THE WETC PSYCHOLOGY NEWSLETTER

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Symptoms, Signs and the GAF: A Potential Litigation Problem

In psychology and psychiatry, as well as all other medical disciplines, a "symptom" is defined as a patient's subjective complaint. For all intents and purposes, a synonym for the word "symptom" is "complaint." On the other hand, a "sign" is an observation made by the physician that is objective evidence of a disorder or disease. In psychology and psychiatry, if a patient complains of being depressed, and for example, says to the doctor, "I am depressed," that is a symptom or a complaint. However, once the doctor actually sees some objective evidence of a clinical depression, they have observed a sign of depression. Signs of depression include such things as reduced cognitive functioning, psychomotor retardation or agitation, attention deficits, sadness, tearfulness, irritability, indecisiveness and evidence of social withdrawal. Other signs of a clinical depression are themes in the patient's narrative of worthlessness, hopelessness, helplessness, incompetence, self-reproach, guilt, pessimism, failure, a loss of interest in pleasure, demoralization and thoughts of death and/or suicide. In short, it is one thing for the patient to complain about depression and quite another for the doctor to observe signs of a depression.

In drawing conclusions about a patient's permanent psychiatric disability, the workers' compensation laws require that the conclusion be based on the patient's Global Assessment of Functioning (GAF) score. Psychologists and psychiatrists arrive at DSM-IV-TR psychological diagnoses and determinations of the patient's GAF score after considering as many as five different sources of information. These sources of information are: the patient's life history and their presenting complaints or symptoms, the doctor's observations of the patient's behavior during the Mental Status Examination and the remainder of the face-to-face clinical interview, the objective psychological test data, the content of the patient's medical records and any sources of collateral information in the form of interview data obtained from the patient's relatives, friends and co-workers.

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Unfortunately, a reading of the DSM-IV-TR reveals the definition of the GAF score contains wording that presents a potential problem for drawing conclusions about permanent psychiatric disability. Below find the exact definition of the various GAF scores that appears on page 34 of the DSM-IV-TR. For brevity, GAF scores below 40 have not been included since they are almost never seen in workers' compensation cases.

According to the DSM-IV-TR, a GAF of 100 is defined as:

Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

A GAF of 90 is defined as:

Absent or minimal symptoms (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g., an occasional argument with family members).

A GAF of 80 is defined as:

If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), **no more than slight impairment in social, occupational, or school function** (e.g., temporarily falling behind in school work).

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A GAF of 70 is defined as:

Some mild symptoms (e.g., depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**

A GAF of 60 is defined as:

Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panics attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g., few friends, conflicts with peers or co-workers).

A GAF of 50 is defined as:

Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) **OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).

A GAF of 40 is defined as:

Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) **OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

Note that in all cases, except a GAF of 40, the doctor can arrive at a GAF determination by noting the patient's "symptoms," i.e., the patient's complaints, OR their level of impairment. Unfortunately, the DSM-IV-TR's use of the word "symptoms" is not correct. Clearly, the manual uses "symptoms" to describe what is really all of the data the doctor obtains, including the patient's signs and symptoms, which may or may not be the same. It appears likely that the authors of the DSM-IV-TR did not have workers' compensation litigation in mind when they wrote the book. This creates a potentially huge and costly problem in workers' compensation litigation.

Specifically, if the doctor takes the DSM-IV-TR definition of the GAF literally, they may simply use the patient's complaints to arrive at the GAF score and ignore their own objective observations, the psychological testing data, the medical records and any possible collateral sources of information. However, medical-legal reports written to assess permanent psychiatric disability can be considered to be substantially flawed when they contain a GAF score soley arrived at by using the patient's complaints.

In this regard, a reading of the Schedule For Rating Permanent Disabilities that is mandated for use by Labor Code section 4660 specifies on page 1-13 the steps the doctor is to use to arrive at the patient's GAF score. Essentially, the doctor is explicitly instructed to start at the top of the GAF scale, i.e., a score of 100, and to proceed downward by asking "is either the individual's symptom severity OR level of functioning worse than what is indicated in the range description?" Thus, if the doctor *chooses* to base their GAF conclusions on the patient's symptoms, a literal interpretation of these instructions can be taken to mean that the doctor is free to ignore all of the other data collected and arrive at their determination of a patient's GAF score that is based solely on the applicant's complaints.

It appears likely that the authors of the DSM-IV-TR, as well as the Schedule For Rating Permanent Disabilities, did not take into consideration the true meaning of the word "symptom" and also did not consider that a GAF score is based on *all* of the data collected by the doctor, including the doctor's observations, the testing data, the patient's medical records and any collateral sources of information that are available. To that extent, both the DSM-IV-TR and the Schedule For Rating Permanent Disabilities are substantially flawed, although they are the only diagnostic manual and rating schedule we have.

Of course, when this issue arises the attorneys involved in the case simply have to remind the doctor that symptoms are just complaints and the doctor must take into consideration more than just the patient's complaints in arriving at their diagnosis and the GAF score regardless of what a literal interpretation of the DSM-IV-TR or the Schedule For Rating Permanent Disabilities states.

This is the twentieth 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.