Preface

As editor of the first edition of *Assessment of Feigned Cognitive Impairment: A Neuropsychological Perspective*, I attempted to bring together the burgeoning knowledge regarding performance validity testing available at that time. However, since the publication of that book in 2007, there has been what can only be described as an explosion of neuropsychological publications (more than 1,400; Martin, Schroeder, & Odland, 2015) that have addressed the prevalence of feigning of neurocognitive symptoms, validation of methods to detect feigned neurocognitive symptoms, and the appropriate use of such methods in various clinical and forensic populations.

My experience as a practicing clinical neuropsychologist and researcher for well over 30 years has enabled me to view firsthand the developmental arc of clinical neuropsychology. When I trained in neuropsychology, it was a fledgling field that used wooden form boards created by hand in a garage (i.e., the Tactual Performance Test); engaged in a naïve search for simple psychometric methods that would discriminate generic "organicity" from functional/psychiatric conditions; and encouraged neuropsychological reports to include rote statements regarding test-taking effort that were based on nothing more sophisticated than a "gut feeling" on the clinician's part (e.g., "The patient appeared to perform to true ability during the exam and thus, test scores are judged to be a valid reflection of true skill level"). Thirty-five years later, we now employ sophisticated test materials, with increased reliance on computer- and digitally based methods; we have given up the search for "organicity" and instead have identified patterns of cognitive dysfunction in a wide range of medical, neurological, and psychiatric conditions; and we employ numerous, well-validated techniques to objectively verify that test takers are in fact performing to true ability. Survey data published in 2015 showed that neuropsychologists on average employ six performance validity measures in forensic exams, and five in clinical exams, with the use of performance validity methods viewed as "mandatory" in forensic exams by 99% of surveyed neuropsychologists, and as "mandatory" or "desirable" in clinical exams by 94% of neuropsychologists (Martin et al., 2015).

The shift to objective documentation of performance validity has arguably been the most profound change in clinical neuropsychological practice in the past

20 years, one that has been rapidly embraced by the vast majority of neuropsychologists, and one that has made me particularly proud of my profession and colleagues. Clinical neuropsychology is at the forefront in validating and employing performance validity methods that enable us to verify symptoms and deficits so that we can provide the most accurate information to treaters and triers of fact. Professionals in other psychological and medical specialties in fact rely on clinical neuropsychologists to provide critical information regarding symptom credibility.

In the second edition of *Assessment of Feigned Cognitive Impairment*, the reader is provided with the most up-to-date information in the area of neurocognitive performance validity. Sixteen new chapters have been added, including an overview for the clinician on navigating performance validity tests (PVTs) and a discussion of preferred PVT research design methods. In the intervening 14 years since the first edition, there has been increasing research into validation of performance validity measures within various neurocognitive domains, and chapters have been added covering performance validity methods from standard memory, visual perceptual/spatial, language, and processing speed tests, as well as performance validity techniques for cognitive screening measures. New research has been added to earlier chapters on the use of IQ, executive, and motor/sensory tests as performance validity measures; a chapter comparing the effectiveness of available forced-choice memory PVTs is now included; and the chapter on non-forced-choice PVTs has been updated. Also new to this edition are chapters addressing how to interpret data from multiple performance validity measures in combination, and the impact of premorbid ability on rate of lowered neuropsychological scores and PVT failures. New chapters also summarize current methods in the use of the Minnesota Multiphasic Personality Inventory–2—Restructured Form (MMPI-2-RF) and the Personality Assessment Inventory (PAI) to assess credibility of cognitive symptom reports. Chapters from the first edition on the use of performance validity methods in patients with epilepsy and psychogenic nonepileptic seizure (PNES), psychiatric conditions, chronic pain and chronic fatigue, intellectual disability, learning disorders and attention-deficit/hyperactivity disorder (ADHD), and claimed toxic exposure and multiple chemical sensitivity have been updated, and other chapters have been added regarding use of PVTs in patients with dementia and somatoform/conversion disorder, and base rates of PVT failure in compensation-seeking mild traumatic brain injury. In addition to revised chapters on the use of PVTs in criminal forensic settings, and in ethnic minorities who are not English-language dominant, there are now chapters on the use of PVTs in pediatric patients and in military service members and veterans.

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REFERENCE

Martin, P. K., Schroeder, R. W., & Odland, A. P. (2015). Neuropsychologists' validity testing beliefs and practices: A survey of North American professionals. *The Clinical Neuropsychologist*, *29*(6), 741–776.