

THE WETC PSYCHOLOGY NEWSLETTER

Dr. Bruce Leckart

"Find the Truth, Tell the Story"

Westwood Evaluation & Treatment Center
11340 Olympic Blvd., Suite 303, Los Angeles, CA 90064
(844) 444-8898, DrLeckartWETC@gmail.com, www.DrLeckartWETC.com

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What attorneys need to know about the doctor's Mental Status Examination before cross-examining a psych doctor

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)

When reading a report written by a psychologist or a psychiatrist stemming from an evaluation or treatment they performed, you may find that the doctor has provided one or more psychological diagnoses. In this regard, Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses are made after considering as many as five different sources of information. 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 that are available at the time the doctor examines the patient. Thus, a reading of the doctor's report should reveal support in these areas for the disorder(s) the doctor diagnosed.

As stated above, one of the sources of information that is considered in arriving at a DSM diagnosis is the Mental Status Examination (MSE). An MSE produces a set of observations of the patient that are made by the doctor, during their face-to-face meeting, using a relatively standard set of examining techniques and

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questions that yield easily reported upon objective data. Those doctor-made observations are called "signs," and should not be confused with the patient-made complaints, since they are often different. At the very least, the data in the MSE should be consistent with the data found in the doctor's history, the psychological testing, and the doctor's review of the patient's medical records. The MSE should also contain information about the doctor's observations of the patient's consistency vs. inconsistency and vagueness vs. clarity, both of which speak to the patient's credibility. A complete description of MSE's can be found in my book Psychological Evaluations in Litigation: A Guide for Attorneys and Insurance Adjusters that can be read or downloaded for free from my website: www.DrLeckartWETC.com.

With respect to the above, the nature of the techniques used by the doctor is most easily understood in talking about the patient's memory, concentration, insight and judgment. The reason for this is that if the doctor diagnoses, for example, some form of depression, individuals who are clinically depressed will often have signs, or observable behaviors, of dysfunctions in these areas.

First, with regard to the standard procedure of measuring an individual's memory, these processes are easily measured with a variety of objective techniques that yield easily reported upon observational data. For example, to measure long-term or remote memory the doctor typically asks the patient to recall such verifiable personal information as their Social Security number

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and/or their driver's license number. When the doctor has either not measured memory using objective techniques or has not described their observations of the patient's memory functions it is considered a substantial flaw in their report.

Second, a doctor can quickly and easily measure the patient's concentration functions. One measure of concentration is to perform a serial 7s task that involves asking an individual to count backwards from 100 by 7s. The doctor may also decide a serial 3s task is most appropriate. In this method, a doctor may choose to have the patient count backward from 20 by 3s. The patient's performance on such tasks is a measure of their concentration and, when administered by the doctor, the doctor's observations of the patient's performance should be described in their report of their Mental Status Examination.

With respect to measuring the patient's judgment, the doctor can quickly and relatively simply ask the patient what they would do if they found a child locked in a car on a hot summer's day or what they would do if they found a stamped and addressed envelope on the street. Similarly, insight can be measured by asking the patient to interpret proverbs such as "a stitch in time saves nine"

or "two heads are better than one." When reading a psych report you may notice that the doctor commented on the patient's insight and/or judgment but did not provide any easily and normally obtainable observational data concerning those processes. The absence of the doctor's observational data in their report of their Mental Status Examination is considered a substantial flaw in their report.

The doctor's discussion of Mental Status Examination data, specifically their discussion of their observations of the patient's performance on tasks of memory, concentration, insight and judgment, is an essential component to a doctor's report. When the doctor's description of their observations is missing, the report is deemed to contain substantial flaws.

Lastly, if after having done due diligence in reviewing the doctor's report of their Mental Status Examination you believe you need additional help in understanding or deciphering the information in the doctor's report, give us a call (844) 444-8898 or send an email to DrLeckartWETC@gmail.com.

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