

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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Personal Injury Psych Reports: Tips for Reviewing the Doctor's MMPI Test Data

Personal injury evaluation reports written for the court by a psychologist, a psychiatrist or any other mental health professional must constitute substantial medical evidence. The doctor's report must contain evidence supporting their diagnosis. In fact, a major flaw found in personal injury psych reports is the absence of data supporting the doctor's diagnosis. One form of evidence needed in every psych report is objective psychological test data.

Last month, I published a newsletter focused on discussing personal injury psych reports in general and the objective psychological test data in particular. Prior to that, I wrote newsletters that provided the reader with information about the plaintiff's life history and chief complaints as well as the doctor's Mental Status Examination. My three prior newsletters that provide useful tips for reading personal injury psych reports and cross-examining the doctors are available for download at my website, www.DrLeckartWETC.com.

The current newsletter discusses additional information about the objective psychological data. Specifically, the purpose of this newsletter is to provide the reader with insight about the Minnesota Multiphasic Personality Inventory (MMPI) and its usefulness in personal injury psych reports.

The MMPI is the keystone of all clinical psychological test batteries where the major question concerns the presence or absence of a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis. In this regard, the MMPI is considered a gold standard for psychological test

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batteries in medical-legal cases because it is capable of providing information not only about psychopathology but about the test-taker's basic personality, their credibility, as well as how they are functioning in the world.

With respect to the above, for over 70 years the MMPI has been widely researched and used in clinical psychology since its publication in 1943. In 1989 the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) was published in response to, amongst other things, a need for concern about questions that were labeled as having "sexist wording, outmoded idiomatic expressions, and references to increasingly unfamiliar literary material and recreational activities." The most recently published version of this test is the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) that was created from the MMPI-2 and published in July, 2008. One reason for the publication of the MMPI-2-RF is to attempt to correct some problems identified with the MMPI-2. In this regard, research has been published indicating that the MMPI-2 does not present as accurate a picture of the patient's psychological status as the original MMPI. One reason for this occurrence was the elimination of some validity scales needed to assess credibility.

Interpreting all of the MMPI's, including the MMPI-2-RF, is a two-step process. This process is clearly outlined in the testing manuals and the psychological literature. The first step involves interpreting the validity scale scores. Essentially, the validity scale scores indicate if the individual has completed the test in an honest and straightforward manner or was possibly attempting to simulate their symptoms. Accordingly, if the validity

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scales are within normal limits, the test interpreter moves on to making comments about the clinical scale scores that are used to draw conclusions about the individual's personality and the possible existence of psychopathology. On the other hand, if the validity scale scores are not within normal limits, all interpretation of the MMPI's must cease and nothing can be said about the patient's clinical scale scores or their psychological status besides what can be gleaned from the validity scale scores.

Keeping all of the above-noted information in mind, one of the common flaws found in personal injury psych reports is when the doctor declines to administer or report upon the MMPI in their psychological evaluation and/or report. In cases where it is discovered that the evaluating doctor chose not to administer an MMPI, during cross-examination the attorney should simply ask the doctor, where in their report they discussed their reasons for declining to administer an MMPI, the gold standard of all psychological test batteries. Another frequently found flaw in personal injury psych reports is the omission of MMPI scores. In cases where it is found that the doctor administered an MMPI but declined to provide the reader of their report with any of the plaintiff's scores, the attorney should ask during cross-examination where in their report they discussed their reasons for omitting the plaintiff's MMPI scores. A relevant follow up question would be to ask the doctor if there anything in their report that would allow the reader of that document to confirm the conclusions about the plaintiff that they presented in their report that they stated were demonstrated by the plaintiff's MMPI performance?

Lastly, as discussed above, when it is determined that the plaintiff's MMPI validity scale scores are not within normal limits, all interpretation of the remaining MMPI scores must cease and nothing can be said about the plaintiff's psychological status besides what can be gleaned from the validity scale scores. Another common flaw found in personal injury psych reports is when the doctor ignores this universally accepted rule, and provides an interpretation of the plaintiff's psychological status despite their invalid validity scale profile. In these situations, the attorney should definitely cross-examine the doctor and ask if they are aware of the universally accepted convention for interpreting an MMPI that indicates that once an individual has been demonstrated to have attempted to simulate symptoms on the MMPI that all interpretation of that person's scores must cease and that nothing further can be said about their psychological status. A relevant follow up question is: where in your report did you discuss your reasons for choosing to discuss the plaintiff's psychological status despite their obvious attempt to distort their true clinical presentation?

In summary, personal injury psych reports written for the courts are often flawed in multiple areas. One area to give close attention when reading a psych report is the doctor's psychological test data. Specifically, did the doctor administer an MMPI? Did the doctor report the plaintiff's MMPI scores? Did the doctor discuss the plaintiff's clinical scale scores despite reporting validity scale scores that indicate the plaintiff was not being honest and straightforward and was attempting to simulate symptoms? Essentially, when it is discovered

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