

**COMPREHENSIVE REHABILITATION  
and HEALTH PSYCHOLOGY**

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June 10, 1998

Commissioner Diane Sellers  
NC Industrial Commission  
430 North Salisbury Street  
Raleigh, NC 27611

RE: Presentation

Dear Commissioner Sellers:

Thank you for your telephone call this date inviting me to speak at the SAWCA conference. I understand this will be from **11:15 AM to 12:00 noon on Wednesday, July 8, 1998**, in Asheville, NC.

As you know, the class I have taught to insurance adjusters, "Assessment of Psychological Claims in Workers' Compensation and Personal Injury". consists of several modules. and can range from two- to three-hours. I also have been asked by Linda Stephens to present a shorter version at the September meeting of the Defense Bar, and if you are in agreement, I would propose the same topic: **"Top Ten Psychological Claims in Workers' Compensation."**

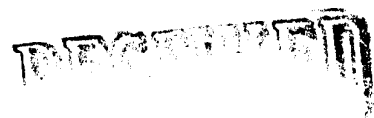
Obviously the outline I have enclosed is a skeleton/working draft, and I would also discuss relevant DSM-IV diagnostic criteria, clinical treatment considerations and prognoses, and where appropriate some NCIC case examples. As you are also expert in workers' compensation psychological claims, I certainly would appreciate your thoughts about this proposed outline, any relevant case examples you can easily bring to my attention, and other suggestions which would help me tailor the presentation to the audience.

I certainly am appreciative of this opportunity to speak to SAWCA, and I value your continued consideration.

Sincerely,



Verne G. Schmickley, Ph.D.



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N.C. IND. COMM.

## **PSYCHOSOCIAL FACTORS ASSOCIATED WITH DISABILITY--CLINICAL RED FLAGS**

**MVA/WORKERS' COMP CASE**--Secondary gains? Litigation?

**PAIN COMPLAINTS**--elaborate; extreme; exaggerated;  
inconsistent with other medical and historical findings

**NON-COMPLIANCE** with prescribed medications; home exercise  
programs; unreliable in keeping appointments

**OVER-UTILIZATION OF NON-PRESCRIBED REGIMENS** including  
over-the-counter medications; chiropractic; alcohol/substance  
abuse; illicit drugs; "Doctor shopping"

**WORK AND RETURN-TO-WORK DIFFICULTIES**--complaints of  
extreme job stress/hostile environment; poor job performance;  
probable reorganization and/or downsizing at work; increased  
pattern of employer-employee-union-political-injury problems

**PSYCHOSOCIAL STRESSORS**--relationship difficulties;  
separation/divorce; legal/financial entanglements

**PRIOR HISTORY** of back injury; similar injuries; failed surgeries

**LACK OF PROGRESS** with medical and rehabilitation modalities

*If your patient shows several of these indicators,  
strongly consider evaluation for psychological problems  
which may interfere with rehabilitation progress.*

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## **“TOP TEN” PSYCHOLOGICAL CLAIMS IN WORKERS’ COMPENSATION**

Anxiety, phobic, and post-traumatic disorders

Psycho-physiological disorders (somatoform, conversion, chronic pain)

Depressive disorders

Neuropsychological disorders:

Organic Brain Syndrome (“OBS”) or Closed Head Injury (CHI)

Dementing disorder

Post-concussive syndrome

Psychotic disorders: schizophrenic and bipolar (manic-depressive)

Chemical dependence and abuse

Personality disorders

Motivational and malingering disorders

When to refer for psychological assessment: “Clinical Red Flags” (attached)

### References:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Washington, DC, Author.

American Psychological Association, Ethical Standards for the Use of Psychological and Educational Testing, Washington, DC, Author.

Keyser, Daniel J., and Sweetland, Richard C., Test Compendium, Kansas City, MO, Test Corporation of America, 1987.

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Pope, Kenneth G., Butcher, James N., and Seelen, Joyce, The MMPI, MMPI-2, and MMPI-A in Court, Washington, DC, American Psychological Association, 1993.

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