

May 2009

## It's All in Your Head: How a Neuropsychologist and His Patients Rely on Testing

It's a scenario Dr. Robert Sica has seen countless times: a patient will be treated in an ER for a concussion and the doctor's first reaction is, "It's all in their head or minimizes their condition." While the implication is that the patient isn't as impaired as he thinks he is, the doctor is closer to the truth than he might realize.

"Technically, it is in their head," says Dr. Sica. "If it's a concussion, there is some basis for that, and if it is psychological adjustment issues, the seed of personality is in the brain, so it is technically in their head. So at that point the doctor might refer the patient to a neurologist, who in turn refers the patient to me."

Dr. Sica is the originator and director of LifeSpan-Neuropsychological Services, a New Jersey-based program that combines a comprehensive multi-specialty health psychology practice and an out-patient neuropsychological rehabilitation program. In other words, if it's all in your head, they'll take care of you. And they'll do it with an approach that covers all possible angles.

"My practice is an evidence-based psychological practice," says Dr. Sica. "What physician would diagnose a patient predicated on what the patient tells him? Or what physician is going to recommend medical tests based solely on what the patient says? At best it's circular to try to validate what the patient reports. We are scientists, in the sense of listening to what the patient says, proceeding through a scientific methodological approach and buttressing our clinical opinions with scientific, objective methods."

### Tests Help Point the Way

That's where Pearson's tests come in. At the end of a consultation with a patient, Dr. Sica usually goes in one of three directions: a neuropsychological examination (for cases of assault on the brain), a psychological exam (for disorders like post traumatic stress or anxiety) or a psychological pain examination. He turns to the MBMD™ (Millon™ Behavioral Medicine Diagnostic) test in all three cases. For psychological pain exams, he'll also administer the BHI™ 2 (Battery for Health Improvement 2) test, "a wonderful measure. The BHI 2 has some very nice components to it that are obviously novel and very helpful," he says. "These tests move me along very quickly in terms of diagnostics: What do I have, what do I need to do, and where am I going? Those are the big three for the patient."

And he's always consistent in the set of tests he gives, which is called a fixed battery approach. "It's no different than if you get an MRI at a hospital, then get a different MRI somewhere else. There's going to be unreliability. You must have consistency." Using the same sets of tests ensures he's comparing apples to

apples. “After giving the same battery to thousands and thousands of patients over 30 years, I think I have a pretty good idea of what a neuropsych profile looks like.”

So what specifically does he like about the MBMD and the BHI 2 tests? “Both tests contribute wonderful findings for me,” he says. “On the BHI 2, the validity scales show me what type of role the patient is assuming, whether he’s over-reporting or under-reporting. Whether there are any psychosocial risk factors I need to be aware of. In the physical symptoms scales, I like to see how the patient’s pattern of what he’s reporting compares to the medical record. These are going to give me clinical direction to emotional and behavioral contributions to their pain because we know there’s a mind-body relationship between how the person functions psychologically versus how they’re experiencing their pain physically.”

“I really like the MBMD because it’s like a little mini psychological battery to measure the coping style. What is this person’s personality style, how are they going to deal with an acute event, what is their psychological or personality predisposition to an event. The section called Psychiatric Indicators tells me what the patient is dealing with currently. It tells me the person’s style in dealing with bodily changes. Is there a close relationship between their psychological state versus their physical symptom state? How are their pain complaints going to interface with conventional medical treatment? I use all this information to produce a good outcome.”

Thus the MBMD connects the dots when it comes to cognitive problems that result from pain and psychological issues. “If a patient has a lot of complaints, such as from a concussion, I give the MBMD and I see that there are elevated levels of emotionality, depression, anxiety, etc.,” Dr. Sica says. “But if on the neuropsych tests I see their cognitive complaints fall in the normal range, I’m able to lay the cognitive problems at the doorstep of the psychological issues identified in terms of the profile of the patient, that is, his psychological profile or psychological coping style.” Again, the test gives him an idea of how this style of functioning could manifest itself with an acute event.

Because the tests are objective, he can see tangible results by getting a before-treatment baseline, then administering the same tests at end. “All the clinical scales come down! As people get better, the symptoms should reduce in intensity. When you see the reductions, it objectifies what I deemed clinically, via outcome—that the patient improved.”

## Seeing Justice Served

That kind of hard data is crucial when Dr. Sica goes to court—he’s often called on to testify in cases involving workers’ compensation or personal injury claims. He not only relies on the tests, they help make him a better clinician. “I do the legal work because it raises my clinical standards to what we should all be doing regardless of whether we do legal work or only clinical work.”

“In court, I have to provide demonstrable objective medical or psychological evidence, that is, evidence that exceeds merely the subjective statement of the patient. The tests that I submit have to be seen as valid.” If he is unable to provide evidence which objectively supports his opinion, his testimony is challenged. “The test measures are standardized, reliable and valid. They assess the behavioral and emotional state of the individual, whether they’re a plaintiff, for the defense, or serving in any other role.”

They also help reveal the true person. In explaining the importance of psychological testing, Dr. Sica likes to refer to the writer Oscar Wilde, who wrote, “Man is least himself when he talks in his own person. Give him a mask, and he will tell you the truth.”

“Psychological tests are those masks,” says Dr. Sica. “They reveal patients’ styles of functioning, coping, their agendas, about what’s going on inside. Psychological testing provides me with an opportunity to derive information about a patient from a different point of view.”

*Dr. Robert Sica founded LifeSpan in the late 1970s. He is also is a staff clinical neuropsychologist at Jersey Shore University Medical Center and Riverview Medical Center. He earned a Master’s in research design and psychology from the New School for Social Research, N.Y., and a Ph.D. in psychology from the University of Southern California. He completed a two year post-doctoral residency at Monmouth Medical Center, Long Branch, N.J., and then proceeded with further rotations at Beth Israel Hospital, Harvard University, University of Medicine and Dentistry of New Jersey Neurodiagnostic Unit, and Columbia University College of Physicians and Surgeons, N.Y. He is board certified in neuropsychology from the American Board of Professional Neuropsychology and is a member and fellow in many professional organizations.*

*For more information about LifeSpan and Dr. Sica, go to [www.neuropsychrehabservices.com](http://www.neuropsychrehabservices.com).*

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