

# THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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March, 2021  
Volume 1, Issue 146

## Self Help Checklist for Detecting Flaws in Psych Reports

If you've been following my monthly newsletters and/or been using my services to assist you in cross-examining psych doctors you know that I have critiqued about 50,000 medical-legal psych reports in my career. Since the overwhelming majority of those documents are substantially flawed, the likelihood is enormous that the report that you are currently facing is highly defective. You also probably know that you can ask me to write an Apricot™ and that such a report is a work-product privileged report that helps an attorney take a psych doctor's testimony by describing the substantial flaws found in that report in jargon-free, non-technical language, with outlines of examining techniques, and 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-co-operative behavior.

On the other hand, maybe you want to have a go at it yourself. If you do, you can first call me at 844-444-8898 and get a free consultation that will describe all the flaws. Then you can go about planning your Cx by using free resources on my website like my book, Psychological Evaluation in Litigation: A Practical Guide for Attorneys and Insurance Adjusters, 12 years of monthly newsletters with valuable information about flaws and Cx's, samples of Cx questions that reveal the flaws, a glossary of psych terms, various

tips on how to proceed and prepare your own Apricot™ and sample Apricots™.

So, in the next few months I'm going to provide you with some specific information that will help you with your planning and preparation. This month I'm going to focus on the more prevalent defects you are likely to encounter. You can then use this checklist to evaluate the report you have at hand.

## Flaws in Incompetent Reports

### The Diagnostic Manual Used and the Diagnosis Presented

Using the wrong American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) like the outdated or obsolete DSM-IV or the widely disrespected and legally disqualified DSM-5 instead of the DSM-IV-TR.

A lack of correspondence between the history of the patient's symptoms or complaints presented by the doctor and the DSM-IV-TR criteria for the disorder(s) the doctor diagnosed.

The doctor's creation of one or more disorders that do not appear in the diagnostic manual.

The doctor's failure to provide diagnostic modifiers or specifiers, such as those pertaining to the Severity and Recurrence of a Major Depressive Disorder or the physical disorder that produced a Sleep Disorder Due to a General Medical Condition.

The use of "Rule-out," "Provisional" and "Deferred" diagnoses, which are three different ways of the doctor stating that they did not have adequate information to understand that patient and arrive at a credible diagnosis.

### **The Doctor's History**

The doctor's presentation of an incomplete history that does not provide information about the qualitative nature of the patient's complaints or their frequency, intensity, onset, duration or course over time to support their diagnoses.

The doctor failing to provide a history of prior psychological or psychiatric evaluations and/or treatment, including hospitalizations, that appear in the patient's medical records.

### **The Doctor's Mental Status Examination**

The doctor's failure to present easily collected Mental Status Examination data about the patient's memory, concentration, insight and judgment.

A lack of correspondence between the doctor's Mental Status Examination observational data presented by the doctor and the DSM diagnostic criteria.

Ignoring inconsistencies between the patient's symptoms or complaints and the doctor's report

of their Mental Status Examination observations of the patient's behavior at the evaluation.

### **The Doctor's Psychological Testing**

Failing to provide objective psychological testing data supporting the diagnosis.

The doctor presenting psychological testing data indicating that the patient was attempting to simulate symptoms or was "faking" or "malingering" during their examination and their failure to take that into consideration in drawing their conclusions.

Using subjectively interpreted psychological tests.

Using psychological tests that have no validity or reliability.

The use of psychological tests that do not have any means of determining if the patient took the test in an honest and forthright manner.

Failing to administer any psychological tests.

Failing to provide psychological testing data that support the doctor's summarily provided conclusions.

Grossly misinterpreting psychological testing data.

Administering psychological tests under non-standardized conditions required in the testing manual.

Administering psychological tests that the test's authors have explicitly stated were not intended to measure psychopathology.

Reporting tests scores that are impossible for an individual to obtain.

Giving the patient psychological tests to complete at home so that the doctor has no control of how the test was taken or who actually took the test.

### **Review of the Patient's Medical Records**

Using non-mental health professionals to review medical records.

Failing to note and address the issue that the patient's medical records are inconsistent with the doctor's diagnoses and conclusions.

### **The Doctor's Conclusions**

The doctor using their "professional opinion" and "clinical judgment," which are simply ways of summarily stating that they believe something for which there is no objective evidence in their report.

Providing summary conclusions without any data to back up those pronouncements.

### **Getting Free Help With Your Preparation**

In the coming months I will be providing more specific information about the topics covered in this newsletter. In the meantime, have a go at it and if you need any help, give me a call at [844-444-8898](tel:844-444-8898). I won't charge for a telephone consultation. Essentially, I'm quite happy to spend my time talking to you and helping you solve your problems because that's what I really love to do, namely dismantling poorly written, pretentious and unprofessional psychological evaluations.

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This is the one hundred forty-sixth 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.