THE WETC PSYCHOLOGY NEWSLETTER

Dr. Bruce Leckart

Westwood Evaluation & Treatment Center
11340 Olympic Blvd., Suite 303, Los Angeles, CA 90064
310-444-3154. DrLeckartWETC@gmail.com. www.DrLeckartWETC.com

July, 2011
Volume 1, Issue 30

Physical and Psychiatric Injuries: A Tale of Three Patients

I've been a psychologist since a time in the last century that is a closely held secret. Among my professional activities, such as being a full-time college professor, writing and editing lots of journal articles and authoring some books, I have evaluated thousands of people pursuing workers' compensation and personal injury lawsuits. Although I've seen a lot of things I still occasionally find new and exciting cases, which means I haven't seen it all yet and I hope I never do. If I get to that point, I'll just up and quit. One of the more interesting cases occurred last month and led me to think about a problem common to attorneys on both sides of the fence. Hence this newsletter.

In my role as an AME I sometimes have to give depositions. I'm relatively new at this since when I did applicant and defense work, attorneys never wanted to depose me. Luckily, depositions only occur in about 10% of the cases since sometimes they are adversarial and argumentative, a situation which I find quite aversive. One such recent experience involved a verbally abusive attorney who essentially took the position that I overestimated the applicant's Global Assessment of Functioning (GAF) score. His approach was to try to aggressively berate me into stating that because the applicant had a severe orthopedic injury he had to have also had a severe permanent psychiatric disability. Essentially, his position came down to this: "Let me understand this Dr. Leckart, Mr. Smith (obviously not the patient's name) fell off a roof, was knocked unconscious, spent 4 days in intensive care and many months in physical therapy, is now in enormous pain and you believe that he only has a GAF score as low as 60? How is that possible?" Apparently, he was asserting that there is a positive correlation between a physical injury and a psychiatric injury.

Of course the answer is that there is often no relationship between an individual's orthopedic, internal medicine and/or neurological injury and their psychological status, including any temporary or permanent psychiatric disability. If there was such a relationship then psychologists and psychiatrists would not be needed. All that would be necessary is an orthopedic, neurological or internal medicine WPI rating and a table to convert that rating into a psychiatric disability rating. It is obviously sheer fantasy to believe that such a credible table could be constructed.

"there is often no relationship between an individual's orthopedic, internal medicine and/or neurological injury and their psychological status, including any temporary or permanent psychiatric disability."

Now forget about Mr. Smith who fell off the roof. Let me tell you about Mr. Jones, who was in my office last month. Mr. Jones is a man in his 30's who was a long haul truck driver who had major orthopedic and neurological injuries in a multiple-vehicle crash that left him a paraplegic with the prospect of spending the rest of his life in a wheelchair. After a month and a half in an intensive care unit and five months in a rehabilitation unit he was discharged to home. When I read his medical records before the examination, I alerted my office staff to the nature of his injury so that they would be on guard to make special arrangements to deal with his physical and psychological needs. Essentially, I expected him to be clinically depressed and, as sometimes happens in these cases, quite angry and willing to express it to anyone he came in contact with. Certainly, after reading his medical records if I was going to bet on anyone being depressed by virtue of a physical injury, he would be the one I would pick to put my money on. He is young, talented and had a great job.

Well, to make a long story relatively short, Mr. Jones was brought to the office by a transportation service and as expected he was in a wheelchair. What even I didn't expect was his demeanor. In all the years I have been doing this work I have never met anyone whom I personally found so inspirational. Instead of a clinically depressed man I found someone who was realistically upbeat. Instead of lamenting and focusing on his loss, Mr. Jones reported that

he was looking ahead, not backward, and thinking positively. In talking about his future he mentioned things that he could do and noted that although he might not ever be able to accomplish them, he would certainly try. He was very explicit in saying that although his life had changed he could not stay in a psychologically bad place and be "defeated." While he reported that on relatively rare occasions he gets "down" he always tries to be "positive" and forces his mind set into a better frame by telling himself that "this is my new life." In talking about how he maintains a good attitude he said, "It's another profession." He also was quite happy to find that now that his old career is gone he has been able to spend more "quality time" with his wife and children, whom he described as being very supportive, behaviors they most probably were able to engage in as a result of his positive outlook and actions. Clinically depressed? Suffering from a DSM-IV-TR disorder? "No." Understandably dismayed at times? "Yes."

Now contrast Mr. Jones with Mr. Brown. Mr. Brown worked in a warehouse. While lifting up a box of goods he strained his back. He reported the injury and received conservative treatment, but none of the orthopedists could find anything wrong with him that required anything else like back surgery. I recently saw Mr. Brown who is now three years post injury. He still is in pain and now he's depressed, largely as a result of not being able to work and the effect it has had and is having on his family. No, he is not malingering. It is also quite clear that despite his relatively minor injury, his depression is due to that injury and its sequelae and he has a GAF in the low 50's. Moreover, none of his permanent psychiatric disability is apportionable.

Now, as an aside, I know you skeptics out there will wonder how I know his depression is due to his injury and not something else. The answer to that is, "I looked and found nothing." Of course, the rejoinder to "finding nothing" is, "How can you prove a negative?" Well yes, as it turns out, you can prove a negative. In order to demonstrate that to yourselves all you have to do is go to your kitchen cabinet, get out a glass and see if you can find the chocolate milk inside. If you can't, you've just proved a negative, i.e., there is no chocolate milk in the glass. This is the equivalent of proving that there are no people on Mars! Clearly, sometimes if you look in all the nooks and crannies and find nothing it's because there is nothing to find.

In any case, the bottom line here that I hope everyone takes very seriously is that sometimes people have relatively minor physical injuries and develop major psychopathology. They often get very seriously depressed. Other times, like Mr. Jones, they may have the most major physical injuries imaginable and show no psychopathology but quite remarkably may actually feel better off than before they were injured. And, before some of you amateur shrinks become dismissive, these people are not in "denial." If you're looking for an explanation of how this occurs I think the best we can do is cite a variety of variables, including pre-injury dispositions, families of origin, current family and support systems, belief systems, religions and even intelligence. Perhaps in Mr. Jones's case all of these variables have played a role. However, <u>one thing is clear: it is not possible to predict a person's psychological reaction to a physical trauma, regardless of the injury's severity</u>. Or, put another way, knowledge about a person's physical injury tells you very little to nothing about his or her psychiatric status and to best understand the truth, we must keep an open mind -- and look at the data.

This is the thirtieth of a series of monthly newsletters aimed at providing information about 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 listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.

February, 2009 – Litigation Problems With The GAF

March, 2009 – Common Flaws In Psych Reports

April, 2009 – The Minnesota Multiphasic Personality Inventory (MMPI)

May, 2009 – Apportioning Psychiatric Disability In Workers' Compensation cases And Assessing Aggravation In Personal Injury Cases

June, 2009 - Subjectively Interpreted Projective Psychological Tests

July, 2009 - Sleep Disorders And Psychiatric Injuries

August, 2009 - Posttraumatic Stress Disorder

September, 2009 - Compulsive Computer Use Disorder

October, 2009 - Major Depressive Disorder

November, 2009 - The Millon Tests

December, 2009 - Psychological Factors Affecting Medical Condition

January, 2010 - Pain Disorders

February, 2010 - Common flaws in psych reports #2

March, 2010 - Drugs: Use, Abuse and Dependence

April, 2010 - Common Flaws In Psych Reports #3

May, 2010 - "Impossible" MMPI-2 scores and their consequences for litigation

June, 2010 - Adjustment Disorders

July, 2010 - Bipolar Disorders

August, 2010 - Mental Status Examination

September, 2010 - Symptoms, Signs and the GAF: A Potential Litigation Problem

October, 2010 - What vs. Why: Determining Causality in Psych Cases

November, 2010 - Tightrope Walking and the GAF

December, 2010 - Apportioning Psychiatric Injuries: A More Complete View

January, 2011 - Personality Disorders

February, 2011 - Apportioning Psychiatric Disability With Multiple Orthopedic Injuries

March, 2011 - How To Cx a Shrink

April, 2011 - The Mental Status Examination - Revisited

May, 2011 - Dysthymic Disorder

June, 2011 - The Credibility of Psychological Diagnoses