White-Collar Crime: Clinical, Ethical, and Legal Issues
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1. **WCC Personality Traits** (examples; Perri, 2009):
   - Antisocial (e.g., predatory, pathological lying, refined interpersonal skills, but manipulative, deceptive, lack empathy)
   - Narcissism (obsessed with power, wealth, and control; superiority; vengeful)
   - Psychopathy (lack of conscience, poor empathy, lack remorse)
   - Beware of intimidating, abusive, egocentric, blaming, insulting, condescension, etc behaviors and language
   - Also, vulnerable narcissist (Naso, 2012), differs from the typical narcissistic and overtly aggressive WCCC

2. **Case Illustration**: Patient referred by therapist for evaluation. Patient is a physician in medical practice. Patient has D.O. and M.B.A., and managed practice finances. Partners let him do it all. Patient funneled $500,000 over a 15-year period into private accounts by creating fake vendors (e.g., medical supply companies). Patient used a regular supply company for essential medical products/equipment, to whom the practice would reimburse at regular cost, but created fake companies for other supplies for which he billed monthly and excessively, funnelling the payments (about $2,000 - 3,000 a month) into his own private accounts. Patient never took vacation. Patient became very defensive when practice partners thought about hiring someone else into the practice to take over CFO duties because they thought his spending more time in patient care would benefit the medical practice. Patient was rarely sick (maybe 1-2 days/year). Patient had a mild stroke, had to miss one month of work. Patient insisted he could manage finances from home, but doctors were against it and partners decided to hire a temporary CFO. Temporary CFO noticed a few companies to whom excessive monthly payments were made, investigated, and found impropriety. Temp. CFO reported this to partners, who had no idea that this was happening. Patient was informed, confessed. Partners called their business attorney. Business attorney directed them to a WCC attorney. WCC attorney felt that prosecutable fraud had been committed (e.g., amount of money; patient had one account out of state).

3. **Background**: Patient resigned his medical license. Depressed, suicidal, marital separation. Overdosed on benzo, but called 911 in advance of taking pills. Taken to hospital and then referred for outpatient therapy. Borrowed money from close friends to stay afloat. Patient presented as remorseful, depressed, but hopeful that he could pull his life together. Denied current suicidal ideation. Talked at length about his history. Grew up in low-income family. Parents were divorced. Mother was extremely hard on him with high expectations for achievement. Father was a city employee, bitter, drinking problems, judgmental, shaming. Patient thought he could get away with it; felt he was entitled to it because he had the M.B.A., in addition to the D.O.; felt he was a better physician than his partners, each of whom had a M.D. Realizes he was “playing a game with myself.” Shame, anger at self, willing to do anything to pull life together. Willing to cooperate fully with psychologist’s request for psychological testing. “What’s going on with this guy?” Patient knew testing could be subpoenaed if case were to go to trial.

4. **Assessment Findings**:

   **Paulhaus Deception Scale**: Positive Impression Management.

   **MMPI 2 T scores**: F = 48 (not crying out for help), L = 65 (defensive), K = 70 (defensive), S = 74 (good impression); responses were consistent. Clinical Scales: No clinical scales close to 65. Supplemental: Harris-Lingos Scales: Hy2 = 67 (need for affection); Pa3 = 65 (naïve)
Rorschach (Exner; CS):

- **Structural Summary Variables:**
  - M: C = 7:4 (ideational).
  - Sum C' = 4 (anxious-depressed).
  - Sum V = 3 (guilt, shame).
  - Sum T = 2 (heightened need for attachment). D = -1 (stress overload, affect dysregulation).
  - Adj D = -1 (no situational stresses exacerbating immediate situation).
  - DEPI = 5 (features of depression).
  - SCON = 9 (self-sabotaging, risk for self-harm). XA % = .93 (good reality testing, precise; sees what others see).
  - Fr + rf = 4 (extreme need for affirmation).
  - FD = 1 (some introspective ability).
  - Space = 6 (very willful, oppositional).
  - COP = 0 (no images of people cooperating).
  - AG = 0 (no aggressive thought content).
  - GHR: PHR = 8:1 (expects thing to work out, interpersonally; overly optimistic?)

- **Content:**
  - Card I: 1st response: Do I tell you what I see first or think about it? (Up to you). 2 animals looking away from each other. (Inquiry) Do people make up their own cards or are these cards standard? (Standard) It just looks like dogs, ears are lifted because they're hearing music. I play music and my dogs perk up their ears.
  - Card I: 2nd response: Buxom women, potentially. (Inquiry) Just looks like it –hands, legs, busom.
  - Card I: 3rd response: A potential penis (Inquiry) Looks like an animal penis.
  - Card X: Last response: A woman without a body or a head, wearing a colorful dress. (Inquiry) The heads are where these little things would be. They're leaning forward, you can see the body shape.

Sentence Completion: Themes of betrayal, “glad to be alive,” regrets, hoping for forgiveness, fear of not being a good provider, upset at not stopping what he felt was wrongful behavior.

TAT Themes:

- Card 1: an emotionally depleted and overworked individual
- Card 2: a concern with disappointing others
- Card 4: a male needs considerable support from a female
- Card 3BM: a person is overwhelmed with grief, but wants to move forward
- Card 7BM: an older man provides support to a younger man
- Card 8BM: a troubled youth acts I a cold and emotionless way
- Card 17BM: a man takes pride in achievement
- Card 13MF: grieving husband is unable to save his wife
- Card 10: a couple is proud of how their children endure “so much”
- Card 14: a man is grateful to see another day
- Card 12M: a man needs counsel and forgiveness

Post-Testing:

- **Feedback:** Patient read the report, came in and worked with me on the language, often clarifying in a way that we both found helpful, and was very appreciative of my collaborating to ensure accuracy of history. He felt the report content was accurate.

- **Communications:** Report requested along with interview notes. All communications done in consultation with attorney.

References


