

Honing Clinical Skills: Identifying Patient Deception in Occupational Health

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Introduction



Objectives

- Identify three reasons an employee might misrepresent the truth or provide misleading information to the occupational health nurse
- Distinguish characteristics and signs that someone is being deceitful or dishonest in their response
- List 2 pitfalls to assuming an employee is providing false information
- Explain actions the occupational health nurse should take if suspicion is determined

Why do people tell lies?

- To hide something
- To protect something or someone
- For personal or financial gain
- "Duping Delight"
- To get a result, attention for example
- Varied cultures, ethics, environments, upbringing, beliefs and situations

Are all lies...bad?

- Maybe people lie for good reasons

from The Moral Manager

"Truth telling is so important in and of itself that any departure there from is unacceptable: If, on the other hand, communication had other purposes...more ambiguous..."

...individuals are enjoined to love, protect, and sacrifice for others,...
Four situations...create the hardest dilemmas..."

4 Factors that can prompt dilemmas of "truth"

1. Kindness Factor
2. Role Factor
3. Confidentiality Factor
4. Jeopardy Factor

Why would someone lie at work?

Is it work related?

- Work related injury or absence
 - Goals programs
 - \$
 - OSHA Log
 - Investigations
- Non work related injury or absence
 - Disciplinary action
 - Higher worker's compensation premiums

Financial Gain

- Temporary Disability Insurance
- Worker's Compensation
 - Scars, disabilities, etc
- Which pays more: Work related or not work related?
- Attorney involved
- Third party litigation

Protect their job

- Pre-placement post offer history
- Urine drug screen
 - www.urinluck.com
 - www.cleartest.com
 - www.passthetest.com
- DOT history
- Vision Tests
- Avoid being terminated for breaking policy or procedure

Protect others

- Union brothers & sisters
- Manager
- Family members (ie: abuse)

Privacy

- Medication use
- Pregnancy
- Threats to self, others or from others
- Stigma regarding dx (psychiatric, HIV)

Clinical

- Psychiatric diagnosis (ie: schizophrenia, sociopath)

Stress

- Going out "sick" may be a last resort for an employee who is no longer able to cope with stressors at work

Can you spot a lie?



Clinical signs of "fiction tellers"

Eyes

- Little or no direct eye contact
- Pupil dilation
- Increased blinking

Head & Neck

- Moves mechanically
- Shifts away from person uncomfortable talking with
- Range of motion inconsistent: Exam vs casual talk/turning to look out window
- Flushed
- Nervously rubbing one ear
- Hard to swallow

Hands and arms

- Less animated (hiding, holding in)
- Held in lap or at sides
- Fingers may be folded in
- Wringing of hands
- Hand covering mouth while speaking
- Rarely points

Shoulders

- The partial shrug – shows an attempt to show being relaxed. It's not a full shrug and can be seen like a "lips only" kind of "smile." Not sincere.

Posture

- Hunched, hands in pockets
- Turns sideways to avoid facing "accuser"
- Little or no physical contact with person they are talking with. Reduces guilt and "connections."
- Fidgeting

Barriers

- The liar may use inanimate objects as barriers between you and him/her
 - Pillow, jacket, book, drinking glass

Words

- Interrogators find that suspects who use contractions "it wasn't me" tend to be more honest than those that purposefully use the word "not" as in "it was *not* me."
- Over compensating with adamant explanations may be a sign of deception
- Less likely to use "I," "we," or "us" because it shows ownership

Words

- Beware the "Mumbler"
- Beware the "Convincer"
 - From Never Be Lied to Again

... "most people who tell the truth expect to be believed."

Words

- Liars are willing to answer your many questions but are less likely to ask questions of their own.
 - Their focus is on convincing you and keeping their answers straight.
- People telling untruths are tense during the lying and are more relaxed and relieved when the subject gets changed

Words: Beware the Delay Tactics

"Could you repeat the question?"
"It depends on how you look at it."
"I think we both know the answer to that."
"Well it's not so simple as a yes or no."

Voice

- Trembling, shaking
- Quiet
- Higher pitched

Freudian slips

- May be an unconscious slip of the truth

Silence

- The guilty tell their story in dribs and drabs, filling in gaps left by silence, until they get verbal confirmation to stop

Timing

- Gestures after words - they think so hard on what they are saying and *then* remember they should *look* the part too.
- Emotions that are delayed, stay longer than expected and end abruptly

Timing

- A restaurant chain used "timed test responses" in the hiring process
The longer it took to answer a tough question, the lower the score.

example: How they felt serving various ethnic groups

Honest answers came quicker

Timing

- Does injury appearance make sense
 - Bruising, lacerations
- Monday, 7 am injury time

Contradictions

- Frowning when saying something good
- Clenched fists when stating relaxed
- Dates, time, witnesses, story inconsistencies
- Reactions are not proportionate to the situation

Contradictions

Pt: "I can't raise my hands above shoulder height."

Pt.'s hair is up in a perfectly pinned bun.

Contradictions

Pt: "I can't take more than 20 steps without sitting to rest."

Through an office window, you observe the patient walking 200 yards to their car in the parking lot with no distress.

or

Patient appears on front page of local newspaper, marching in a 3 mile parade

Anatomy of a smile

- A forced smile is closed and tight with no movement in the eyes or forehead.
- Smiles can mask anger and fear

Back Pain: Waddell's Signs

1. Superficial and widespread tenderness or non-anatomic tenderness.
2. Stimulation tests: Axial loading and pain on simulated rotation.
3. Distracted straight leg raise.
4. Non-anatomic sensory changes: Regional sensory changes and regional weakness
5. Overreaction.

If there are more than 3 of 5 present then there is high probability that patient has non-organic pain.

- (Waddell G, McCulloch HA, Kummel E, Venner RM. Non-organic physical signs in low-back pain. Spine 1980; 5: 117-25)

Where does it hurt?

Right here (with a finger point)

vs.

The roving palm all over a region

Clinical

- Increase pulse and bp
- Sweating
- Flushing

Information: Other Resources

- Healthcare provider notes
 - Inspect for legitimacy
 - www.myexusedabsence.com

Caution: Pitfalls to assuming the employee has not told the truth



Heard these words from management?

"This guy's a real player."
"Oh he just got a note from Dr. Summeroff"
"There's no way this is work related."
"You know he's a hockey player, right?"

Jaded and Fried?

- Been working long hours?
- Feel the demands of management, safety, HR, employees, all at the same time?
- Tired? Bored? Stressed?
- Can't keep up with documentation?
- Get interrupted much?
- Need a secretary and they won't pay for one?
- Can't keep the balance with home life?



How many times have you been burned by an employee or people in your personal life who have lied to you?



What if you are wrong in your suspicions?

- Employee (s) lose trust
- Anger
- Credibility with employees and the company management endangered

What if you are right...and do nothing?

- Employee (s) lose trust
- Anger
- Credibility with employees and the company management endangered

Now can you spot a lie?



What to do with your suspicions?

1. Confront the employee directly?
2. Don't do anything?
3. Tell the company?
4. Tell the employee you will tell someone if he/she doesn't?

Tips

- Verify reasons
- Recognize your prejudices
- Stay objective
- Stay neutral
- Be professional
- Maintain trust when possible
- Keep safe

Tips

- Consider a 2nd opinion
- Refer up to a physician
- Consult your manager

Tips

- Tell suspicious managers "I hear what you are saying. Thank you for your input. I will consider your suspicions as I evaluate the employee."
- If you identify you are "fried and jaded" consider actions to nurture yourself, counseling, outlets, or perhaps a change.

Tips

- Consider using a code phrase with insurance carriers

"Susan, you may wish to review this one carefully."

"Take a hard look at this case."

Life is a SOAP Note

- Gather & document *subjective* data
- Gather & document *objective* data
- Given what you know, make your best nursing *assessment*
- Set and implement a *plan*

Document objectively

- "Subjective complaints are greater than objective findings."
- "Pt. states he fell and hit his knee one hr. ago in the hallway of building # 2. He states he was alone."
- "Ecchymotic area is 2" x 4" over medial area of right knee and is greenish, dark brown in color."

Which bruise is older?



Case of the Dam Worker

- Employee had complaints of severe lateral epicondyle pain in the elbow after using a wrench at work.
- When asked how often and for how long he had to use the wrench he replied for 30 minutes once per week on average.
- Do you buy it?



Truck Accident

- Supervisor: "This guy's a real player, always complaining. He's really going have fun with this injury!"
- Employee: "My chest really hurts where the seatbelt was." "Oh and my head is soooo sore!" "I am having some trouble concentrating."



OHN role

- Treat employee with care and dignity
- Obtain detailed and pertinent history
- Seek and document both subjective and objective findings
- Research as appropriate
- Address any inconsistencies

OHN role

- It is *not* your role to FIND the truth.
- Take and document a careful, detailed and pertinent history as well as observations from both subjective and objective findings.

Notification of others

- Worker's compensation carrier
 - Ex: Fraud case, surveillance
- Disability insurance carrier
- Need to know information to management
- Testify when called upon

Care for the employee

- Try to understand his/her motivation
- Plan for movement to a healthy outcome
- Consider Employee Assistance Program where appropriate
- State your role to employee

Is It Fact or Fiction? Meeting the Clinical Challenge



Call it like you see it



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References

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