

Webinar on Psychological Injury and Law (PIL)
[<http://www.asapil.net/continuing-education.html>]

Educational Objectives

of the Webinar:

**Trends in Psychological Injury and Law:
Continuing Education, Practice Comments, Recommendations**

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The webinar is based on an article of the same title in the journal
Psychological Injury and Law, 4, 2011, 56-87.

The objectives are based on the powerpoint slides accompanying the webinar

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Note. I-XXVIII [indicates sections of the article/ webinar for the present CE purposes, although the article/ webinar did not use this numbering system]

EDUCATIONAL OBJECTIVES OF EACH SECTION OF THE WEBINAR

I. Abstract

To be able to note the key points of the article: (a) for CE purposes and (b) in case one has to describe its essentials in court. How would the summaries differ?

II. Introduction

To be able to (a) list the key areas of psychological injury and law and (b) why they are all needed for good practice and testimony. Would there be any difference if one works for plaintiff or defense?

III. Law and Psychological/ Psychiatric Injury

To be able to (a) identify relevant evidence law, (b) whether gatekeeping of admissibility of evidence is by judges or by response to expert testimony, and (c) whether terms in psychology are readily translatable into equivalent ones in law, and vice versa. Is poor or junk science admissible in court?

IV. Forensics and Psychological/ Psychiatric Injury

A. To be able to supply the professional codes and guidelines that govern work in the area, such as those from (a) the American Psychological Association, (b) one's local state or province, and (c) work on the scientific approach to forensic mental health assessment. Are the specialty guidelines for forensic psychology aspirational or mandatory?

B. To be able to identify (a) the range of rate of estimated malingering in the field and (b) the major tests used in detecting possible malingering, including newer versions of classic tests, such as the MMPI-2 RF. How accurate is the estimate and how effective the tests?

V. Overview

Why does an article/ webinar on psychological injury need to start with a good introduction to (a) law and (b) forensic psychology?

VI. Testing and Diagnosis of Psychological/ Psychiatric Injury

A. To be able to (a) cite and explain current research on key instruments in the field, and (b) the place of newer and older versions of tests that are being revised in the field, such as the MMPI 2. A series of articles were published on the value of FBS scale of the MMPI-2 in the journal *Psychological Injury and Law*. Was sufficient evidence provided for one side or the other of the debate?

B. To be able to (a) describe in depth current research on the MMPI-2 RF on psychological injury populations and (b) know how to use the MMPI-2 RF in assessments. Is there firm evidence yet to support using the MMPI-RF without using the MMPI-2?

VII. Malingering

A. To be able to explain in court the difference between effort, response bias and malingering. (b) To be able to describe the criteria of Slick, Sherman, and Iverson (1999) on feigned cognitive impairment or malingering. (c) To be able to specify how Symptom Validity tests work.

B. To be able to present the criticisms of McGrath, Mitchell, Kim, and Hough (2010) on Symptom Validity and related testing. (b) To be able to list the dangers of not using such testing, despite their limitations.

C. To be able to (a) describe the meta-analysis by Nelson and colleagues (2010) on the validity of the FBS and (b) indicate whether it adds to the support or does not support the FBS.

D. In the area of malingering, (a) is there one gold standard test or approach, (b) does failing one test or even several that are administered mean that malingering is the only interpretation possible, and (c) what should one do when one has some evidence of malingering but it is not incontrovertible?

VIII. Overview

Before any conclusions in assessments can be undertaken about psychological injuries and disability, a scientifically informed assessment needs to be undertaken that is comprehensive and impartial. Do psychologists and mental health workers have enough tools to (a) adequately assess, test, and diagnose the various psychological injuries, and (b) rule out malingering and other response biases?

IX. Disability

To be able to separate (a) the terms symptoms, impairments, disorders, diagnoses, functional impacts, and disabilities or handicaps, and (b) terms in the return to work area, such as residual and transferable skills, environmental demands, and supports for return to work.

X. The AMA Guides

To be able to (a) decipher the role in mental health practice of the AMA Guides on the evaluation of permanent impairment, and (b) the value and validity of the Guides.

XI. Overview

(a) Is there a gold standard disability instrument? (b) Mental health professionals need to assess residual functionality according to the essential duties of the roles that they are investigating, such as for work. How can this be best accomplished?

XII. Posttraumatic Stress Disorder

A. To be able to identify (a) difficulties with the A criterion of PTSD and (b) the major clusters in its diagnosis in the DSM IV, and whether research supports the clusters identified, and (c) whether biomarker research will have a place in court.

B. One needs to query: (a) Are the recommended changes to the DSM IV approach to PTSD proposed in the DSM 5 draft reliable and valid, and supported by contemporary research, and (b) are others needed, for example, with respect to forensic issues?

XIII. Pain

To be able to differentiate (a) the medical model of pain from the biopsychosocial one, and (b) simple from more complex cases involving co-morbidities. When chronic pain persists, is it real and is it treatable?

XIV. Traumatic Brain Injury

To be able to differentiate (a) mild from moderate and severe TBI, and (b) straightforward from more complex cases involving co-morbidities. Can mild TBI persist and, if so, how can the symptoms of the “miserable minority” with it be explained?

XV. Other Psychological Injury Conditions

To be able to note (a) other conditions in psychological injury and (b) their differential diagnosis. Does stress provide a common denominator in the various psychological injuries and, if so, how?

To be able to ascertain the role in the area of (a) pre-existing vulnerabilities and psychopathologies in cases of psychological injury and (b) pre-existing personality disorders. Can treatment help the psychological injuries that emerge post-event in cases having these contingencies?

XVI. Overview

Psychological injuries are controversial conditions that are under constant criticism and in need of constant research. Depending on the conclusions one offers in testimony, how can one minimize criticism of one’s conclusions about (a) their diagnoses, or (b) absence of such, in court?

XVII. Guidelines

To be able to list (a) the advantages of moving toward treatment guidelines, and (b) what they involve.

XVIII. Treatment

To be able to discuss in depth (a) the evidence-based or empirically-supported movement in treatment, and (b) whether developments about evidence/ empirical treatments help or hinder the field.

XIX. Overview

Is the field sufficiently advanced to develop treatment protocols for the various psychological injuries, without taking away from (a) the needed therapist flexibility and (b) appreciation of non-treatment factors such as therapist-patient rapport?

XX. Causality

(a) To be able to work with legal approaches to causality (substantial, material, but-for). (b) To be able to apply the thin-skull and crumbling-skull rules.

XXI. Models

To be able to explain in court that there are (a) pre-event, event, and post-event factors to consider in apportioning cause in psychological injury cases, (b) but the research reveals that that the multifactorial array of influences on complainant presentation is far more complex than this.

XXII. Overview

The study of causality and models in psychological injury seems far removed from evaluation. However, the combined biopsychological-forensic approach has much to offer the clinician. How?

XXIII. Multicultural and Gender Considerations

(a) To be able to describe the recent research on cultural differences in psychological injury. (b) To be able to discuss whether planned changes in the DSM 5 consider cultural and other differences, such as gender.

XXIV. Diagnostic Manual of Statistical and Mental Disorders V

(a) To discuss knowledgeably whether the DSM IV diagnostic categories regarding psychological injuries are valid. (b) Similarly, to be able to discuss knowledgeably whether the recommended changes in the DSM 5 draft are valid.

XXV. Overview

(a) Does the DSM project lean toward clinical utility at the sacrifice of scientific rigor? (b) Are the DSM 5 working groups too laden with politics and undisclosed influences to arrive at a valid diagnostic system, (including one that considers different ages, cultures and other populations)?

XXVI. Summary

To be able to give a concise summary of the (a) issues and (b) research to date in the field.

XXVII. Recommendations for Psychological Injury and Law

To be able to (a) describe and (b) advise on the recommendations made for the field.

XXVIII. Conclusions

To be able to decide whether the article/ webinar has offered a sufficient basis for reaching the goals of the CE activity.
