

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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Measuring Patient Credibility in Psych Legal Evaluations

Since the patient provides most of the data used to draw conclusions about their psychological status, the first responsibility of any medical-legal evaluator in a psych case is assessing the patient's credibility. But how does a doctor tell if a patient is being honest and straightforward?

If you're an attorney, insurance adjuster or another mental health professional what do you look for in the doctor's report to see if the patient was telling the truth and if the doctor established their credibility?

There are four different places in the report to look for data demonstrating the patient's credibility: the Mental Status Examination, the patient's life history and presenting complaints, the psychological testing data and the patient's medical records.

Mental Status Examination Measures of Credibility

A Mental Status Examination (MSE) produces a set of observations that are made by the doctor, during the face-to-face interview, using a relatively standard set of examining techniques and questions. During that portion of the evaluation the doctor measures the individual's cognitive abilities in the areas of memory, concentration, insight, and judgment. Let's consider just one, the ability to perform mental arithmetic. Consistency in performing this task is a measure of credibility. At

If in reading a psych report you find reason not to trust its credibility you can send it to me for a thorough analysis.

the simplest level, if the individual gives different answers to the same question at different times or is able to do complex problems but not simple ones it is likely that they are not trying their best or not being credible. For example, if the patient is able to multiply 13×7 correctly but not 3×4 that is a red flag.

Another index of credibility obtained during a face-to-face interview is the presence of absence of evasiveness or vagueness. If the patient avoids giving answers to relatively direct and simple questions that can be indicative of a lack of credibility. For example, if a patient repeatedly states "I don't remember" or "I really can't say" when those answers are not consistent with the remainder of their presentation it is likely that they are being evasive and withholding information that they think will damage their case. Similarly, if the patient frequently answers a direct question with a non-sequitur that also can be an indication that they are not telling the truth.

The Patient's Life History and Their Presenting Symptoms or Complaints

In taking a complete history from the patient the doctor explores a variety of historical information such as the patient's interpersonal relations, their educational history and their medical history. Interviews concerning these areas often last hours. During that time the doctor

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may ask the same or similar questions about a particular area of the patient's life at different times during the interview. For example, they might inquire about the patient's first marriage and why it ended. If the patient gives different stories about what occurred at different times during the examination that is a clear indication that they are not telling the truth. Essentially, the method for doing this is no different than what you see on some crime shows on TV where the police question a suspect by asking the same question, perhaps in slightly different ways, at different points and the suspect who gives different answers to the same question is showing them that they are not telling the truth.

The Objective Psychological Testing Data

The vast majority of psychological tests are not worth the paper they are printed on. Among other qualities a good test is one that is objectively interpreted and does not depend on the doctor's subjective opinion but generates scores or numbers that can be presented to the court that published research has demonstrated has known meaning. In this area the big three tests are: The Minnesota Multiphasic Personality Inventory (MMPI), the Millon Clinical Multiaxial Inventory (MCMI) and the Cattell Sixteen Personality Factor Test (16PF).

The nice thing about all three is that they have validity scales containing questions demonstrated by multiple research studies that show if the person taking the test answered the question in an honest and forthright manner. The interpretation of all three tests is a two-step process. The first step is for the doctor to look at the validity scale scores. They reveal if the person was telling the truth. If not, that's the end of the interpretation process as all that can be said is that they were not being credible.

The Patient's Medical Records

The fourth and final measure of credibility is found in the patient's medical records. If other doctors have recorded information about the patient that is inconsistent with the information the patient presents to the evaluating doctor either the patient is not telling the

truth or the other doctor has made an error. No one discrepancy between a doctor and a patient provides the final word on credibility. However, if there is a pattern of discrepancy between what other doctors have said about the patient and what the patient states during the examination it is reasonable to conclude that the patient is distorting the facts to fit their agenda, i.e., they are not being credible.

Probably the most interesting example of a discrepancy between the patient's medical records and their clinical presentation I have ever encountered involved a woman who was claiming an injury from an automobile accident. On the day of the examination she showed up in my office wearing arm and leg braces and walked very slowly and deliberately with a decided limp despite using a cane. On the surface it seemed that this woman had some really severe physical problems. Unfortunately for her, what she did not know was that prior to my interview I had the opportunity to review some sub rosa video. In that video this physically rather large woman was clearly seen cleaning out her garage some two weeks earlier. In doing so she wore no braces, used no cane and was clearly visible single-handedly lifting a four-drawer dresser without any assistance and walking it down her driveway. Considering that she told me that her use of the braces, cane and her physical disability had been present for over a year it was obvious that her physical display in my office was not credible, a finding further supported by my direct observations and the psychological testing.

In short, during a psych evaluation the doctor always has at least three and usually four sources of information that provide data about a person's credibility. It is only after the patient has shown that they pass all these tests that it is possible to accept their complaints and behaviors as credible and not indicative of a person who is trying to portray themselves in a negative or unrealistically positive light. And finally, and most importantly, the doctor's report must always address the issue of that patient's credibility by presenting the data. It is never enough to simply summarily state one or the other.

Pre-deposition/Pre-trial consults involving reports of an

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This is the eighty-fifth of a series of monthly newsletters aimed at providing information about pre-deposition/pre-trial consultations, 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.