

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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Essential Questions to Ask Yourself About a Psych Doctor's Report

In the words of John Henry Wigmore, cross-examination is "beyond any doubt the greatest legal engine ever invented for the discovery of truth."

3 Wigmore, Evidence §1367, p. 27 (2d ed. 1923)

Reports written by psych doctors for medical-legal purposes must contain sufficient information to support their conclusions. When you are reading a medical-legal psych report you should find the information provided by the doctor in the following five areas that could essentially support their conclusions:

1. the patient's life history and their presenting complaints or symptoms
2. the doctor's report of their face-to-face Mental Status Examination
3. the objective psychological testing data
4. the patient's medical records
5. interviews with the patient's friends, relatives and/or co-workers that are available at the time the doctor examines the patient

When examining those areas of the doctor's report, it is imperative to ask yourself if the doctor has provided sufficient information to support their diagnostic conclusions. When you find that the doctor's report does not contain sufficient information, the obvious conclusion is that their report lacks substantial medical evidence to support their diagnosis. Moreover, without

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"An Apricot™ is a written-analysis of a psych report that you have that may not be in your favor. I find every flaw in the report, explain why they are flaws, and provide documentation from the published psychological and psychiatric literature that demonstrate that these flaws exist."

a supported diagnosis, the doctor's conclusions about causation, apportionment, treatment recommendations and a Global Assessment of Functioning (GAF) score are equally unsupported.

My December, 2018 newsletter discusses three questions that you should ask yourself about a psych doctor's report, which will be helpful in determining if the doctor's report contains sufficient information to support their conclusions. You can download a free copy of my December, 2018 newsletter from my website: www.drleckartwetc.com. The three questions discussed in that newsletter are:

1. Does the doctor's report contain sufficient historical information about the patient's life history and presenting complaints to support the doctor's diagnostic conclusions?
2. Does the diagnosis the doctor provided exist in the Diagnostic and Statistical Manual of Mental Disorders (DSM)?
3. Did the doctor use an obsolete DSM manual?

The current newsletter will discuss three additional essential questions that you should ask yourself about a psych doctor's report.

4. Does the doctor's report contain sufficient Mental Status Examination observational data to support the doctor's diagnosis?

As noted above, one of the five basic sources of information that compose a credible psychological or psychiatric examination and report is a Mental Status Examination (MSE). In this regard, an MSE provides a set of observations of the patient that are made by the doctor employing a relatively standard set of examination techniques and observations. During the course of a Mental Status Examination, it is standard procedure for the doctor to measure an individual's memory, concentration, insight and judgment. If you find that the doctor's report of their Mental Status Examination does not contain their measurements of the patient's memory, concentration, insight and judgment, and the results of those measurements, then their report lacks sufficient Mental Status Examination observational data to support their conclusions.

5. Does the doctor's report of their Mental Status Examination contain statements of the patient's symptoms or complaints?

As stated above, an MSE provides a set of observations of the patient that are made by the doctor employing a relatively standard set of examination techniques and questions. Those doctor-made observations are called "signs," and should not be confused with the patient-made symptoms or complaints, since they are often different. In this regard, the telling of a patient's complaints has no place in a Mental Status Examination that is reserved for a description of the doctor's observations. When you find that the doctor has included statements about the patient's complaints in their report of their Mental Status Examination, the doctor should be asked: Doctor, will you please tell me where in your report you provided an explanation for describing the patient's complaints in your report of your Mental Status Examination, when a Mental Status Examination is reserved for the doctor's observations of the patient's behaviors?

6. Does the doctor's report of their Mental Status Examination provide sufficient information about the doctor's measurements of the patient's memory, concentration, insight and judgment, and the results of those tests?

The nature of the techniques used by doctors is most easily understood in talking about the patient's memory, concentration, insight and judgment. These processes are easily measured during the course of a Mental Status Examination with such techniques as asking the patient to recall a series of numbers, asking them to count backward by 7s or 3s, or asking them to provide interpretations of proverbs or to describe in what way an elephant is similar to a whale. When you find that the doctor's report of their Mental Status Examination lacks their observational data about any tests they gave in the areas of memory, concentration, insight and/or judgment, you should ask the doctor: Doctor, where in your report of your Mental Status Examination can I read about the tests you gave the patient to assess their memory, concentration, insight and/or judgment, and the results of those tests?

In summary, all of the questions that you should ask yourself about a doctor's psych report, provided above, can be used to determine if the doctor's report contains sufficient evidence to support their conclusions. When you find that the doctor has not provided information in their report to support their conclusions, you should take the doctor's deposition and force them to state for the record, "the data are not in my report." Further, if you are not sure if the doctor has provided sufficient information in their report to support their conclusions, you should ask me to write an Apricot™. An Apricot™ is a written report that describes the major flaws in a psych report, using easy-to-understand terminology and includes citations to psych literature. I also include a list of simple questions to use in taking a psych doctor's deposition or trial testimony. An Apricot™ also can be used to prepare a Trial Brief for the court. Feel free to call my office (844) 444-8898 for more information!

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This is the one hundred twenty-third 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, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.