

THE WETC PSYCHOLOGY NEWSLETTER

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October, 2011
Volume 1, Issue 33

Anger: An Overlooked Injury

Patients who have been physically and/or psychologically injured have a variety of signs or symptoms, most typically those of depression and anxiety. When these signs and/or symptoms are extensive and can no longer be considered normal, expectable, reasonable and understandable for what has occurred in the individual's environment they typically are diagnosable as a disorder found in the DSM-IV-TR. However, one very common sign that is not typically diagnosed as a disorder but is often presented by psychologically injured people is anger. In both workers' compensation cases and personal injury cases patient's often appear to be angry because they rightly or wrongly perceive that they have been injured, treated badly by their employer, are not getting better, are being treated poorly by the insurance carrier, being denied medical and/or economic benefits, are being mistreated by their attorneys, have been "unfairly" assessed by doctors, have been poorly treated by their doctors, are running out of money and are misunderstood by their spouses and family members.

Experience has shown that there is a tendency among attorneys, judges, insurance adjusters and even some mental health workers to trivialize anger. Perhaps this is due to the fact that the type of anger I am talking about is not explicitly recognized as a DSM-IV-TR disorder. Moreover, since in most jurisdictions it is necessary to report that a person has a DSM-IV-TR psychological disorder in order to conclude that they have had a psychological or psychiatric injury this situation is somewhat problematic in medical-legal cases. However, as we shall see, this is not necessarily the case.

Before finding out how to diagnose anger as a psychological disorder let's see what we know about it.

One way of looking at anger is to understand that it is often a response to frustration. Stand in someone's way and prevent them from getting what they want and they may get angry. One old saw is that "frustration leads to aggression." While that is certainly true, frustration does not always lead to

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aggression but it frequently produces the emotion of anger. That anger is likely to be experienced by the person as a very strong emotion that may have some physical correlates such as an increased heart rate, an increase in blood pressure and the secretion of adrenaline. Very frequently the angry person finds the cause of their anger in an intentional, personal, and controllable aspect of another person's behavior. Since anger is often a reaction to a perceived threat it has been cited as part of the fight or flight response where the individual must decide whether to engage the threat or simply run away.

Anger may also express itself in facial expressions, body language revealing the underlying emotions, or acts of overt aggression. When the anger constitutes what most would consider an "overreaction" it can negatively affect one's personal or social life and well-being, especially if the emotion is inappropriately directed or expressed.

Angry people often lose their objectivity and cognitive abilities and may cause harm to themselves or others that can interfere or even destroy social relationships. Consider last season's NBA playoffs where a number of players who became frustrated with their inability to perform expressed their anger at their opponents by committing flagrant fouls that if they occurred off the court would probably be considered a crime.

In addition to anger being expressed outwardly at other people or institutions, it may also be turned inward, as the person blames themselves for what has occurred. When this happens, the anger may be found in feelings of guilt and/or the signs and symptoms of a clinical depression. Overall, anger is rarely described as a positive occurrence nor does it usually produce a positive outcome. In this respect, it is like depression and anxiety, two of the most common signs or symptoms of psychopathology.

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With all of the possible negative outcomes of anger it seems inescapable to conclude that it is a sign or a symptom of a psychologically disordered person. Recognizing that aspect of anger, and the high frequency with which it occurs in people who have workers' compensation and/or personal injury lawsuits, it is remarkable that it is not diagnosed and compensated. Certainly, there are many people who have been physically and/or psychologically injured and are in litigation in which the only sign or symptom they exhibit is anger, an anger that is sufficiently intense and prevalent to cause substantial disturbances in their behavior and causes them to function at a lower level, a situation that clearly meets any reasonable definition of a psychiatric disability.

I believe that the reason anger is not a part of many lawsuits is that the practitioners do not know how to present it in their reports. If you look in the DSM-IV-TR under "anger" you will not find an Anger Disorder. The closest you seemingly can come is an Intermittent Explosive Disorder (312.34), which is correctly diagnosed when there is a failure to resist aggressive impulses that results in serious assaultive acts or the destruction of property. However, this condition is obviously rare. Nevertheless, there is an overlooked DSM-IV-TR diagnosis that can be effectively used to diagnose pathological anger, an Adjustment Disorder Unspecified (309.9). This disorder is diagnosed correctly when the person shows a maladaptive reaction to a psychosocial stressor that would not fit one of the other Adjustment Disorders such as an Adjustment Disorder With Depressed Mood (309.0), an Adjustment Disorder With Anxiety (309.24) or an Adjustment Disorder With Mixed Anxiety and Depressed Mood (309.28).

Of course, if the doctor is going to diagnose an Adjustment Disorder Unspecified, just as with the diagnosis of any other DSM-IV-TR psychological

disorder, he or she must have supporting evidence in their report. Thus, they must provide data in their history of sufficient complaints or symptoms to justify the diagnosis. This includes presenting data showing that the applicant's anger is not just a normal response to what has occurred but an abnormal reaction to his or her experiences. The doctor also must provide information concerning the anger's frequency, intensity, duration, onset and course and connect that anger to the work experiences. Also highly relevant are observational signs made during the Mental Status Examination as well as objective psychological testing data and any medical records confirming the diagnosis along with any collateral forms of information that might be available, such as interview data obtained from the patient's friends, relatives and co-workers.

In summary, clinical experience with injured people has shown that because of the frustration they experience in overcoming their injuries and obtaining compensation they may get unrealistically, pathologically or abnormally angry. Worse yet, those feelings may produce a variety of problems for the angry individual. However, even when there are no external difficulties, the anger itself is often debilitating. Overall, when the anger is caused by an industrial injury that has led to litigation, compensation is justified. Although anger is rarely diagnosed or discussed in psychiatric or psychological claims, it seems imperative for attorneys to have the DSM-IV-TR diagnosis of an Adjustment Disorder Unspecified (309.9) on their radar. Now, having read this newsletter, the challenge for applicant attorneys is finding a psychological or psychiatric evaluator who is well informed and/or willing to properly use the diagnosis of Adjustment Disorder Unspecified (309.9) to report that the person has had a maladaptive reaction to a psychosocial stressor that warrants compensation from the legal system as per Labor Code section 3208.3. Similarly, the challenge for defense attorneys is to find a doctor who is sufficiently well-versed in this diagnosis to provide a credible and impartial opinion concerning its validity.

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This is the thirty-third 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.