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RE: [redacted]

Dear Mi-. Corbett:

[redacted] was referred for a psychological evaluation, which took place on 6/29/94. [redacted] was interviewed and the MMPI-2 was administered.

HISTORY OF INDUSTRIAL ACCIDENT

Regarding her industrial accident of 10/19/91, [redacted] said: "I was driving a company van. I was going north on Hilbish. The older fellow came up to my left, ran a stop sign. He hit the car that was to my left. She did a 180 in front of me and we hit." The client reported that her van was struck on the front left side and she was wearing her seat belt. [redacted] said that the damage to the van totalled $2300, which included replacing a lot of things around the front and repairing the transmission. [redacted] said that she injured her-back (lower and middle), neck, right shoulder, right arm, and left elbow. Concerning what is wrong with her back, [redacted] said: "The doctor-said there was a nerve-caught in the C-5 area-and he had to free the nerve." She had surgery on November 8, 1992 during which the "hinge joint" was "removed." Regarding whether the surgery helped, [redacted] said: "It helped but it didn't cure. I can walk somewhat better. but not like I used to. Right now I'm sitting here with a headache." Concerning what is wrong with her neck, she reported that she sprained/strained it. Regarding what is wrong with her right shoulder, [redacted] also reported that she "strained tendons that go down into the right arm and shoulder. That's how hard I gripped the wheel. I think it's the strain in the shoulder that made the arm hurt." [redacted] said that "I really don't have any problems with" her left elbow. [redacted] reported that she missed no work at the time of the accident, but she missed three weeks of work following her back surgery on 11/8/92.

Concerning her job duties as a hotel operations director, [redacted] said: "Anything pertaining to the operation of the hotel, from cleaning rooms to all repairs. I issue orders. I'm a supervisor." She reported that she was never given an answer to her inquiry about why she was switched to executive housekeeper in the fall of 1993. This decision was made by the owner and new manager. [redacted] believed that she had a good work record as a hotel operations director.

TREATMENT

1. On the day of the accident, [redacted] went to the emergency room of the hospital and was *examined. The accident occurred at 11:30 A.M. and she was at the hospital at 1:30 P.M. She reported that the hospital found "nothing" wrong with her. [redacted] went to the hospital because "I was hurting and couldn't walk" Regarding why she couldn't walk, she said:

"I can't answer you." When she was asked again why she could not walk, she said: "My back was hurting."

2. She went to Dr. Cain, a family practitioner, on the following Monday. He prescribed pain pills and muscle relaxers. When this "didn't work," she was referred by him for physical therapy, which did not help. She stopped going to physical therapy "after half the time I was supposed to go." A CT scan showed "nothing."

3. [redacted] went to Dr. Brower, an orthopaedist who found a nerve entrapment. He apparently had to "open it," rather than do arthroscopic surgery. The surgery helped some, but it still has not taken care of the problem. [redacted] tried more physical therapy in which she was taught body mechanics and strengthening. Of this, she said: "It reduces it (pain), but it doesn't eliminate it." She still does the exercises which were prescribed for her.

4. [redacted] had an operation on her left knee which went up under the dash board and broke the fuse holder. Of the surgery, she said: "It helped, but it still catches."

COMPLAINTS

1. "The back still hurts. It hurts the worst when I do anything different or what I shouldn't do, but there's always a constant hurt, like soreness."

2. "The neck and arms is hurting right now right at the base of the neck."

3. "My knee still catches so it's not up to par. The only treatment he could do now would be a total knee implant." Regarding whether the physician recommended this, [redacted] said: " He doesn't want to do it at this time. He says that's down the road."

4. "Walking on cement--that really bothers both my knee and my back. Any woman likes to shop and I can't do that for very long. I have to basically hurry and get what I can get or I can't take it any longer."

5. "Only way I can do any gardening is get on my right knee."

6. Regarding whether she has any psychological problems as a result of this accident, she said: "I'd like to think not, but I don't know." I don't think I'm right to judge that."

7. "I don't like to see someone coming at my side when I'm driving." (The client continues to drive and never totally stopped driving.)

EXAMINATION

[redacted] is a 55 year old woman who has been married for 38 years, was married at the age of 17, and has two daughters (ages 34 and 36). Of her husband, she said that he is "medically retired" and has been since 1981. He has "blackouts" for reasons unknown. Her husband could go

for a week or two without having any "blackouts" and then he could have several. [redacted] reported that he stays home most of the time. The client was raised by both parents. Her father died about 7 years ago of old age when he was 93. Her mother is 86 years old, her health is "not so good," and she has heart problems and bad circulation. Currently [redacted] lives with her husband in a house which they own. [redacted] is a high school graduate who earned a "B" average, never was suspended or expelled, and maintained good attendance.

[redacted] drove to this examination alone, arriving 7 minutes early. The examination started on time. [redacted] mentioned that her husband could not drive her here and that he drives just a little. [redacted] wore white slacks and a light green blouse, exhibiting careful attention to her physical appearance. She is 5'7" tall and weighs her typical weight of between 130 and 135 pounds. It was noticed that she had a TENS unit. [redacted] answered questions immediately and well, being cooperative and speaking very well. This person was pleasant to serious in mood. She denied having feelings of guilt, helplessness, hopelessness, and worthlessness. At the end of the interview, when she was asked if there was anything she wanted to add, she said: "I'd just like to have my life back the way it was before I was never injured." **As** she got up to leave, she said: "Just give me a minute here. I got to get my leg going."

Concerning herself, [redacted] claims: "I don't think" she is depressed, is anxious because "when I start something I like to get it done" (When asked if she is tense and jittery, she said: "I could be to some extent." She does not "think" that it is problem to her.), has a good appetite, sleeps "periodically maybe restless but I would say overall good," is claustrophobic, has a "mediocre" energy level, her only pre-existing health problem is that she had a hysterectomy 27 or 28 years ago (It should be noted that she gave this information only after being asked several times.), is currently employed at the Best Western Executive Hotel and has been employed at that building (which has been under two different business names) for 20 years, and prior to working at that hotel was a housewife and did babysitting. She denies: any suicide attempts, any crying spells, hallucinations, delusions, paranoid notions, any history of psychiatric treatment, excessive daydreaming, violent behavior in anger (will "find something and do it"), current or past consumption of alcohol, use of street drugs, public offenses, and any other health problems not related to the industrial accident.

Observed in [redacted] were: comfortable-looking posture with no apparent sign of pain, normal eye contact with the examiner, relevant and coherent speech, normal flow of conversation, well-organized speech, alertness, ability to think abstractly, recited from memory 6 digits forwards and **4** backwards, and was well-oriented in all spheres. Not observed were: tearfulness, bitten fingernails, hand tremor, fidgeting, pacing, sweating, hyperventilation, swearing, apologies, and mental confusion.

Regarding her activities during the average day, [redacted] said: "Eat breakfast and go to work." Concerning whether she does all of the usual household tasks, she said: "I do at them anymore." In response to specific questioning, she acknowledged that she will watch T.V., listen to the radio, read the paper and occasionally magazines, visit family members twice per week, invite friends to her house twice **per** year, go to friends' hou'ses six times per year, occasionally go out to

eat, go for car rides, chat with the neighbors, do a "small" amount of gardening ("That's hard anymore."), volunteer occasionally through the hotel, cook, do the dishes, set and clear the table, dust, vacuum, do the laundry, clean the bathroom fixtures, and shop for food.

MMPI-2

The MMPI-2 was administered to [redacted]. The profile appears to be a valid one, although she shows some defensiveness. Regarding symptom patterns, the data show two highly elevated scores. These are elevations on the Hypochondriasis scale (T-score = 82) and the Hysteria scale (T-score = 80). These findings suggest that "she is reporting a number of vague physical symptoms. She has a tendency to develop physical problems when she is under stress. Her medical history is likely to be characterized by excessive and vague physical complaints, weakness: and pain. She may not now be greatly incapacitated by her physical symptoms. She tends to rely on hysterical defenses of denial and repression in the face of conflict. She may show a 'Pollyannish' attitude, even though she may express physical complaints that, if genuine, would trouble most other people." Regarding the frequency of occurrence of this profile, it is noted that "only 3.6% of the sample woman have Hs as the peak score at or above the T-score of 65, and only 1.3 % have well defined Hs spikes." Regarding profile stability, "her peak scores on this test are likely to be very prominent in her profile pattern if she is re-tested at a later date. Her high-point score on Hs is likely to remain stable over time." Regarding interpersonal relationships, the data-indicate that "she is somewhat passive-dependent and demanding in relationships. Although she may first appear skillful in handling social relationships, she tends to be rather immature, superficial, and unskilled with the opposite sex. Individuals with this profile tend to use physical symptoms to influence or manipulate other people." The data suggest a person who is not socially isolated or withdrawn. However, "she may tend to play the role of a weak, helpless child if her spouse is stronger and protective of her."

Regarding diagnostic considerations, "she has reported a number of specific physical and psychological symptoms that need to be considered in any diagnostic formulation. Although organic problems need to be ruled out, her personality make-up is consistent with a psychological basis for her symptoms."

Regarding treatment considerations, ?he computer print-out indicates the following: "Because her presenting problem is likely to be somatic in nature, she may not be very amenable to psychological treatment approaches. Her tendency to repress or deny problems makes her particularly resistant to the idea that psychological factors can influence her symptoms. She does not appear to be very motivated for psychological change at this point. She may be receiving secondary gain from her symptoms that helps to maintain them. Individuals with this profile type may experience an exacerbation of symptoms under stressful conditions. It may be possible to implement a stress inoculation program to assist the client in reducing stress."

somatic are not malingering

OPINION

Based upon a review of medical and psychological records, a clinical interview, and MMPI-2 data, it is the considered opinion of the writer that the data are consistent with V65.2 Malingering. It is important to note that. in spite of [redacted] reporting a high number of somatic complaints

on both the MMPI-2 and during the interview, the data obtained from both on the MMPI-2 and in the interview confirm the lack of any diagnosable psychological condition other than excessive emphasis of physical symptoms (a "tendency to develop physical problems when she is under stress," a medical history which is "likely to be characterized by excessive and vague physical symptoms, weakness, and pain," that she may "tend to use physical complaints to influence or manipulate other people," "her personality make-up is consistent with a psychological basis to her symptoms," and "she may be receiving secondary gain from her symptoms that helps to maintain them"). Although many persons claiming a high number of physical symptoms may understandably react with emotional consequences, such as high levels of depression or anxiety, [redacted] is free of high levels of both depression and anxiety. In support of the latter is that on the Depression scale of the MMPI-2, Mrs. Luzader scores at a level which is average in the general population, and on the scale most reflective of anxiety and nervousness and tension (Pt scale) her score also is well within the average range. Consistent with the MMPI-2 data indicating average levels of depression and anxiety are such interview data as that she denies experiencing high or problem levels of depression and anxiety, claims to have a good appetite (without signs of overeating), sleeps well, denies crying spells; is well able to concentrate, is active vocationally and socially and recreationally, has not sought psychologic or psychiatric treatment, and claims that she does not know if she suffers any psychological problems from her accident. It is also noted that she has avoided suffering diagnostic levels of depression and anxiety in spite of significant family medical problems {husband is medically retired and has unexplained "blackouts" and her aging mother suffers from heart and circulation problems). [redacted] appears no longer to suffer from Somatoform Pain Disorder (diagnosed in the past) because she no longer shows "clinically significant distress or impairment in social, occupational, or other important areas of functioning." (The latter stipulation about "clinically significant distress . . ." is in the DSM-IV definition of Somatoform Pain Disorder, but this stipulation was not made when the Somatoform Pain Disorder diagnosis was made for [redacted] using the DSM-III-R.)

Thank you for referring [redacted] for a psychological evaluation. Please feel free to contact me if further information is needed.

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