

THE WETC PSYCHOLOGY NEWSLETTER

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"Find the Truth, Tell the Story"

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DSM-5: Winners and Losers

Since the DSM-5 came out at the end of May, 2013 I have written a number of newsletters about the controversies and problems created by that new diagnostic manual. In this regard, one of the leaders of the movement that has rejected the DSM-5 is none other than Dr. Allen Frances, a psychiatrist and a professor emeritus at Duke, who was the chairperson of the DSM-IV and DSM-IV-TR Task Force and in charge of producing both of those diagnostic manuals. In leading the fight against the DSM-5, Dr. Frances has recently written that there are about a dozen petitions and boycotts of the DSM-5 because there is "lots in DSM-5 to be angry at or frightened about."

Another piece of interesting information comes from Dr. Thomas Insel, the psychiatrist who has been the Director or head of the National Institute of Mental Health since 2002. Dr. Insel pointed out in his April 29, 2013 writing on the Internet that many of the changes to be found in the DSM-5 are "contentious" and that the weakness of the DSM-5 is "its lack of validity." In fact, on May 13, 2013 Dr. Insel wrote that he believes that the future of psychiatric diagnoses is a new type of taxonomy or diagnostic system based on genetics, neuroscience and behavioral science but that this is a "long-term undertaking" that will take "years to fulfill." Reading between his lines it appears that it's his opinion that we in the trenches will just have to "make do" with what we have until a better system is available. Of course, this may take 100 or more years, given the rate of progress in neuroscience's ability to understand the brain. In the

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meantime, given the multiple problems in the DSM-5, large numbers of mental health professionals believe that the best way to "make do" is to continue using the DSM-IV-TR. Perhaps the most telling comment about the credibility of the DSM-5 is the decision by the Center for Medicare and Medicaid Services (CMS) to require that all healthcare providers covered by HIPAA use the International Classification of Disease manual (the ICD-10), not the DSM-5 starting in October, 2014.

For those of you who have not been following the DSM-IV-TR vs. the DSM-5 controversy, the major flaws in the DSM-5 include:

1. Stating that a doctor's diagnosis can be based on the patient's complaints and the doctor's subjective judgments in preference to objective diagnostic criteria.
2. Eliminating the Global Assessment of Functioning (GAF) Scale for assessing psychiatric disability and replacing it with the patient's ratings of their subjective complaints.
3. The openly stated rejection of the needs of the legal community in developing the DSM-5.
4. Creating new disorders based on patient complaints and doctor's subjective judgments.

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5. Defining previously observed “normal” behaviors, such as those associated with aging or grief, as psychological disorders.
6. Greatly expanding the number of people that qualify as being mentally ill.
7. Turning everyday concerns into diagnosable mental disorders.
8. Opening the door to increased litigation and claims.

Now here’s how I see the problem in very simple practical terms. Who wins and who loses if the DSM-5 is put into daily use?

Winners

Defense personal injury and workers’ compensation attorneys who will now have more litigation to fight and hence will be much busier and will undoubtedly make more money.

Plaintiff and applicant personal injury and workers’ compensation attorneys who will now have more litigation to file and pursue and therefore will be much busier and will undoubtedly make more money.

Insurance companies who will undoubtedly raise rates as they are forced to pay out more claims and who typically base those rates on keeping a percentage of their “business” as profit.

Claimants of one type or another who will find settlements and judgments increasing in frequency and dollar value as a result of having some newly “discovered” disorders that did not previously exist.

Treating psychologists, psychiatrists and other mental health professionals who will have more people to treat and can collect on bills to the “disordered” as well as various third-party payers, whether or not they are doing so in the context of a claim or lawsuit.

Forensic psychologists and psychiatrists who will have more cases requiring medical-legal examinations and testimony.

Everyone who depends for at least a portion of their income on the medical and/or medical-legal community, down to the person who cleans the community’s offices in the evenings.

The American Psychiatric Association, which Dr. Frances has said is “price gouging” the DSM-5 by charging \$199 because it has “captive buyers” and is “rapidly losing membership dues and drug company funding.”

Losers

Patient’s who will be treated for newly “discovered” disorders with medication that are known to produce undesirable side effects at least some of the time.

Patients who will, for the first time, have to accept diagnoses indicating they are “mentally ill.”

Insurance policy holders who will have to pay more for coverage although this will be spread over all the policy holders, resulting in relatively small and probably “acceptable” increases.

Taxpayers who will have to fund some of the treatment and administrative costs associated with an increase in mental health diagnoses and treatment.

So, the bottom line here seems to be that there are more winners than losers. Additionally, the people who lose, except for those physically or psychologically harmed by medication side effects or having to rethink themselves as being “mentally ill,” can be described as “just putting out a few more pennies per month.” Hey, while I am obviously not a fan of either the DSM-5 or some of the possible results of its publication and use, maybe I shouldn’t throw stones. I remember a friend of mine who was trying to teach me about professional gambling, actually hustling as per Paul Newman the pool player in “The Hustler,” and told me that the first rule to learn was “never wise up a

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sucker!” Maybe those of us in the “professions” are all better off, at least economically, with the non-valid, flawed and highly subjective DSM-5 and should calmly accept it as we whistle on our way to the bank.

In summary, from my perspective, the big winners are the doctors and other treating professionals, the attorneys, the insurance companies, and the American Psychiatric Association. As usual, the big losers are the public in the form of “patients” who will be physically or psychologically harmed by medication side effects or

will have to rethink themselves as being “mentally ill,” as well as mostly everyone who one way or another will have to “just put out a few more pennies per month.” On the other hand, while I am obviously not a fan of either the DSM-5 or some of the possible results of its publication and use, maybe I should just keep quiet and not look a gift horse in the mouth. Of course there is another way of looking at it, which is to say there really is a “right” and a “wrong.”

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