

THE WETC PSYCHOLOGY NEWSLETTER

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June, 2010
Volume 1, Issue 17

Adjustment Disorders

This month's newsletter discusses Adjustment Disorders, diagnoses that frequently appear in medical-legal reports. Adjustment Disorders are characterized by significant emotional and/or behavioral signs and/or symptoms or complaints, which have occurred in response to one or more identifiable psychosocial stressors. In the most general sense, a psychosocial stressor, or what is often simply called a "stressor," can be considered to be a life event that produces strain or tension that is difficult to endure or manage.

In this regard, at this point it is best to consider the difference between "signs," "symptoms" and "complaints." A "sign" is observable or objective evidence of a disorder. It is something that the doctor sees or hears with their own eyes and/or ears. A "symptom" is synonymous with a "complaint" and is something that the patient tells the doctor that they are experiencing or have experienced. Of course signs and/or symptoms or complaints may or may not be indicative of a psychological disorder. The diagnosis always depends on all of the data, not just what the doctor observes or what the patient complains about.

Having gotten the nature of signs, symptoms and complaints out of the way, it is relevant to note that a stressor may be a single event or a series of events. In order to diagnose an Adjustment Disorder correctly the DSM-IV-TR specifies that the individual must show marked distress in response to that stressor, a response that is excessive for what has occurred and/or a significant impairment in social, occupational and/or academic functioning. Additionally an Adjustment Disorder can only be diagnosed if the pattern of abnormal behavior begins within three months of the onset of the stressful environmental event. Moreover, if the abnormal behavior persists for more than six months after the removal of the stressor, the DSM-IV-TR states that it is mandatory to diagnose

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something besides an Adjustment Disorder. Further, if the disturbance lasts less than six months the doctor is supposed to specify the disorder as being "Acute." If the disturbance lasts more than six months the doctor is supposed to specify the disorder as being "Chronic."

The most frequently diagnosed Adjustment Disorders are: an Adjustment Disorder With Mixed Anxiety and Depressed Mood (309.28), an Adjustment Disorder With Anxiety (309.24) and an Adjustment Disorder With Depressed Mood (309.0). The Adjustment Disorders are diagnosed according to their predominant signs and/or symptoms.

Adjustment Disorder With Mixed Anxiety and Depressed Mood (309.28)

In the case of an Adjustment Disorder With Mixed Anxiety and Depressed Mood (309.28) the predominant manifestation of the Adjustment Disorder is a combination of anxiety and depression. Pathological anxiety and depression may exhibit itself in a multitude of ways.

While everyone has at one time or another experienced anxiety or fears and/or worries, anxiety can be indicative of psychopathology if the individual presents with unrealistic fears and/or worries. Such patients will generally talk about or are said to have themes in their narrative of threat, danger, unpredictability, uncertainty or terror. Behaviorally, they may exhibit signs of fidgeting, restlessness, hand wringing, a strained voice, tremulousness, tension, motor hyperactivity, jumpiness, autonomic hyperactivity, vigilance, scanning and/or poor reality testing. Further, they often complain of a variety of physical symptoms or complaints such as chest tightness or pain, shortness of breath, heart palpitations, racing heartbeats, choking and/or smothering, diarrhea, frequent urination, tingling sensations in the extremities, dizziness, lightheadedness, cold sweats, hot flashes, dry mouth, shaking, jitteriness and/or trembling.

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Everyone gets depressed at one time or another, but pathological depression is typically observed as unrealistic sadness in which the individual may talk about feelings and/or thoughts of worthlessness, hopelessness, helplessness, incompetence, self-reproach, guilt, pessimism, failure, demoralization, a loss of interest in pleasure, and thoughts of death and/or suicide. They also may complain of fatigue, weight changes when not dieting or attempting to gain weight, insomnia, frustration, anger and/or decreased libido. Behaviorally, they often appear with reduced cognitive functioning, psychomotor retardation or agitation, attention deficits, sadness, tearfulness, irritability, indecisiveness and evidence of social withdrawal. A combination of the above signs and/or symptoms, caused by an external stressor that occurred within the last three months, and have not continued for more than six months since the stressor went away is sufficient, when supported by other data obtained during the evaluation, to warrant the diagnosis of an Adjustment Disorder With Mixed Anxiety and Depressed Mood. For purposes of brevity, the comment of “when supported by other data obtained during the evaluation” is true for every diagnosis and will not be repeated in the discussion below.

Finally, in order to diagnose an Adjustment Disorder With Mixed Anxiety and Depressed Mood correctly, it is necessary for the doctor to document the existence of a variety of symptoms to warrant their diagnosis including presenting information in their history of the individual’s complaints with data discussing the qualitative nature of those complaints as well as information about their onset, frequency, intensity and duration. As you might expect, it is also necessary for the doctor to describe their Mental Status Examination observational findings demonstrating that they have observed signs of both depression and pathological anxiety, or at the very least, to explain why some such observations were not made during their examination.

Adjustment Disorder With Anxiety (309.24)

According to the DSM-IV-TR, an Adjustment Disorder With Anxiety (309.24) is diagnosed correctly when the predominant manifestations are signs and/or symptoms of anxiety.

As described above in conjunction with the diagnosis of an Adjustment Disorder With Mixed Anxiety and Depressed Mood, individuals with pathological anxiety generally have themes in their narrative of threat, danger, unpredictability, uncertainty or terror. Behaviorally, they may show fidgeting, restlessness, hand wringing, a strained voice, tremulousness, tension, motor hyperactivity, jumpiness, autonomic hyperactivity, vigilance, scanning and/or poor reality testing. Further, they often complain of a variety of physical symptoms such as chest tightness or pain, shortness of breath, heart palpitations, racing heartbeats, choking and/or smothering, diarrhea, frequent urination, tingling sensations in the extremities, dizziness, lightheadedness, cold sweats, hot flashes, dry mouth, shaking, jitteriness and/or trembling. A combination of the above signs and/or symptoms caused by an external stressor that occurred within the last three months and have continued for not more than six months since the stressor went away is sufficient to warrant the diagnosis of an Adjustment Disorder With Anxiety.

Adjustment Disorder With Depressed Mood (309.0)

According to the DSM-IV-TR, an Adjustment Disorder With Depressed Mood (309.0) is diagnosed correctly when the predominant manifestations presented by the patient are signs and/or symptoms of depression in the form of a depressed mood.

As described above in conjunction with the diagnosis of an Adjustment Disorder With Mixed Anxiety and Depressed Mood, a pathologically depressed mood is exhibited by behaviors and thoughts revealing unrealistic sadness, worthlessness, hopelessness, helplessness, incompetence, self-reproach, guilt, pessimism, failure, demoralization, thoughts of death and/or suicide. There also may be complaints of fatigue, weight changes when not dieting or attempting to gain weight, insomnia, frustration, anger and/or decreased libido as well as signs of reduced cognitive functioning, psychomotor retardation or agitation, attention deficits, sadness, tearfulness, irritability, indecisiveness and evidence of social withdrawal. A combination of the above signs and/or symptoms caused by an external stressor that occurred within the last three months and have continued for not more than six months since the stressor went away is sufficient to warrant the diagnosis of an Adjustment Disorder With Depressed Mood.

The specific DSM-IV-TR diagnostic criteria for all of the Adjustment Disorders are given below.

- A. The presence of behavioral and/or emotional signs and/or symptoms that have formed as a reaction to an identifiable stressor or stressors that has occurred within three months of the onset of the stressor or stressors.
- B. The signs and/or symptoms are evidenced by one of the following:
 - (1) Marked distress that is excessive for what has occurred.
 - (2) A significant impairment in social and/or occupational functioning.
- C. The disturbance does not meet the criteria for another Axis I disorder nor is it just an exacerbation of another DSM-IV-TR disorder.

- D. Bereavement, which is a normal and expectable reaction to the death of a loved one, has been eliminated as a cause of the disturbance.
- E. The signs and/or symptoms have not persisted for more than six months after the removal of the stressor.

In short, every medical-legal report of a psychological or a psychiatric nature should have sufficient data to conform to the DSM-IV-TR criteria for the specific Adjustment Disorder that the doctor has diagnosed. Ideally, that information should come from the patient's history of their presenting complaints, the doctor's Mental Status Examination observations, the objective psychological testing and any supporting medical records or interview data obtained from the patient's friends, relatives and/or co-workers.

This is the seventeenth 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 areas 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.