

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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A Horror Story for Insurance Companies

John Jones gets injured. For this horror story, it doesn't matter if he was at work or shopping in a supermarket. It doesn't even matter how the claimed injury occurred or even if he was really injured.

John gets a lawyer to represent his interests. For the sake of discussion, let's assume the lawyer files the claim saying the injury was psychological or psychiatric. The lawyer then sends John to a psychologist or a psychiatrist for an evaluation and treatment. The doctor writes a report stating that John had an injury. He begins treatment. The insurance company representing the defendant sends John to another doctor for an opinion. That doctor doesn't completely concur with John's lawyer's doctor but agrees that John was psychologically injured.

At some later time in the claims process the insurance company pays John some money to compensate him for his injury. John, his lawyer, the insurance company, the defense's lawyer and both doctors are all happy with the settlement. John has been paid for his damages, the doctors and lawyers have been paid for their services, and the insurance company has paid what they believe is a reasonable amount of money.

Everyone wins! Or do they? Who loses? Just imagine for a second that the insurance company's doctor made a mistake in their evaluation. Let's make it a big mistake, although the size hardly matters. Let's assume John has successfully exaggerated his injury, or worse yet, faked it entirely. Now there is a loser! No, it's not the insurance company! They don't lose because they pass the cost of the

"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 demonstrate that these flaws exist."

claim onto their clients. Every time the insurance company pays out an exaggerated or fraudulent claim the policyholders unjustly pay!

So along comes another law firm who recognizes the unjust consequences of the insurance company's doctor's failure to identify what should have been an easily detected exaggerated or faked claim and files a class action lawsuit on behalf of not only John's claim, but all the claims that were settled based on inadequate defense doctor evaluations. How much will that class action lawsuit cost the insurance company for failure to use due diligence and good faith? How much will that cost the doctor's malpractice carriers?

If you are a defense attorney or a claims adjuster and have what you suspect is a flawed report on your hands, but are not a highly skilled psychiatrist or psychologist, you can prevent making a serious error in judgment and exposing yourself to litigation by getting my analysis of that report. If you're the defendant in a lawsuit, or represent the defendant who is facing a large loss, settlement and/or increase in their insurance premiums, you can avoid additional costly litigation, including a class action lawsuit by all the insured who have had their premiums wrongly increased as a result of a failure to detect a grossly exaggerated or faked claim by getting an evaluation of the suspected flawed report BEFORE settling the case.

As regular readers of my monthly newsletter know, I am a Professor Emeritus of Psychology at San Diego State University who has been doing psychological evaluations for over thirty years. During that time, I have brought rigorous academic standards to the practice of forensic psychology. In addition to evaluating claims for both claimants and the defense I have specialized in evaluating the credibility of psychiatric and psychological reports. Having read and critiqued between 10,000 and 50,000 reports, in the true fashion of a renegade crusader, on multiple occasions I have fearlessly stepped up and testified that the vast majority are demonstrably substantially flawed to the point of lacking the ability to prove the doctors' conclusions.

Additionally, I would like to point out that I have been writing what I call Apricots™ for the last 12 years. An Apricot™ is a work-product privileged report that helps an attorney cross-examine and/or write a trial brief by describing the substantial flaws found in a psych doctor's report in jargon-free, non-technical language with supporting documentation from the peer-reviewed literature.

Apricots™ also provide attorneys with a series of specific questions to ask the doctor that results in getting those flaws into the record despite the doctor's evasive or non-cooperative behavior.

Finally, I would like to suggest to you that if you have a case that you suspect is substantially flawed you can send me a copy of that report and I'll tell you what's wrong in a free telephone consult at 844-444-8898. At that point you can decide if you want me to write an Apricot™ or go it alone based on the information I gave you. If you decide on the later you can go to my website at DrLeckartWETC.com and download a free copy of my book, [Psychological Evaluations in Litigation: A Practical Guide for Attorneys and Insurance Adjusters](#) and use some other resources found there to plan out your strategy. Or, you can ask me to write a report that includes a complete analysis of the flaws with supporting data and professional literature citations as well as a full set of questions that will dismantle the doctor's testimony during cross-examination. Either way, I'm here to help.

This is the one hundred forty-second 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.