

# Using Machine Learning to Detect Noncredible Cognitive Test Performance

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# Agenda

- No Disclosures
- Existing Research
- Scope of Study
- Key Findings
- Interpretation of Findings
- Limitations & Future Directions

# Validity Assessment Standards

Use multiple performance validity tests

Apply appropriately adjusted cutoffs

Avoid redundancy

Consider contextual, diagnostic, intrapersonal factors

# Challenges with Current Standards

But accounting for all these factors can be time-consuming and burdensome

....this in turn may limit the frequency and quality of validity assessment

# Algorithms May Help Address These Challenges

Algorithmic methods may improve the assessment process

Unsupervised machine learning is one such method that shows promise

# Why Unsupervised Machine Learning?

<b>Efficient</b>	Rapid, automated pattern recognition
<b>Personalized</b>	Synthesizes complex, messy, multidimensional data
<b>Objective</b>	Data-driven, does not require ground truth

....these aspects may help with validity assessment challenges

## Current Study

Unsupervised machine learning can help in many  
ways

But first, we wanted to know –  
**can unsupervised machine learning render  
similar conclusions as the standard validity  
approach?**

# Method

## Obtained Neuropsychological Test Data from Clinical Patients

- 308 outpatient adults with mixed diagnoses
- Most in their 40s, 55% women, 13 educational years, diverse racial identities

## Rated their Data as Valid (81%) or Invalid (19%) Using 2-Failure Rule

- Invalid =  $\geq 2$  failures, Valid =  $\leq 1$  failures
- TOMM Trial 1; MSVT (CNS, DR, IR); Dot Counting Test; Word Choice Test; Reliable Digit Span; RAVLT Forced Choice

## Gave Unsupervised Machine Learning Model Various Data to Analyze

- Performance validity tests scores + total failures
- Contextual factors (disability or litigation seeking)
- Diagnostic factors (12 diagnoses)
- Number of diagnoses most associated with invalid performance

## Did not Tell Model How to Group Data & Compared to Validity Ratings

- Used SidClustering Technique

**Results:**

Model Found  
Two Groups with  
92% accuracy  
(95% CI: 88-97%)

	Group 1: Valid (81%)	Group 2: Invalid (19%)
<b>Contextual</b>		
Disability / Compensation Seeking	27 (11%)	17 (28%)
Litigation Seeking	8 (3%)	1 (2%)
<b>Diagnostic</b>		
Internalizing Psychiatric Disorder	40 (16%)	15 (25%)
Attention-Deficit/Hyperactivity Disorder	28 (11%)	12 (20%)
Somatic Symptom and Related Disorder	25 (10%)	11 (18%)
Remote Concussion	26 (10%)	8 (13%)
Neurologic Disorder	112 (45%)	8 (13%)
Acquired Brain Injury (Excluding Concussion)	22 (9%)	7 (12%)
No Diagnosis	25 (10%)	6 (10%)
Posttraumatic Stress Disorder	16 (6%)	3 (5%)
Systemic Disease with Neurologic Sequelae	32 (13%)	2 (3%)
Primary Seizure Disorder	20 (8%)	2 (3%)
Neuroinfectious Disease	6 (2%)	1 (2%)
Substance Use Disorder	9 (4%)	1 (2%)
High-Risk of Invalid Performance Diagnoses	M = 0.54	M = 0.82
<b>Performance Validity Tests</b>		
TOMM Trial 1	M = 46.33	M = 33.00
MSVT Consistency	M = 95.00	M = 74.33
MSVT Immediate Recognition	M = 97.68	M = 82.25
MSVT Delayed Recognition	M = 95.58	M = 75.25
Dot Counting Test E-Score	M = 10.77	M = 20.30
Word Choice Test	M = 46.31	M = 45.72
Reliable Digit Span	M = 9.21	M = 5.75
RAVLT Forced Choice	M = 14.56	M = 11.62
Total Number of Failures	M = 0.61	M = 4.28

# What do These Findings Suggest?

**Proof of concept** – unsupervised machine learning can synthesize various data to render similar conclusions as the standard validity approach

But it can do so without human intervention

# Where Can We go From Here?

Leverage machine learning to reduce the cumbersome nature of validity assessment

May be able to do this by optimizing:

Efficiency

Objectivity

Personalization

....which in turn may increase the frequency and quality of validity assessment

# Study Limitations

Needs larger sample size and replication

Include participants with greater cognitive impairment

Use other methods and validity tests to determine validity criterion ratings

Incorporate more variables relevant to validity assessment

**Thank  
You!**

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The patients who made this possible

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