

Marton, Peter – Psychologist

Thevaranjan and Personal Insurance Arbitration, 2006-08-24

Dr. Peter Marton

Dr. Peter Marton also testified on behalf of the Personal. He testified that he attained his PhD in clinical psychology in 1977 in New York State. He is a registered member of the Ontario College of Psychologists and of the Ontario and American Psychological Associations. He has conducted a practice in clinical psychology since 1977, specializing in the treatment of both adults and children. Dr. Marton conceded he does not have expertise in treating and assessing chronic pain. He testified that in his practice he performs assessments at the request of several assessment facilities predominantly for insurers and employers. He does a minimum of two insurer examinations per week for AssessMed. Overall, Dr. Marton performs five to six insurer and employer assessments for four assessment facilities weekly, earning about 40% of his income from this practice.

On August 20, 2004, he assessed the Applicant to determine whether she was substantially disabled psychologically by the accident from returning to her pre-accident employment and housekeeping activities. He prepared a report dated August 20, 2004 and a brief report dated March 2, 2006. On cross-examination, Dr. Marton stated that he had neither a job demands analysis nor the Applicant's pre-accident clinical notes, records, consultation notes or test results from the Applicant's medical practitioners before him when he prepared his August 20, 2004 report. Dr. Marton admitted he only asked the Applicant general questions about her pre-accident job and therefore had little knowledge of the Applicant's pre-accident occupation when he prepared his report. When the Applicant's counsel presented a description of the Applicant's job demands to Dr. Marton, he disagreed that data input would require a considerable level of concentration, and went on to try to diminish the demands of the Applicant's job by holding up as a standard the concentration required of an air traffic controller.

Dr. Marton's failure to properly consider the Applicant's pre-accident job has caused me to discount this area of his evidence.

Dr. Marton testified in chief that he received Dr. Zabieliauskas' August 12, 2004 report before he did his assessment. However, the Applicant's counsel presented a letter to Dr. Marton dated September 16, 2004 attaching Dr. Zabieliauskas' report. In response to this evidence, Dr. Marton attempted to explain how he could have indicated in his August 20, 2004 report that he had reviewed Dr. Zabieliauskas' report B a report he actually had received after September 16, 2004. I find Dr. Marton's testimony in this area made no sense, which I find affected his credibility as a witness. I further conclude the value of his report is further discounted by the fact that he did not have Dr. Zabieliauskas' report and other key medical and employment documentation when he prepared his report.

Dr. Marton retained a psychometrist to administer six psychometric tests to the Applicant: the Malingering Probability Scale, the Wahler Physical Symptoms Inventory, the Sensations Scale, the Multidimensional Pain Inventory, the Personality Assessment Screener and the Clinician Hamilton Depression Rating Scale. Dr. Marton conceded on questioning that he did not know the psychometrist, did not ask her for a curriculum vitae and was not familiar with her qualifications.

The Applicant's counsel questioned Dr. Marton about the test results. I found many of Dr. Marton's attempts to explain the results confusing.

For instance, looking at the results in the Malingering Probability Scale, according to the report, the Applicant displayed a low probability for malingering. Dr. Marton testified he only agreed with this finding in part, without offering a satisfactory explanation for this comment. He also conceded that the psychometrist had used incorrect numerical measures to arrive at the result. Dr. Marton did not explain to my satisfaction what effect the incorrect numerical measures would have on the assessment of the Applicant's performance. Dr. Marton also made the surprising remark that although the test purports to test for malingering, it really does not. Again, Dr. Marton did not explain this statement satisfactorily. Throughout his evidence on the testing results, Dr. Marton also gave evidence that undermined the value of the other tests administered to the Applicant without providing comprehensible explanations for these opinions. I find this supported the Applicant's credibility.

On the whole, I find Dr. Marton's reports and his oral evidence of little or no value in determining whether the Applicant sustained a psychological impairment that substantially prevents her from resuming her pre-accident employment and housekeeping tasks. I find he was not forthright in presenting some of his evidence and displayed a lack of expertise in understanding the psychometric tests that were administered. I also find that he was not balanced and objective in his assessment of the Applicant. Dr. Marton also conceded that he had not acquired the expertise and training in the assessment of the psychological aspects of chronic pain problems.

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Shave and Security National Arbitration, 2005-01

Security seeks an order determining whether it is reasonably necessary for Ms. Shave to attend to be examined, pursuant to section 42 of the *SABS*, [See note 1 below.] by Dr. P. Marton, a psychologist, and Dr. D. Simmonds, an orthopaedic surgeon...

...Security's position is that although Ms. Shave was examined in October 2003 by Dr. Marton and by Dr. R. Galway, also an orthopaedic surgeon, her changing condition makes it reasonably necessary that she be examined again. Security says that it also has a right to the examinations because they are necessary to ensure a fair hearing...

...Dr. Marton conducted a psychological examination of Ms. Shave on October 4, 2003. He was provided with the medical records then available, to inform his opinion.

When Dr. Marton examined Ms. Shave, she had been counselled for anxiety and depression by her family doctor. He had prescribed medication for these complaints and, when her condition did not improve, he had referred her to Dr. C. Skinner, a psychologist. Dr. Skinner had diagnosed "mild to moderate post-traumatic stress reaction", had recommended a course of treatment and Ms. Shave was seeing Dr. Skinner once a week. Dr. Marton was aware of this history.

Dr. Marton found "no objective evidence of psychological factors associated with the onset, severity, course of maintenance of her pain symptoms...no objective evidence of a depressive disorder, panic attacks or panic disorder, a generalized anxiety disorder or a post-traumatic stress disorder." [See note 2 below.] He concluded that there was no objective evidence of a mental disorder associated with the motor vehicle accident. His testing indicated the likelihood of symptom magnification. Dr. Marton concluded that Ms. Shave was "experiencing an adjustment disorder associated with work related stress." [See note 3 below.]

Ms. Shave continued her treatment with Dr. Skinner after Dr. Marton examined her. Security forwarded Dr. Skinner's reports and other emerging medical evidence to Dr. Marton for comment. Dr. Marton has provided four supplementary reports, the most recent dated some time after June 8, 2004. [See note 4 below.] Dr. Marton has reiterated his opinion in every supplementary report, without expressing any limitation as a result of not having had an opportunity to further examine Ms. Shave.

Since Dr. Marton's last supplementary report, Security has received three further reports from Dr. Skinner and a report from Dr. B. Kirsh, commenting on Ms. Shave's mental status. [See note 5 below.]

Assessing Security's motives requires close scrutiny of the opinions already received. Upon his examination, Dr. Marton found no evidence that any of the symptoms Ms. Shave had expressed were caused by the accident. It was not likely that he would later change his mind and conclude that the accident caused her failure to recover from the same or worsening symptoms. This is why he could confidently reiterate his opinion, upon being updated on Ms. Shave's treatment and complaints, without expression of any requirement to examine Ms. Shave again...

...The information that Security received after the most recent supplementary opinions does not cast new light on the cause of Ms. Shave's complaints. The new information therefore does not provide new reason for Dr. Marton or Dr. Galway to be interested in examining her again.

Gabrielyan and Wawanesa - 1 Arbitration, 2007-06-28

The psychological assessments of both Dr. Perlmutter and Dr. Day led to a conclusion that Mrs. Gabrielyan was suffering from clinical depression. They differed in degree. Dr. Perlmutter found her to be moderately depressed while Dr. Day assessed her as mildly depressed. In contrast, Dr. Marton found significant symptom magnification and no mental disorder. I found Dr. Marton's choice of assessment tools unreasonably weighted towards assessing symptom magnification. Therefore, I prefer the opinions of Dr. Perlmutter and Dr. Day and find that Mrs. Gabrielyan was suffering from clinical depression.

Mujku and State Farm Arbitration, 2013-01-14

With the exception of Dr. Peter Marton, a psychologist who assessed Mrs. Mujku on State Farm's behalf on September 26, 2006^[18], experts on both sides of the debate diagnosed Mrs. Mujku with several

mental or behavioural disorders. Dr. Marton's opinion was not accepted by any of his colleagues who followed. I reject it for that reason.

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