



Introducing our keynote speaker:

*Kyle Brauer Boone*



Kyle Brauer Boone, Ph.D., ABPP, is a Clinical Professor within the Department of Psychiatry and Biobehavioral Sciences at the University of California, Los Angeles (UCLA). She has published numerous peer-reviewed articles and book chapters on neuropsychological assessment, neurocognitive validity tests and somatoform conditions. Currently, she is on the Board of Directors of the American Academy of Clinical Neuropsychology (AACN) and conducts neuropsychological evaluations in the context of civil litigation. She continues to write books and research publications.

Kyle will be presenting the following topics:

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### Use of Performance Validity Tests (PVTs) in Low IQ Populations

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Failure on multiple Performance validity tests (PVTs) reliably identifies neurocognitive performance invalidity in various populations, with the exception of very low functioning individuals, such as patients with intellectual disability; research suggests that individuals with IQ scores between 60 and 69 fail approximately 44% of PVTs across a neuropsychological exam. PVT cut-offs often require adjustment in order to be adequately protective of low IQ credible patients, and a method for using multiple adjusted PVT cut-offs to maximize accurate discrimination between credible low IQ patients and noncredible patients feigning low IQ/global dysfunction will be presented. Case examples will be discussed.

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## Performance Invalidity in the Context of Somatoform/Conversion Disorders, Factitious Disorders, and Malingering: Do We Need a new Diagnostic Schema?

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Performance validity tests (PVTs) have represented a paradigm shift in clinical neuropsychology. Prior to use of PVTs, deliberate feigning of cognitive symptoms was thought to be rare, however, subsequent PVT-driven research has demonstrated that malingering is common, and may occur in 40% of neuropsychological exams in which external gain is present. Likewise, factitious disorder is associated with deliberate feigning of symptoms, and PVTs also detect noncredible neurocognitive performance in those factitious disorder patients reporting cognitive dysfunction. Less is known regarding how somatoform/conversion disorder patients perform on PVTs. In this workshop, research on PVT failure in somatoform/conversion disorder will be presented, as well as evidence for “conscious” symptom-production processes in at least some conversion disorder patients. It will be suggested that just as multiple PVT failures signal the presence of deliberate feigning in the context of external gain, they also identify patients diagnosed with “conversion disorder” who are likely consciously fabricating symptoms and who would be more accurately placed in the factitious disorder category. A proposed alternative diagnostic schema for “Falsified Symptoms” will be presented.

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## Update on Base Rates of Performance Invalidity in Mild Traumatic Brain Injury (mTBI)

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Neuropsychologists are encouraged to use such test classification statistics as Positive Predictive Power (PPP) and Negative Predictive Power (NPP) when discussing the probability that Performance validity test (PVT) failure actually represents performance invalidity. However, use of PPP and NPP requires accurate base rate information. Survey data derived on retrospective recall from clinicians suggests that the base rate of performance invalidity in clinical patients is <10%, while in forensic neuropsychological exams, the base rate of performance invalidity is at least 30%, and even higher (40%) in individuals claiming residuals from mild Traumatic Brain Injury (mTBI). However, minimal data have been reported on the actual base rate of performance invalidity in mTBI test takers in secondary gain contexts; most reports of base rate information have not been confined to samples of only mTBI patients or only patients with external motive, and studies have differed in how noncredible performance was documented. In this workshop, 12 studies providing base rates of performance invalidity in mTBI patients (6 in a military context and 6 in civil compensation-seeking) will be critiqued, and recommendations as to the base rate of performance invalidity to be used in mTBI will be offered.

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