Interpretation of Malingering T-score results can proceed.

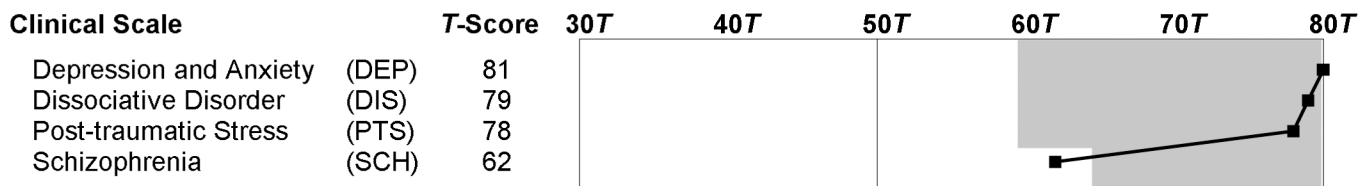
A Malingering score of 85T means there is a high (98%) likelihood that this examinee has attempted to use her responses to the MPS statements to exaggerate or fabricate symptomatic complaints. People who obtain Malingering scores this high have said “Yes” to the presence of many “pseudo symptoms.” Pseudo symptoms are complaints that often sound like legitimate signs of distress, but are not connected with the mental disorders tested by the MPS as they have been studied and documented by psychologists and psychiatrists.

People who are truly suffering from a mental disorder may at times say “Yes” to one or two of these pseudo symptoms, but seldom endorse them at the rate that the present examinee has.

As with any psychological test, these results alone do not prove that the examinee does not have a mental disorder. A mental health specialist responsible for this examinee’s diagnosis or treatment planning will still need to be alert to the possibility of real distress and provide appropriate treatment if reliable signs should occur.

These results do, however, strongly indicate that the examinee is not a reliable reporter of her status in this regard. Other than this clear outcome, there should be no further interpretation of, for example, the MPS Clinical Scale results.

Clinical Scale Results



The discussion of the INC and MAL scales in the first section of this report indicated

problems with the validity of this examinee’s responses. For that reason, interpretation of

these Clinical Scale results is not recommended.

Supplemental Malingering Scale Evaluation

The standard interpretation of the MPS Malingering Scale provided in the first section of this report is based on a moderate assumption of a 20% base rate occurrence of malingering. This assumption is applicable in most settings where the MPS will be used and where there is a clearly perceived a priori incentive to exaggerate the presence of distress. As described at more length in the MPS Manual, other assumptions may apply broadly in some settings where the MPS is used, or narrowly for some individual cases.

In situations where the examiner judges that there is an especially high likelihood of malingering, a higher base rate assumption of 50% may apply. Under this assumption, the

examinee's MAL score of 85 *T* indicates that the likelihood of exaggerated responding increases to 99.5%.

In situations where there is judged to be little or no special incentive to malingering, a lower base rate assumption of 10% may apply. Under this assumption, the examinee's MAL score of 85 *T* indicates that the likelihood of exaggerated responding decreases to 95%.

These supplemental probability values are provided for any MAL *T*-score that an examinee obtains. It should be noted, however, that the differences from the standard values will seldom be large enough to provoke reconsideration of clinical decisions. Only in borderline cases, when MAL scores are in the range of 70 *T* to 80 *T*, will probabilities change between low and high likelihood of exaggeration based on these kinds of background assumptions.

Summary of Responses

1. T	21. T	41. F	61. F	81. T	101. T	121. F
2. T	22. T	42. T	62. F	82. F	102. T	122. T
3. F	23. F	43. T	63. T	83. F	103. F	123. T
4. F	24. F	44. T	64. F	84. F	104. T	124. T
5. T	25. T	45. T	65. T	85. F	105. T	125. T
6. T	26. F	46. T	66. F	86. T	106. T	126. T
7. T	27. T	47. T	67. T	87. T	107. F	127. F
8. T	28. F	48. F	68. T	88. T	108. T	128. F
9. F	29. T	49. T	69. T	89. T	109. T	129. T
10. F	30. F	50. F	70. T	90. T	110. T	130. T
11. T	31. F	51. T	71. T	91. F	111. F	131. T
12. F	32. F	52. T	72. F	92. T	112. F	132. T
13. T	33. F	53. T	73. T	93. T	113. T	133. T
14. T	34. T	54. T	74. F	94. F	114. F	134. F
15. F	35. T	55. T	75. F	95. T	115. T	135. F
16. F	36. F	56. T	76. F	96. T	116. F	136. F
17. F	37. T	57. F	77. T	97. T	117. T	137. T
18. T	38. T	58. F	78. F	98. T	118. F	138. T
19. T	39. T	59. T	79. T	99. T	119. T	139. F
20. F	40. F	60. T	80. F	100. T	120. F	

Invalid (not answered) responses: 0

Response Key: T = True F = False - = Not answered

This report was generated based on WPS TEST REPORT Microcomputer Data Entry.

END OF REPORT