

# THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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## When you should get an Apricot™

An Apricot™ can save money on psych claims. Apricots™ can also give an attorney the knowledge and confidence to cross-examine a psych doctor effectively. 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. Additionally, if discovery has closed, or the attorney chooses not to cross-examine the doctor, an Apricot™ can be used to write a brief for the court pointing out all the substantial flaws in a report with citations to the psych literature. Apricots™ are work-product privileged reports that are not subject to discovery and can be used in any jurisdiction in the United States or abroad.

This newsletter discusses two situations when you should get an Apricot™.

### Situation #1

When the doctor's account of the patient's symptoms or complaints does not contain a complete jargon free

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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 supports the contention that these flaws exist."*

history of the qualitative nature of the symptoms or clear information about their frequency, onset, duration when present, or their intensity.

One of the cornerstones of every psych report is the doctor's history of the patient's symptoms or complaints. The term "symptoms" is synonymous with "complaints." A complete history of those symptoms is necessary in a psych report in order to support the doctor's diagnosis. In turn, the doctor must present information about each symptom's qualitative nature as well as its frequency, intensity, duration, date of onset and course over time. Without a complete history that provides those data there is simply no support for the doctor's diagnosis. For example, taking a diagnosis of a Major Depressive Disorder a reading of the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria reveals the individual must have a depressed mood and/or a loss of interest in pleasure "most of the day, nearly everyday" in order for that disorder to be correctly diagnosed. Clearly, in this case, without information about the frequency and duration of the patient's complaints the doctor's report does not support the diagnosis of a Major Depressive Disorder.

### Situation #2

When the doctor's report of their Mental Status Examination does not contain clear observational descriptions of the patient's behavior during the doctor's face-to-face evaluation that supports their diagnosis.

A Mental Status Examination (MSE) produces a set of observations made by the doctor during a face-to-face meeting. An MSE should contain a description of the patient's appearance and social behavior, observations about the patient's credibility, statements made by the patient indicative of any possible psychopathology, and observations of mood or affect. During the course of a Mental Status Examination, it is standard procedure to measure an individual's memory, concentration, insight and judgment. These processes are easily measured with a variety of objective techniques that yield easily reported upon observational data. For instance, if the doctor diagnoses some form of depression, individuals who are clinically depressed will often have signs, or observable behaviors, of dysfunctions in an area such as memory. Accordingly, to measure long-term or remote memory the doctor typically asks the patient to recall

such verifiable personal information as their Social Security number and/or their driver's license number. The doctor should then describe their observations of the patient's responses in their report of their MSE. Very simply, without MSE data supporting the doctor's diagnosis the report falls by the wayside.

In summary, when you have a psych report that you feel is simply not credible you should assess both of the situations described above. If you find that one or both of the situations apply to the doctor's report, you should get an Apricot™ to obtain a good outcome with a cross-examination and/or trial brief drafted for the court. For more information about Apricots™, call (844) 444-8898 or visit my website at [www.DrLeckartWETC.com](http://www.DrLeckartWETC.com).

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This is the one-hundred twelfth 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.