

THE WETC PSYCHOLOGY NEWSLETTER

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Compulsive Computer Use Disorder – A New Industrial Injury?

Although the basic nature of people has probably not changed in thousands of years, psychology and psychiatry are always changing as societal developments create new problems that require new behavioral solutions. When workable answers are not immediately available, people are prone to develop new psychological disorders. For example, before the advent of amphetamines there was no Amphetamine-Induced Psychotic Disorder, With Hallucinations (292.12). Now there is! Lucky us!

Probably the greatest change that society has experienced in the last 30 years is the widespread use of computers and computer chip devices such as smart phones and electronic games. Without doubt these generally beneficial devices have come to be recognized as potentially problematic. In this regard, while the DSM-V will probably not be published until 2012, perhaps it may have a disorder that is the result of the use, or misuse, of computers.

In writing this month's newsletter I am quite aware that psychologists and psychiatrists are often very serious people. Perhaps this is because they deal with some very serious problems, at least some of which may be their own. Regardless, every once in a while it is a good idea to lighten up a bit and let one's imagination take over. As an alternative to some of the ponderous subject matter I have covered in the last few months I offer the following somewhat tongue-in-check discussion of a "new" disorder that I call the Compulsive Computer Use Disorder (292.50).

Compulsive Computer Use Disorder (292.50) is an addictive disorder characterized by multiple psychological symptoms as well as dysfunctions in occupational, social and educational environments exhibited as an excessive and compulsive use of computers and computer chip devices such as smart phones and electronic games. Behavioral observers and mental health professionals have noted that in recent years there has been an increase in the number of individuals exhibiting this disorder. Currently there is no recognized

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effective treatment for this condition as the sufferer typically steadfastly claims that they are quite normal. However, the interpersonal and intrapersonal problems caused by this disorder are readily observable in a variety of social, educational and occupational contexts. The causes of this disorder are not well known but most likely occur as a result of the serendipitous use of computer devices that initially provide dramatic functional benefits. Unfortunately, for individuals susceptible to developing the disorder, those advantages are quickly replaced by dysfunctional behavioral patterns. While there has been little formal research on this relatively new disorder, it is believed that a large percentage of the cases have their origins in industrial settings and therefore qualify as industrially-produced disorders for workers' compensation purposes. In order to diagnose this condition correctly the individual must present with 7 or more of the following signs and/or symptoms:

1. an excessive amount of time spent learning about, purchasing and using computers and computer chip devices
2. an unwillingness to use non-technological methods to accomplish tasks in preference to more complex labor intensive computers and computer chip devices
3. a proclivity to proselytize the use of computers and computer chip devices
4. a preference for communicating by texting or e-mails instead of interpersonal face-to-face contact
5. a withdrawal from social relationships in order to spend more time on computer projects
6. decrements in one's performance at work as a result of time spent learning about how to utilize computers and computer chip devices
7. an enduring pattern of inflexible and pervasive behaviors with regard to using computers and computer chip devices

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8. a pervasive distrust and suspiciousness of individuals who have substantially less interest than oneself in computer and computer chip devices
9. an unrealistic belief that computers and computer chip devices will solve the world's problems
10. feelings of emptiness and worthlessness when confronted with the notion that one does not have the latest computer and computer chip devices
11. a grandiose sense of self-importance or superiority based on a belief that one has found the answer to life in one's computer and computer chip devices
12. a sense of entitlement to admiration for being up-to-date about computers and computer chip devices
13. an avoidance of activities and interactions not based on computers and computer chip devices
14. difficulty making decisions without considering computers and computer chip devices
15. difficulty initiating projects having nothing to do with computers and computer chip devices
16. spending an excessive amount of one's disposable income on computers and computer chip devices
17. recurrent computer and computer chip device use that results in a failure to fulfill major role obligations at work, school or at home
18. use of computers or computer chip devices in situations in which it is physically hazardous
19. use of computers or computer chip devices that have resulted in legal problems such as illegally downloading music, gambling or becoming involved in child pornography
20. continued use of computer or computer chip devices despite having interpersonal problems caused by their use
21. the development of clinical distress in the form of significant anxiety and/or depression when prevented from using one's computers and computer chip devices
22. an unwillingness to enter a rehabilitation program despite the existence of sufficient signs and/or symptoms to warrant the diagnosis of a Compulsive Computer Use Disorder

In closing this little foray into the twilight zone I cannot help but wonder if at some time in the future a claim like this will actually come across my desk with a "real" diagnosis of an Obsessive-Compulsive Disorder (300.3), an Adjustment Disorder Unspecified (309.9) or even an Impulse-Control Disorder Not Otherwise Specified (312.30). I'm guessing that waiting to see if that happens will add a little drama to my life.

This is the eighth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the area of workers' compensation and personal injury. If you have not received some or all of our past newsletters, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.

2009 Newsletters

February, 2009 –Litigation problems with the GAF

March, 2009 – Common flaws in psych reports

April, 2009 – The Minnesota Multiphasic Personality Inventory (MMPI)

May, 2009 – Apportioning psychiatric disability in workers' compensation cases and assessing aggravation in personal injury cases

June, 2009 - Subjectively interpreted projective psychological tests

July, 2009 – Sleep disorders and psychiatric injuries

August, 2009 – Posttraumatic Stress Disorder