

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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April, 2018
Volume 1, Issue 111

Diagnostic Criteria for a Posttraumatic Stress Disorder (PTSD)

Unfortunately, many people endure traumatic life events. The manner in which one responds to a traumatic event depends largely on the individual. In the aftermath of traumatic events, people can naturally experience recurrence in the forms of flashbacks, recollections and dreams. In some cases, individuals who have suffered a traumatic event file a claim of a workers' compensation or personal injury. Often times, those individuals are diagnosed with a Posttraumatic Stress Disorder (PTSD).

When a Posttraumatic Stress Disorder is diagnosed by a medical-legal evaluator or a treating physician, their report should contain support demonstrating that the individual met the diagnostic criteria for a PTSD. In fact, a reading of the Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revision (DSM-IV-TR) reveals that Criterion A for a PTSD states in part, the person experiences an event where there was an actual or threatened death or serious injury to themselves or others. Immediately, the reader of a medical-legal report should look for the information in the report that discusses the examinee witnessing or experiencing an event that involved death or serious injury. Then, the reader should continue looking for the data in the doctor's report that demonstrate the examinee met the remaining criteria for a PTSD. In this regard, in order to diagnose a Posttraumatic Stress Disorder correctly the doctor must show that the individual meets the DSM-IV-TR criteria that are given below.

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- A. The person has been exposed to an extreme life-threatening traumatic event in which both of the following were present:
 - (1) The person experienced, witnessed, or was in some other way confronted with an event in which there was an actual or threatened death or serious injury to him or herself or others.
 - (2) The person responded to this event with intense fear, helplessness and/or horror.
- B. The experience of the traumatic event has been persistently re-experienced in at least one of the following ways:
 - (1) Distressing recollections of the event that are both recurrent and intrusive.
 - (2) Distressing and recurrent dreams of the event.
 - (3) Acting and/or feeling as if the traumatic event were recurring including flashbacks of the event in which the person may feel cut off from the episode as it is occurring.
 - (4) When exposed to events and/or thoughts and feelings that resemble and/or symbolize the event, they experience intense psychological distress.
 - (5) When exposed to events and/or thoughts and feelings that resemble and/or symbolize the event, they experience intense physical signs and/or symptoms.

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- C. The individual persistently avoids stimuli associated with the trauma and/or there is a numbing of their general responsiveness, as shown by the presence of three or more of the following:
- (1) The individual makes an effort to avoid thoughts, feelings, and/or conversations associated with the trauma.
 - (2) The individual makes an effort to avoid activities, places, and/or people that bring back recollections of the trauma.
 - (3) The individual displays an inability to recall an important aspect of the trauma.
 - (4) The individual shows a marked diminished interest and/or participation in significant activities that they previously engaged in.
 - (5) The individual feels detached and/or estranged from others.
 - (6) The individual has a restricted range of affect.
 - (7) The individual has a sense of having a shortened future as shown by expectations such as the belief that they will not have a normal life span, career, and/or family.
- D. The individual shows persistent signs and/or symptoms of increased arousal as indicated by two or more of the following:
- (1) Difficulty initiating or maintaining sleep.
 - (2) Irritability and/or outbursts of anger.
 - (3) Difficulty concentrating.
 - (4) Hypervigilance or a state of exaggerated oversensitivity to a class of events the purpose of which is to detect threats.
 - (5) An exaggerated startle response, which is an overreaction to a

sudden and unexpected occurrence.

- E. The disturbances noted above have been present more than one month.
- F. The disturbance noted above causes clinically significant distress and/or impairment in social, occupational and/or other important areas of functioning.

Further, in reviewing the doctor's report and attempting to locate data that demonstrates the patient met the criteria for a PTSD, it is imperative to look for information stating that the symptoms described by Criteria, B, C, and D are present for more than one month. Essentially, a Posttraumatic Stress Disorder *cannot* be diagnosed during the month following the trauma since research indicates that many of the symptoms a person experiences during that first month are normal.

Finally, in diagnosing a Posttraumatic Stress Disorder, the doctor can use specifiers to describe the precise nature of the disorder's presentation. The doctor can specify "acute" if the disorder has been present for less than three months. If the disorder has been present for three months or more, the doctor can specify "chronic." Further, "With Delayed Onset" is specified if the onset of the signs and symptoms of the disorder occurred six months or longer after the stressor.

In summary, it is a known reality that many people experience trauma in their lives. However, the experience of a traumatic event does not necessarily substantiate a diagnosis of a Posttraumatic Stress Disorder. As discussed above, according to the DSM-IV-TR, a PTSD is correctly diagnosed when the criteria found on pages 467 to 468 of that manual are met. In the case of workers' compensation and personal injury reports, it is the doctor's job to put the information in their report demonstrating that the examinee met the criteria for a PTSD.

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