

diagnosis DSM-IV, psychological problems

Diagnosis of

psychological problems

TESTS AND THE USE OF PSYCHOLOGICAL TESTS BY PSYCHIATRISTS

There appears to be a common misconception that the only scientifically valid means of diagnosing mental disorders is by using the Diagnostic and Statistics Manual (DSM-IV) criteria.

The title Diagnostic and Statistics Manual is a misnomer. Nowhere in the DSM-IV are there statistical data covering the diagnostic categories. In fact the DSM-IV contains a cautionary statement

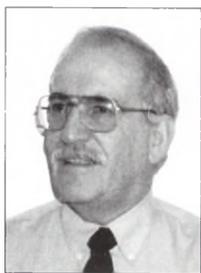
which says, "the specified diagnostic criteria for each mental disorder are offered as *guidelines* for making diagnosesThe diagnostic criteria and the DSM-IV Classification of mental disorders reflect a consensus of current formulations of evolving knowledge in our field. They do not encompass, however all the conditions for which people may be treated or that may be appropriate for research efforts."

The cautionary statement goes on to say, "It is to be understood that inclusion here for clinical and research purposes of a diagnostic categorydoes not imply that the condition meets legal or other non-medical criteria for what constitutes mental disease, mental disorder or mental disability. The clinical and scientific considerations involved in categorisation of these conditions as mental disorders may not be wholly relevant to legal judgements".

The DSM-IV contains no references to research, it contains no statistical analyses, it contains no references to learned journals. It is interesting that, in spite of

these cautionary statements, some psychiatrists, in their medico legal reports, quote line for line criteria from the DSM-IV as if it were the gold standard of diagnostic criteria for various categories of mental illness. What is even more interesting is that with each edition of the DSM the criteria for some of the diagnostic categories change. There is no scientific justification for these changes other than that a group of psychiatrists has decided it should change. Scientifically this is unsound as is the use of the DSM for any other purposes other than a guide.

The category of Post-Traumatic Stress Disorder (PTSD) is a good example of the rigid approach used by some psychiatrists when writing medical legal reports having to do with clients who have been exposed to significant traumatic situations. On the Australian scene it would be unusual for psychiatrists to base their diagnosis on any criteria, tests or guidelines for a definition and diagnosis of PTSD other than the DSM-IV. There are, in fact, other docu-



Louis Salzman, is a psychologist specialising in medico legal assessments. **Dr Jan Ewing**, is a psychologist specialising in both assessment and therapy and is currently President of the Australian Society for Brain Impairment

Psychology

BY LOUIS K. SALZMAN, JAN EWING

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ments and tests which are very well researched and scientifically sound and can be used for the assessment and diagnosis of PTSD. Included in these are the Minnesota Multiphasic Personality Inventory (MMPI), the Personality Assessment Inventory (PAI), the Trauma Symptom Inventory, the North Carolina Dissociation Index, and the Impact of Events Scale. These documents or a combination of these documents, together with a sensitive clinical interview, can help to provide a diagnosis based on wider criteria than is covered the DSM-IV guidelines.

In the main these procedures and tests have been developed by psychologists.

There appears to be a belief among a small group Australian psychiatrists, (who mainly act for the defence in medico legal cases) that psychologists should not be allowed to make a diagnosis of PTSD or any other mental or psychiatric condition. In fact, a group of Brisbane psychiatrists takes the imperious position that the MMPI can not be

used to make any diagnosis of psychological or psychiatric problems and that any diagnosis of these conditions is limited to medical practitioners because these conditions are medical problems. A typical opinion of one of these psychiatrists states "The MMPI-2 was never designed to establish psychiatric diagnosis. The tests are used to complement a full psychiatric assessment and diagnosis, not to establish such medical diagnoses. The diagnoses mentioned by --- (psychologist) are medical diagnoses. Mr --- (psychologist) is not medically qualified."

These psychiatrists are clearly not aware of the appeal decision on the following matter:

"Erminio Nepi, Northern Territory Supreme Court appeal no. 79 of 1996. A psychologist gave evidence and diagnosed Nepi as suffering with Post Traumatic Stress Disorder. Mr Donald SM in his decision on 9/10/96 stated that the psychologist had crossed the barrier of his expertise and his conclusions were in the nature of a medical

diagnosis which Mr Donald rejected. He believed psychologists were not able to make diagnoses such as Post Traumatic Stress Disorder (PTSD). Mr Donald had accepted the opinion of Mr Justice Wood of the NSW Court of Criminal Appeal who stated, "I consider it necessary to observe once again that it is important that clinical psychologists do not cross the barrier of their expertise. It is appropriate for persons trained in the field of clinical psychology to give evidence of the results of psychometric and other psychological testing, and to explain the relevance of those results, and their significance so far as they reveal or support the existence of brain damage or other recognised mental states or disorders. It is not, however, appropriate for them to enter into the field of psychiatry."

"The appeal was heard on 17/4/97 and Chief Justice Martin made his decision on 2/5/97. The Chief Justice decided that Magistrate had made an error of law in ruling that the psychologist's evidence in respect of PTSD was inadmissible. Chief Justice Martin decided that a Clinical Psychologist may well be in as good a position as a Psychiatrist to diagnose such illnesses as PTSD.

"The Chief Justice had endorsed the observations of Justice Hampel in the Queen Versus Whitbread No 194/94, to the effect that Psychologists are in as good a position in many instances as Psychiatrists, to diagnose PTSD.

" Medical diagnosis by Clinical Psychologists has also been raised in the Administrative Appeals Tribunal. In the case of Salerno versus Crimes Compensation Tribunal, Mr McNamara stated that the AAT can rely on the opinion of a Clinical Psychologist as to a diagnosis under the classifications of DSM4. The Crimes Compensation Tribunal of Victoria has decided it will recognise, without question, those who qualify for registration as Clinical Psychologists and as Forensic Psychologists. A Psychologist can qualify as an expert witness depending on the formal qualifications and length of experience."

It would appear then that the issue as to whether or not psychologists can make diagnoses relative to psychiatric

and psychological problems has already been decided and need no longer bother the courts as a relevant issue in establishing expertise.

Use of the MMPI (and other tests) in diagnosing psychological and psychiatric problems

The issue of whether or not the MMPI can be used to make a diagnosis was reviewed by Professor James Butcher (psychologist) who was the team leader in revising the MMPI and developing the MMPI-2. He, along with Kenneth S Pope, and Joyce Seelen in 1993, authored the MMP, MMPI-2 & MMPI-A - *A Practical Guide for Expert Witnesses in Court*. The latter is a highly regarded text on the MMPI and contains the following statement on page 123: "Diagnostic Consideration - Although there have been several studies relating MMPI-based diagnostic patterns to the Basic Diagnostic and Statistical Manual of Mental Disorders (DSM) categories, it is usually not desirable to attempt equating MMPI diagnostic information to diagnoses that are based on the DSM because it opens the psychologist to the possibility of extensive cross examination on issues irrelevant to the assessment. The use of the MMPI approach to personality and clinical appraisal is an *alternative approach to psychiatric diagnosis* - one that provides a summary of symptoms and problems from the patients self reported perspective. *MMPI-based diagnostic descriptions are more specific and are based on more empirical research than are DSM based psychiatric categories.*"

There are literally thousands of articles on the MMPI and the MMPI-2 many dealing with research on diagnostic formulations based on MMPI results. For anyone to put forward the opinion that the MMPI or MMPI-2 cannot be used to formulate a clinical diagnosis suggests that the author of that opinion is ill informed, commenting on an area in which he or she is not expert and who is totally unfamiliar with the MMPI and its extant literature. This is not to argue that the MMPI, or other similar tests, is sufficient, in isolation, to establish diagnoses. However, a properly trained expert can utilise the data pro-

vided by such tests, together with a sensitive clinical interview, history-taking and examination (possibly including other tests) to formulate a more scientifically valid and reliable diagnosis.

Use of psychological tests by psychiatrists

Over the past few years, psychiatrists have been using psychological tests, many of which require specific training by accredited institutions. One of these is the MMPI, others often relate to the assessment of neuropsychological deficits.

The MMPI publisher, National Computer Systems as well as most other psychological test publishers restrict the use of certain tests and have guidelines indicating who can use these tests. The restrictions on the users of the MMPI and MMPI-2 are as follows:

The person must be a registered psychologist with a postgraduate degree in psychology. Registered psychologists without postgraduate training can qualify if they can produce evidence of attendance at suitable training programs in specific test administration and interpretation. In spite of these criteria, a small group of psychiatrists, who do not satisfy the above criteria, use the MMPI-2 and then attempt to formulate conclusions based on the test results. Almost invariably the opinions and conclusions based on this and other psychological tests contain significant errors and conclusions drawn from these test results are most often incorrect.

Psychiatrists are also increasingly using a rag-bag collection of cognitive tests, often inappropriately administered, to examine integrity of brain functions. In doing so, they demonstrate a complete lack of understanding of the nature of psychometric testing and, more particularly, the nature of neuropsychological assessment.

An example of inappropriate use of such a test by a psychiatrist was the psychiatrist who used one of the Trails tests. This is a test which requires the subject to link together in sequence with a pencil or pen a series of numbers and or numbers and letters which are scattered on an A4 page in random order. The placement of the numbers and letters is one of the controlled aspects of the test

and is pre-determined by the author of the test. The normative data for this test is based on how long it takes the subject to link the items together. The psychiatrist in question first reduced the size of the document to approximately one third of its correct size and then administered the test using the standard normative data to evaluate the results. The psychiatrist had no understanding of the fact that reducing the size of the document would significantly influence the time it took the subject to complete the test. In another case a psychiatrist drew her own copy of the trails and then attempted to use published normative data to evaluate the test results.

In another incident, a psychiatrist used the Shipley Institute of Living Scale, a test to estimate intelligence and whether or not the subject had cognitive deficits. The Shipley Institute of Living test manual suggests that the test was capable of producing data which would lead to these conclusions. The use of the test as a quick estimate of intelligence has been substantiated in research literature and is widely used for this purpose, however the use of the test for evaluation of cognitive deficits has been shown to be incorrect by other research and there is ample literature to support this position.¹ This psychiatrist (acting for the defence) drew conclusions from the tests results which were incorrect and at odds with a thorough neuropsychological assessment conducted by an accredited neuropsychologist (for the plaintiff). The Shipley Institute of Living Scale is not used for the evaluation of cognitive functioning by psychologists mainly because they have been made aware through training or review of research literature that this use of the test results is inappropriate.

Clinical Neuropsychology is a specialised field of psychology which requires a minimum of two years training in an accredited post-graduate programme (having completed a four year degree in psychology and psychometrics) and a further two years of supervision. Even qualified clinical psychologists are rightly cautious about the administration and interpretation of neuropsychological tests beyond a screening assessment and refer to specialist neuropsychologists for further

opinion in complex and medico-legal cases (c.f. the relationship between general practitioner and neurologist).

Psychiatrists are not trained in the use of psychological tests other than the Mental Status Examination. They are not trained in the administration, scoring, or evaluation of tests and opinions put forward by psychiatrists based on tests results from tests they administered must be considered highly suspect.

One of the significant issues is that psychiatrists using psychological tests are presenting themselves as expert witnesses on psychological tests in the medico legal context.

U.S Supreme Court Frye decision which suggests that while courts will go a long way in admitting expert testimony deduced from well recognized scientific principle or discovery, the thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs.

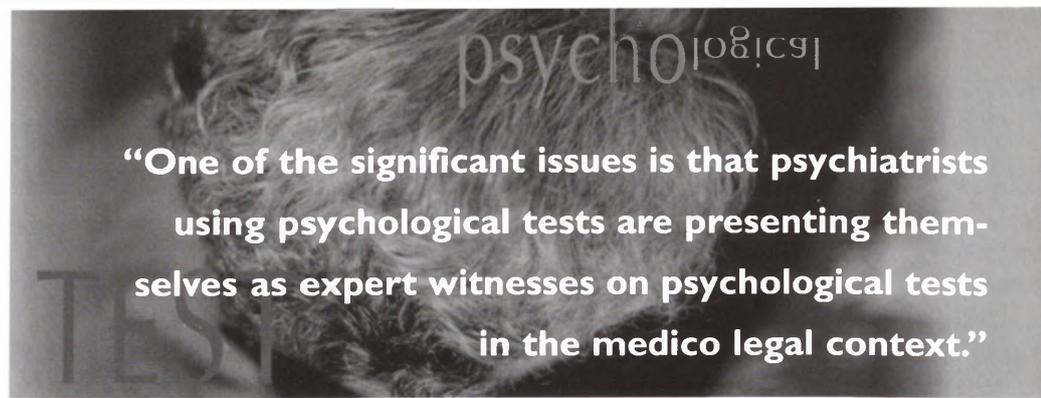
Training in the use, interpretation or administration of psychological tests is not part of psychiatric training programs. Any psychiatrist would be hard pressed to gain support from mainstream psychiatrists (their peers) that there is general acceptance in the field for the use of psychological tests or that psychiatrists are experts in the use of psychological tests other than the Mental Status Examination.

Psychological tests belong in the field of psychology not psychiatry.

Kenneth P.O'Brien, psychiatrist, in "Pivotal issues in forensic psychiatry"² quoted the following from an article in the American Academy of Psychiatry and Law:

"The sub-specialty of psychiatry in which scientific and clinical expertise is applied to legal contexts embracing civil, criminal correctional and legislative matters; forensic psychiatry should be practised in accordance with guidelines and ethical principals enunciated by the profession of psychiatry." This latter point is most important as confusion arises, or at least such a potential exists, when psychiatrists leave the treatment room and move into the court room."

Later O'Brien went on to quote Paul Appelbaum as follows:



"One of the significant issues is that psychiatrists using psychological tests are presenting themselves as expert witnesses on psychological tests in the medico legal context."

"Psychiatrists operate outside the medical framework when they enter the forensic realm and the ethical principals by which their behaviour is justified are simply not the same. It must not be forgotten that expert witnesses in court do not have carte blanche when giving evidence, practitioners must adhere to certain rules (i) the common knowledge rule; (ii) the field of expertise rule; (iii) the ultimate issue rule and the basis rule. Essentially these rules affirm that evidence must have a unique or specialist quality, that it must be within the competence of the expert, and that it cannot bear on questions which ultimately must be determined by a judge or jury."

Psychiatrists do not satisfy the above requirements when using psychological tests or in giving evidence about psychological tests or opinion based on the results of these tests.

Ian Freckelton and Hugh Selby in *The Use and Abuse of Experts*³ said:

"Where the material to be in the expert's report or testimony is accepted as a proper field for experts to treat, the lawyer's task is to select experts with appropriate training and experience. It is not the number of degrees or their publications that establishes their expertise from a legal point of view; rather it is the *thoughtful highlighting of an expert's relevant academic and practical history* which should round the expert's expertness in a particular case."

In summary:

The DSM-IV is a guide which has not been scientifically researched and it is not the only criteria available on which psychiatric diagnoses can be made.

There are other tests and documents besides the DSM-IV which have been scientifically evaluated and published which can establish criteria for psychological and psychiatric diagnoses.

The use of psychological tests by psychiatrists and conclusions drawn based on the results of these tests by psychiatrists who have not been trained

in an accredited institution is unprofessional, unethical and unacceptable.

Psychologists, based on their training, education, experience and decisions made by a number of courts in Australia, are entitled to act as expert witnesses and to provide expert testimony in the area of psychological and psychiatric diagnoses.

Articles published in psychiatric journals strongly support the position that the expert witness does not have carte blanche to give evidence and that the expert witness must be trained or have extensive experiences in the area on which testimony is to be presented. The areas of expertise claimed by the expert must be consistent with accepted areas of knowledge by the expert's peers. **PL**

Footnotes:

- ¹ M. Lezak, *Neuropsychological Assessment*. 3rd edition, 1995 Oxford Press, p735
- ² Kenneth P.O'Brien, "Pivotal issues in forensic psychiatry," (1998) *Australian and New Zealand Journal of Psychiatry*, 32:1-5
- ³ Ian Freckelton, Hugh Selby. "The use and abuse of experts." *Law Institute Journal*, January-February, 1989.

APLA Membership at 14 January 2000

NSW	616
Queensland	377
Victoria	277
South Australia	88
Western Australia	58
ACT	44
Northern Territory	18
Tasmania	24
International	63
TOTAL	1,557