THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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THE TEN COMMANDMENTS OF PSYCHOLOGICAL TESTING

"Violations of the Ten Commandments mean that something is seriously wrong with the doctor's report and they may have provided conclusions that have credibility problems that can be exposed during deposition or trial testimony."

On numerous occasions in previous newsletters I have pointed out that psychologists and psychiatrists formulate opinions expressed in their medical-legal reports after considering as many as five different sources of information. The sources are:

1. the patient's life history and their presenting complaints
2. the doctor's report of their Mental Status Examination
3. the results of an objective psychological test battery
4. the patient's medical records
5. collateral sources of information in the form of interviews with the patient's friends, relatives and co-workers

Of all of the five sources of information the only one that is capable of generating objective data in the form of credible numbers of known meaning that can be presented in a courtroom is the psychological testing. Unfortunately, not every psychological test battery is correctly designed, administered or reported upon. In evaluating a psychologist's or a psychiatrist's report, and in preparing to take the doctor's deposition, there are a variety of factors that have direct bearing on the credibility and substantiality of the doctor's report and testimony. The purpose of this month's newsletter is to point out what I consider the "Ten Commandments of Psychological Testing." Violations of the Ten Commandments mean that something is seriously wrong with the doctor's report and they may have provided conclusions that have credibility problems that can be exposed during deposition or trial testimony.

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THE TEN COMMANDMENTS OF PSYCHOLOGICAL TESTING

1. The doctor shall administer and proctor the tests in their office.

Everyone likes being a nice person. No one likes to do unnecessary work. These are two reasons some doctors use for violating the first commandment. They do so by allowing the patient to take the psychological tests at home, either by mailing them to the patient before the examination or providing them at the examination for the patient to take home and complete, with a return self-addressed stamped envelope. How convenient! Twenty-nine years ago, one of the first injured workers I evaluated told me that the doctor who had previously evaluated her was a "nice guy" because he let her take the tests home to be completed at her leisure. One of those tests was the Minnesota Multiphasic Personality Inventory (MMPI). At that time, the testing manual for the MMPI was very explicit in stating that the test had to be administered in a quiet room with the attendance of a proctor as well as

adequate lighting and ventilation. When I asked the woman the circumstances under which she completed the test she told me that she and her teenage daughter completed the test in their dining room and voted on what the answers should be to all of the questions. Needless to say, none of the data were usable. As I used to tell graduate students in my classes in clinical psychology, one should never forget that if the patient is given a test to take at home in a medical-legal context there is no assurance that the results do not reflect the fact that the test was completed by "Crazy Uncle Charley."

2. The doctor shall use at least one test that is known to be capable of measuring credibility and truthfulness

It is generally accepted that the first responsibility of every medical-legal evaluator is determining the credibility and truthfulness of the examinee. During the clinical interview, individuals who are not being honest and forthright often appear vague, evasive and present themselves in an overly dramatic or unrealistic manner. While the doctor can comment on these behaviors the *sine qua non* of exposing attempts to exaggerate, embellish, over-report, or simulate symptoms, or what some people call "faking" or "Malingering," are psychological testing data. In this area, the gold standard of psychological testing for over the last 60 years has been the MMPI. One of the major advantage of all three versions of the MMPI that can be used to assess adults is that they have multiple validity scales that have been demonstrated by countless published articles in refereed journals as being capable of determining who is taking the test honestly and who is trying to portray themselves in an unrealistically positive manner or trying to appear to have psychopathology that does not exist.

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3. The doctor shall use tests that are valid and reliable measures of psychopathology.

There are thousands of psychological tests that purport to measure one thing or the other. Virtually anyone can write a psychological test and during my tenure as a college professor I often had my students write various tests as an exercise. However, in order to use a test in a clinical or medical-legal evaluation, that instrument must have been demonstrated to be both valid and reliable. A valid test is one that measures what it says it measures. So if you are reading about a test that supposedly measures clinical depression if there are no data in the published literature indicating that this test has been shown to measure clinical depression, the test is worthless. Similarly, a reliable test is one that always or almost always comes up with the same answer. So if, for example, John Jones is given a test of depression on Monday and it shows he is clinically depressed, if he is given that same test on Tuesday, and it still shows he is clinically depressed, that test is reliable. If the results are different the test is said to be unreliable or worthless. However, if a test is both reliable and valid that does not mean that it is useful. In order to determine a test's usefulness one has to consult the test's testing manual. The manual typically provides a variety of information about the test including what population and under what circumstances the test can be used and what the scores mean. To give just one example, some doctors providing medical-legal examinations use the Taylor-Johnson Temperament Analysis Scale. Unfortunately, the testing manual for this instrument specifically states that the test was developed for use by counselors to help individuals identify what they see as problems in their life. A reading of the testing manual reveals that it explicitly states on page 6 that the test was not "designed to diagnose or identify psychiatric conditions or problems" (Taylor, R.M. & Morrison, W. Lee. Taylor-Johnson Temperament Analysis Handbook. Los Angeles, Psychological Publications Inc., 1984). Hence, its use in a medical-legal battery as a diagnostic instrument is clearly inappropriate and represents a substantial flaw in the doctor's report when used in that context.

4. The doctor shall use tests that are objectively scored and interpreted

Of all of the many thousands of psychological tests very few of them are objectively scored and interpreted. An objectively scored and interpreted test is one in which the doctor's subjective opinion does not play any role in the scoring of the test or in determining the meaning of the scores. Going back to the MMPI, that test is both objectively scored and interpreted. Once the patient has completed the answer sheet the scores that are generated will always be the same regardless of who does the scoring or what computer is used to score them. If not, then some person or computer has made an error. Similarly, there are thousands of journal articles and hundreds of books that describe the meaning of virtually all possible scores. Now contrast the MMPI with a test like the Draw-A-Person-Test or one of the many Sentence Completion Tests that are available. In the Draw-A-Person-Test the examinee is given a blank sheet of paper and a pencil and asked to draw a person. In the Sentence Completion Test the person is given a series of sentence stems or beginnings that they are asked to complete in any manner they deem fit. In both cases the doctor "determines" what the patient's responses mean. Unfortunately, there are no standards for interpreting either of these tests so whatever the doctor says would appear to be correct. However, it is not correct since there is no way of determining if the doctor's interpretation is correct or if even one of perhaps 1,000 other psychologists would agree with their interpretation.

5. The doctor shall not use overlapping tests

In almost 30 years of conducting medical-legal evaluations I have seen tens of thousands of psychological and psychiatric reports. Some of those reports have used ten or more different psychological tests. However, when one examines the specific tests one often finds that there are two, three or four tests that measure the same thing. While it is always a good experience to obtain corroboration of any finding, it seems that many of the tests in the battery have no function other than to generate more income for the doctor who seemingly is quite happy to bill for tests that have no purpose.

6. The doctor shall correctly score the tests and report on the data

The first thing I do when reading a psychologist's or a psychiatrist's report of their testing is to look for the scores they reported. When I find them I look at the testing manual to see if all of the scores reported are possible. I have never kept track but I estimate that between 10% and 20% of the reports I have read contain one or more MMPI scores that cannot possibly be obtained by the person taking the test. Here's how that happens. MMPI scores are presented as T-Scores. We do not have to understand the nature of T-Scores but it is important to note that every T-Score on each MMPI scale is not possible. For example, on the MMPI-2 a male can obtain a T-Score of 68 or 66 on the Depression Scale but it is not possible for them to get a T-Score of 67. Thus, when a T-Score of 67 is reported for Mr. Jones I know that something is seriously wrong with the doctor's test scoring and/or reporting procedures. Moreover, if just one score is not possible that does not mean that the others that are possible are correct. Essentially, since the doctor has demonstrated that their testing procedures are inaccurate it is possible that the scores that seem to be possible are nevertheless not what the patient's responses should have generated. False in one, false in all!

7. The doctor shall not categorically or unquestionably accept a patient's refusal to take the psychological tests

There are times when I read psychological or psychiatric reports in which the doctor states, "Mr. Jones refused to take the psychological tests." The doctor then goes on to produce a report with seemingly meaningful conclusions. As I mentioned above, I have been doing medical-legal evaluations for almost 30 years and in that time I have had my share of patient's that initially refuse to take the psychological tests. They do so for a variety of reasons, such as trying to complete the examination as soon as possible, not wanting to reveal things about themselves, and/or a need to control the situation and show the doctor who is boss. However, in almost 30 years I have never had a patient not complete the psychological testing. The manner in

which I accomplish this is ridiculously easy. Since psychological testing is just as crucial a part of a psychological evaluation as the face-to-face interview or the Mental Status Examination, I simply tell the patient that without their cooperation I will be unable to complete the examination. Once that has been expressed I then tell them that I will write a report to their attorney and the attorney for the defense explaining that they declined to participate in the evaluation and that I cannot provide any conclusions about their psychological status or the possibility that they have had a psychiatric injury as a result of their automobile accident, slip-and-fall or work. Once told of the consequences of their refusal, every single patient who has ever initially refused to take the psychological tests has had a "change of heart." Essentially, by changing their mind they are aware that they are saving themselves a lot of trouble.

8. The doctor shall have data to support all of their conclusions

From time to time I see psychological and psychiatric reports that provide very long and extensively detailed discussions of what the psychological test battery shows. While that verbiage is frequently very erudite I find myself asking the question, "What data support that conclusion?" In this regard, I believe it is required of the reporting doctor to state exactly what scores or behaviors on the testing support each and every conclusion. A similar problem is found in reports that simply over-report findings. This often happens with one or more of the versions of the MMPI. Specifically, an MMPI interpretation is a two-step process. First, the doctor looks at the validity scales and if the patient's responses has generated scores that indicate that they completed the test in an honest and forthright manner the doctor can go on to the second step. The second step involves interpreting the clinical scale T-Scores. On all the versions of the adult MMPI there are ten clinical scales. However, the psychological testing literature is very explicit in demonstrating that only the highest two or three clinical scale scores are interpretable. Thus, when I find a physician who has "interpreted," or made statements about the meaning of more than two or three clinical scales, and sometimes they interpret all ten, I know that "something is rotten in Denmark."

9. The doctor shall administer the entire test

On some occasions I have found that some doctor's take shortcuts by not administering the entire test. In this regard, it is relevant to note that a test's validity and reliability, which were discussed above, were determined for the entire test and not just a part of the instrument. Thus, in order to draw any reasonable conclusions from such a test it is necessary to give the entire test. For reasons that I have never been able to understand fully, some doctors give only a portion of the MMPI or the Wechsler Adult Intelligence Scale (WAIS). Maybe some are looking to save time and think no one will notice the shortcut. Now, I understand that data from the MMPI and the WAIS are relevant to assessing credibility, psychopathology and cognitive abilities that may shed light on an individual's mental abilities, psychopathology and whether or not they have suffered a psychiatric injury. However, testing data cannot be meaningfully interpreted if you do not give the whole test. In fact, although it is possible to come up with some scores for both tests when only a portion is administered, the meaning of those scores is limited by the shortcut. In this regard, the published norms for the MMPI are not applicable to a shortened version of the test and the author of the WAIS, Dr. David Wechsler pointed out over 40 years ago that, "Reduction in the number of (subtests) as a time-saving device is unjustifiable and not to be encouraged" (Wechsler, D., Manual for the Wechsler Preschool and Primary Scale of Intelligence, New York: Psychological Corporation, 1967).

10. The doctor shall provide all of the relevant testing scores in their report

Sticking with the gold standard for psychological testing, the MMPI, there are three basic validity scale scores and ten basic clinical scale scores. However, in forensic cases, where the patient's credibility is of the utmost of importance, there are

no less than half a dozen additional validity scale scores that shed further light on the patient's test-taking attitudes and credibility. These scales are routinely scored by all of the major test scoring and interpreting services and can also be easily scored in the doctor's office with handheld templates or computers. Considering the importance of the patient's credibility it is important to report all of the needed scores. Further, this is not just an issue with the MMPIs as tests such as the Millon Clinical Multiaxial Inventory and the Cattell Sixteen Personality Factor Test also have multiple validity scales and multiple personality or psychopathology scales. If not all of the scores are presented one must understand that the author of the report did not provide all of the data needed to draw a reasonable conclusion.

The bottom line here is that there are many different ways to conduct and report on the results of psychological testing that can destroy the credibility of any medical-legal psychological or psychiatric report when not done correctly. In reading and evaluating psychological or psychiatric reports it is obviously quite important to know what the doctor should have done so that it can be compared with what was done. In addition, when one finds that the "rules" or "commandments" have not been followed that is a good reason not to accept the doctor's conclusions. Finally, keep in mind that it is particularly damaging when the doctor breaks the testing rules since the testing scores are the only objective information obtained during the doctor's examination that can be presented to the court about the patient's credibility and psychological

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This is the sixty-fifth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.