

Development of the LAQ: A new questionnaire for detecting deception in the chronic pain population. A validation study comparing two dissimulation groups

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Purpose

Critical to assessing patients in pain is determining the accuracy and honesty of patient self-report. To this end, the LAQ was developed. The LAQ examines a patient's responses across several key physical and psychological symptoms. To determine the validity of the LAQ, two dissimulation groups were studied.

Method

The first group consisted of subjects with chronic pain. The second group of subjects was pain free and were recruited from the community at large. The two groups were matched for age and socioeconomic background. Both the Pain and No-Pain dissimulation groups were asked to complete the LAQ and a short Strategies Questionnaire inquiring about deception strategies used. They were also instructed to narrate freely about their deception strategies after completing the LAQ.

Subjects in both groups were given similar instructional sets which asked them to imagine they were being evaluated by a psychologist for a chronic pain problem. They were told because of a desire to secure disability payments, get a large financial settlement, or to avoid work they needed to convince the psychologist that their normally mild pain is severe and disabling.

Results

The responses of the Pain and No-Pain groups were compared to a large normative sample of chronic pain patients who had completed the LAQ under normal clinic conditions. The results demonstrated clear differences in the two dissimulation groups compared to the normative sample for both physical and psychiatric symptoms, especially for unusual symptom complaints. Out of 371 items on the LAQ, 252 items differed significantly at the .05 level between one or both dissimulation groups and the normative sample. Also, after demonstrating no differences between the two dissimulation groups, they were combined. When scale differences were examined between the Combined Dissimulation Group and the Normative Group, the results revealed significant differences for all scales scores with moderate to large effect sizes. When the Strategies Questionnaire was examined, the results showed that both dissimulation groups used a variety of strategies to dissimulate. This finding was reinforced by the free narrative descriptions of both groups. Correlational analyses with the MMPI-2 provided convergent validation of the LAQ validity and clinical scales.

Conclusions

Significant differences were detected between two dissimulation groups on responses to the LAQ and a normative sample of chronic pain patients. The major finding will be presented and implications discussed, especially regarding the clinical use of the LAQ in detecting deception in the chronic pain population. Recent findings of Receiver Operating Characteristic analyses for the LAQ will also be discussed.