

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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Important questions to ask yourself about the contents of 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)

Understanding the contents of a psych report is no easy task. Typically, psychological and psychiatric evaluation reports contain data from various sources. These sources of information are: the patient's life history and their presenting complaints or symptoms, the doctor's report of their face-to-face Mental Status Examination, the objective psychological testing data, the patient's medical records and any collateral sources of information in the form of interviews with the patient's friends, relatives and/or co-workers.

In my May, 2019 newsletter I provided some information about questions you should ask yourself pertaining to the doctor's discussion of the psychological testing in their report. Prior to that, in my newsletters of December, 2018 and April, 2019 I provided a discussion of more important questions you should ask yourself about a psych doctor's report. All of those questions 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)?

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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."

3. Did the doctor use an obsolete DSM manual?
4. Does the doctor's report contain sufficient Mental Status Examination observational data to support the doctor's diagnosis?
5. Does the doctor's report of their Mental Status Examination inappropriately contain statements of the patient's symptoms or complaints?
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 to support their diagnosis?
7. Did the doctor administer and report on the results of the Minnesota Multiphasic Personality Inventory (MMPI)?
8. How were the psychological tests administered?

All of the newsletters discussed above are available on my website for you to download for free:

www.DrLeckartWETC.com

This month's newsletter will discuss more important questions to ask yourself about a psych doctor's report. Specifically, the questions discussed below will focus on psychological testing data found in a psych doctor's report.

9. Did the doctor administer and report on the MMPI-370?

When reading a psych doctor's report, it is important to ask yourself if the doctor gave the patient the MMPI. It is

equally important to ask yourself which version of the MMPI the doctor administered. Specifically, did the doctor administer and report on the MMPI-370? The MMPI-370 is a shortened version of the MMPI-2. Unfortunately, the MMPI-370 is not a “test” in and of itself but a particular use of the MMPI-2 that has some serious problems. The MMPI-370 involves administering the first 370 questions of the MMPI-2. This process of administering the MMPI allows for the scoring of the Lie Scale, the F Scale, the K Scale, the F-K Scale or Index and the 10 basic clinical scales. The scoring of these scales may be acceptable in a general clinical practice where it can be assumed that the person does not have a deviant test-taking attitude. However, in a medical-legal context this is not a reasonable assumption and it is necessary to score at least the F(p) Scale, the F(Back) Scale, the VRIN Scale and the Revised Dissimulation Scale to determine if the person is responding in an honest and frank manner and not attempting to simulate their symptoms or “fake.” Unfortunately, it is not possible to score the F(p) Scale, the F(Back) Scale, the VRIN Scale and the Revised Dissimulation Scale if the person responds to only the first 370 items on the MMPI-2. Therefore, the MMPI-370 is virtually useless in forensic circumstances. If you discover that the psych doctor administered the MMPI-370, the doctor should be asked, “Considering that the Fb, F(p), FBS and Revised Dissimulation scales are independent validity scale scores that are capable of indicating that during the course of your examination the patient was exaggerating, attempting to simulate symptoms or as some would have it “faking” or “Malingering” where in your report did you discuss your reasons for administering the MMPI-370 since it is not possible to score those scales if the person responds to only the first 370 items on the MMPI-2”?

10. Are the MMPI-2 testing scores possible for the test-taker to obtain based on their gender?

When you are reading a psych doctor’s report and find the area of the report where they provided the MMPI-2

scores, you should ask yourself “Are the MMPI-2 testing scores possible for the test-taker to obtain based on their gender?” You can find the answer to this question by reviewing pages 54 and 55 of the MMPI-2 testing manual. The numbers within the table appearing on pages 54 and 55 of the MMPI-2 testing manual contain all of the T-Scores that are possible on the MMPI-2. Those tables are reproduced in my newsletter from May, 2010, available for download at my website, www.DrLeckartWETC.com. Once you have determined that the doctor has reported a score that is not possible it is reasonable to conclude the doctor has made a monumental error in the scoring and/or the reporting of the test-taker’s MMPI-2 scores and during a deposition or a trial, after confirming the scores are erroneous, the doctor should be asked, “Where in your report did you discuss your reasons for reporting impossible scores for the test-taker to obtain on the MMPI-2?”

In summary, you should always question the credibility of the psych doctor’s report. Once you start coming up with questions about the report, it is likely that you will find the psych doctor’s report is substantially flawed in multiple ways. When you find that the doctor’s report is substantially flawed, or if you want to learn about the major flaws that exist in a specific doctor’s report, you can call my office at (844) 444-8898 and/or refer an Apricot™. An Apricot™ describes a psych report’s flaws using non-technical language, discusses specific techniques and strategy for cross-examining the doctor and provides a variety of simple questions to ask the doctor designed to get the report’s flaws on the record despite the doctor’s evasiveness. Apricots™ can be written for personal injury, workers’ compensation, criminal cases, child custody cases or any other litigation where a psych doctor has written a report that the attorney feels is not credible.

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(e-mail us at DrLeckartWETC@gmail.com
for more information)

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