

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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Cross-Examining Psych Doctors: Challenges with Changing the GAF score

Getting a psych doctor to change their Global Assessment of Functioning (GAF) scale score during cross-examination can be a great challenge for an attorney. The reason for this is quite simple: the GAF score is determined almost entirely by the doctor's subjective opinions. Before determining the challenges with getting a doctor to agree to change the GAF score that they initially assigned, it is important to understand how a psych doctor arrives a GAF score.

As detailed in my newsletter of December, 2011, the DSM-IV-TR describes the GAF scale as a quantitative scale that allows the doctor to assign a score to a patient that gives the reader of psychological reports and treatment notes, a picture of the patient's psychopathology and their ability to function in their daily lives. Essentially, the doctor chooses a number from 0 to 100 that they feel best describes the patient's psychological condition. It is also noteworthy that the GAF was eliminated from the 2013 publication of the DSM-5.

Unfortunately, by simply picking a number assigned to a patient, the GAF scale allows for great ambiguity and flexibility in the doctor's judgments. Regardless, the doctor can come up with the GAF score by considering the patient's symptoms, signs, testing and records. However, the DSM-IV-TR is very specific

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in stating that the doctor can use the patient's symptoms "OR" the individual's difficulty or impairment in "social, occupational or school functioning," a system which creates further ambiguity and subjectivity in the doctor's report. Further, there is no requirement for the doctor who writes an evaluative report or treatment notes to provide a detailed discussion of their methods used for determining the patient's GAF score.

Considering the above discussion, when an attorney feels that the GAF score assigned to a patient is not supported and/or unwarranted, they may decide to question the doctor on cross-examination with questions directed at the GAF. For example, an attorney may ask the doctor, "Based on your discussion of the patient symptoms and your statement that the patient is able to participate in their normal daily activities at home and at work, don't you think the GAF score of 51 is too low?" Unfortunately, attorneys who question the GAF score are likely to find that the doctor's response relies entirely on their subjective opinions. In fact, all the doctor has to say in response to any question directed at the GAF score they assigned is, "That is by best professional opinion." They can simply respond, "I arrived at my opinion that the patient's GAF score is 51 based on all of the data that I collected and using my best clinical judgment." Clearly, the likelihood of an attorney getting the doctor to agree to change

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the GAF score that they assigned to the patient is low since the GAF score is determined entirely by the doctor's subjective opinions.

Attorneys should always avoid questions directed at the GAF score. In this regard, better outcomes from cross-examination can be obtained by directing questions at the doctor's diagnosis. The reason for this is quite simple: the doctor's diagnosis must be supported by data

found in their report in the areas of the patient's history and presenting complaints, the Mental Status Examination observational data, the psychological testing data, and the doctor's review of the patient's medical records. Specifically, once the attorney successfully demonstrates that the doctor's diagnosis is not supported by the evidence found in their report the doctor's conclusions, including their opinion about the GAF, fall by the wayside.

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