

THE WETC PSYCHOLOGY NEWSLETTER

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Personality Disorders

Much to most people's surprise, a reading of the DSM-IV-TR reveals that there are an indeterminately large number of psychological disorders. When one considers all of the modifiers, specifiers and/or other qualifications that one can attach to the various disorders there are just so many that no one can possibly figure out their number, including the American Psychiatric Association, the publisher.

Given the vast number of DSM-IV-TR disorders, it is well known that many disorders rarely if ever arise in workers' compensation claims and litigation. One such set of disorders is the Personality Disorders. Perhaps they are rarely diagnosed because they are often subtle and difficult to determine in a medical-legal examination. An additional possible reason for their non-diagnosis is that Personality Disorders can present with a variety of symptoms such as depression, anxiety and physical complaints and therefore might be easily confused with a host of the more frequent diagnoses, such as a Major Depressive Disorder, a Depressive Disorder Not Otherwise Specified, an Anxiety Disorder Not Otherwise Specified, an Adjustment Disorder With Mixed Anxiety and Depressed Mood, etc. Unfortunately, in a medical-legal examination it is relatively easy to fail to note that a person's psychological symptoms or complaints are a function of a non-industrial Personality Disorder.

Obviously, if you are a defense attorney or an adjuster, what you want to find is evidence that the individual has a Personality Disorder, which by definition is a pre-existing condition that would, at the very least, require some apportionment in cases where there is some permanent psychiatric disability attributable to an industrial injury. Likewise, if you are an applicant's attorney, what you are rooting for is that there will not be any evidence of a Personality Disorder and therefore the doctor will be more likely to report industrial causality and less likely to find apportionment if there is a permanent psychiatric disability. Similarly, if you are a treating doctor, you just hope that your

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patient does not have a Personality Disorder since that would complicate the industrial psychological treatment, assuming that there is an industrial injury. Of course, if you are an AME, it hardly matters, since like Joe Friday, you are "just interested in the facts, ma'am!"

The above discussion notwithstanding, it can be valuable for everyone involved to have an understanding of Personality Disorders. In this regard, a reading of the DSM-IV-TR reveals that Personality Disorders are lifelong patterns of maladaptive behavior that become evident no later than early adulthood. Personality Disorders are defined as observable enduring patterns of inflexible and pervasive behaviors that occur across a broad range of personal and social situations and lead to clinically significant distress and/or impairment in social, occupational and/or other important areas of functioning. In this regard, in order to diagnose a Personality Disorder correctly, it is necessary to demonstrate that the individual presents with a stable and long-lasting pattern of perceiving, relating to and thinking about the world and him or herself that causes significant functional impairment and/or subjective distress. The DSM-IV-TR defines the 11 different Personality Disorders that are described below. Of course, you will want to consult the DSM-IV-TR for a more full discussion, should you have the need.

Antisocial Personality Disorder (301.22)

Individuals who have an Antisocial Personality Disorder present with a pervasive pattern of behavior that demonstrates a disregard for, as well as a violation of, the rights of others that began in childhood or early adolescence and has continued into adulthood. In non-diagnostic contexts, these individuals are frequently called psychopaths or sociopaths. The correct diagnosis of this

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of this condition requires that the individual present with such features as multiple instances of physical altercations and/or assaults, a failure to conform to social norms, impulsivity, deceitfulness, a reckless disregard for others and a lack of remorse.

Avoidant Personality Disorder (301.82)

An Avoidant Personality Disorder (301.82) is characterized by an all-encompassing or pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to the negative evaluations of others. These individuals usually show such signs as an avoidance of social situations, typically because of a perception of oneself as being inadequate to the task. They also often are preoccupied with thoughts of being criticized or rejected and perceive themselves as interpersonally inept.

Narcissistic Personality Disorder (301.81)

Individuals who have a Narcissistic Personality Disorder demonstrate a pervasive or all-encompassing pattern of behavior showing grandiosity of thoughts and feelings about themselves, a need for admiration and a lack of empathy that occurs in a wide variety of situations. These thoughts and feelings are characterized by such signs as an unrealistic sense of self-importance, a need for excessive admiration, a belief that they are “special,” and a sense of unreasonable entitlement.

Dependent Personality Disorder (301.6)

Individuals who have a Dependent Personality Disorder show a pervasive and excessive dependency on, or a need to be taken care of by, others resulting in submissive and clinging behavior in an attempt to ward off rejection. They also demonstrate a fear of separation from the individuals they depend upon. These behaviors are exhibited in a variety of contexts and shown by such behaviors as difficulty making decisions, a need to be taken care of, a lack of independence, and an unrealistic fear of being alone.

Borderline Personality Disorder (301.83)

According to the DSM-IV-TR, the essential feature of a Borderline Personality Disorder (301.83) is a pervasive pattern of instability in interpersonal relationships, feelings and self-image that are accompanied by marked impulsivity.

In order to diagnose a Borderline Personality Disorder correctly, the individual must present with such signs and symptoms as unstable interpersonal relationships, impulsivity, a fear of abandonment, self-damaging behavior, inappropriate or intense anger, longstanding feelings of emptiness, and major changes in their feelings within short periods of time.

Histrionic Personality Disorder (301.50)

An individual with a Histrionic Personality Disorder presents with evidence of a pervasive pattern of excessive emotionality as well as attention-seeking behavior. These individuals are often said to be “lively and dramatic” and are uncomfortable or feel unappreciated when they are not the center of attention. Additionally, they present with evidence of shallow emotions, excessive concern with their physical appearance, excessive displays of emotion, suggestibility and beliefs that their relationships are more intimate than reality indicates.

Obsessive-Compulsive Personality Disorder (301.4)

As discussed in the DSM-IV-TR, an Obsessive-Compulsive Personality Disorder is correctly diagnosed when the individual presents with a pervasive pattern of “preoccupation with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness and efficiency.” This pattern of behavior must be observable in a variety of contexts with the individual showing at least some signs of a preoccupation with order, perfectionism, an excessive devotion to work, pack-rat behavior, rigidity and stubbornness.

Paranoid Personality Disorder (301.0)

The essential feature of a Paranoid Personality Disorder is an all-encompassing pattern of behaviors that is characterized by suspiciousness and distrust of others accompanied by an interpretation of the motives of others as being malevolent. These individuals are typically wary of people and given to the belief that others will harm, deceive and/or exploit them. They often are suspicious, keep their counsel to themselves, misinterpret benign statements, bear grudges instead of forgiving and over-react to their mistaken perceptions.

Schizoid Personality Disorder (301.20)

The essential feature of a Schizoid Personality Disorder is the presentation of a pervasive pattern of behavior in a variety of interpersonal settings in which the individual shows a detachment from social relationships and a restricted range of emotional expressiveness. These individuals typically appear to have a lack of desire for intimacy, appear indifferent to chances to develop close relationships and seemingly do not derive much satisfaction from familial and/or social groups. Typically they present with a sincere lack of desire for close relationships, prefer being by themselves, have little interest in sexual matters with another person, lack friends and present as cold and detached.

Schizotypal Personality Disorder (301.22)

The essential feature of a Schizotypal Personality Disorder is a pervasive pattern of social and interpersonal deficits that is accompanied by an acute discomfort with close relationships as well as a diminished capacity for those relationships. These individuals also show the presence of cognitive and/or perceptual distortions as well as behavioral eccentricities. Individuals with a Schizotypal Personality Disorder often have odd beliefs or exhibit “magical thinking,” appear eccentric, have unusual perceptual experiences, such as sensing a person who is not there, are given to idiosyncratic expressions that are difficult to understand and lack close friends.

Personality Disorder Not Otherwise Specified (301.9)

This is a catchall or “other” category for doctors who just know the person has a Personality Disorder but for the life of them can’t figure out where they belong, i.e., nothing quite fits. Of course, when this disorder is diagnosed one

possibility is that the doctor has an Obsessive-Compulsive Personality. However, the above notwithstanding, a Personality Disorder Not Otherwise Specified (301.9) is diagnosed correctly when the individual presents with a longstanding and enduring pattern of inflexible and pervasive behaviors that causes significant functional impairment and/or subjective distress but does not fit into one of the above-described ten specific Personality Disorders defined by the DSM-IV-TR.

Summary and Conclusions

In short, Personality Disorders are lifelong patterns of inflexible and pervasive behaviors that occur in a wide variety of situations, and produce clinically significant distress and/or impairment in social, occupational and/or other important areas of functioning. A reading the DSM-IV-TR reveals there are 10 specific Personality Disorders and one catchall category that can be used when the doctor is sure there is a Personality Disorder but cannot fit the patient’s signs and symptoms into one of the 10 specific disorders.

From a legal perspective, if you are a defense attorney, when the doctor finds a Personality Disorder this is likely to put a smile on your face since Personality Disorders are pre-existing conditions that would, at the very least, require some apportionment and at the very most could lead to a finding of no industrial injury. Likewise, if you are an applicant attorney, your hope is that there will not be any evidence of a Personality Disorder, leading the doctor to be more likely to report industrial causality and less likely to find apportionment.

Oh, and by the way, if you don’t see yourself in about half of the disorders above, you’re probably not telling yourself the truth.

This is the twenty-fourth 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.