THE WETC PSYCHOLOGY NEWSLETTER

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November, 2010
Volume 1, Issue 22

Tightrope Walking and the GAF

Forget about whether or not this is really true, let's just assume for the next few pages of discourse that it is.

I recently had a patient who was a tightrope walker in the circus. It was his job to work on the high wire with a bicycle, a balancing pole and pretty girls on his shoulders. He was 38-years old and working at the same job for 26 years when he woke up one morning and knew that it was all over. While he was certain it was, he felt he owed it to himself and his family to check it out. So he went to the big tent and started climbing up the pole to his platform. About halfway up he began to shake with fear and could go no further. He carefully climbed down. That was six months ago and he hasn't considered going up again. He obtained behavioral therapy for a few of those months and the therapist administered state of the art progressive relaxation techniques along with visual imagery training and in vivo desensitization to no avail. Career over. Almost the end of the story.

A few weeks after the fear started he applied for workers' compensation benefits claiming that the years of working at heights had sensitized him to those heights and created a level of anxiety that made it impossible for him to work. If you don't like this story then just assume that during a training session with his troupe he saw a video of a colleague in Germany fall from a height of 35 feet that ultimately left his colleague paralyzed from the waist down. It doesn't matter as long as you accept the fact that the fear is the result of his work.

So now my patient applies for benefits and is sent to me for an AME evaluation. One possible DSM-IV-TR diagnosis is a Specific Phobia (300.29) along with the conclusion that he has achieved Maximum Medical Improvement and a permanent and stationary status. For those of you who have not memorized the entire DSM-IV-TR, a Specific Phobia is diagnosed correctly when the individual shows a persistent and marked fear of some clearly discernible, circumscribed situations or objects. More specifically the individual must exhibit the seven different signs and/or symptoms given below.

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"Is it time to reconsider the GAF as a measure of permanent psychiatric disability?"

A. A marked and persistent fear that is excessive or unreasonable and is brought about by the presence or anticipation of a specific object or situation such as dogs, flying or heights.
B. When exposed to the phobic stimulus there is almost invariably an immediate anxiety response or a Panic Attack.
C. The person recognizes that their fear is excessive or unreasonable.
D. The phobic situation is avoided or else endured with intense anxiety and/or distress.
E. The avoidance, anxious anticipation, or distress of the feared situation interferes significantly with the person's life.
F. In individuals who are less than eighteen years old, the disturbance must have been present for at least six months.
G. The anxiety and/or phobic avoidance associated with the specific object or situation is not better accounted for by another mental disorder.

Obviously, one counter to this diagnosis is that he is not suffering from a Specific Phobia because his fear is not excessive or unreasonable, i.e., who in their right mind would want to walk a tightrope? Thus, maybe one should consider a diagnosis of an Anxiety Disorder Not Otherwise Specified. According to the DSM-IV-TR, this disorder is diagnosed correctly when the individual presents with "prominent anxiety or phobic avoidance that does not meet the criteria for another Anxiety Disorder." Okay, so now we've established he's got some DSM-IV-TR disorder and it was produced by work.

Next step: Of course, in writing my AME report I have to determine his Global Assessment of Functioning (GAF) score. So I look in the table, a copy of which is presented

below, and following the procedure specified in the DSM-IV-TR and the Schedule For Rating Permanent Disabilities (SFRPD) published by the State of California Division of Workers' Compensation, I start at the top level of the GAF scale and work my way down asking myself, "is either the individual's symptom severity OR level of functioning worse than what is indicated in the range description?"

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).

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).

Well, I don't get very far in my journey down the GAF Scale. Consider the patient's "symptoms." Actually, the word "symptoms" is not entirely correct since "symptoms" is synonymous with "complaints." So let's assume that the word symptoms in the GAF and the SFRPD refers to his total clinical presentation so that we can add to his complaints what I have observed, i.e., his "signs," as well as what his medical records and psychological testing demonstrate.

So using this methodology I quickly determine that his GAF is not 100. Obviously, he has some symptoms. However, when I get to 90 I have to stop. In this regard, he does have "minimal symptoms" since he has fear and anxiety if he tries to climb up the pole to the high wire. Nevertheless, other than for walking on a tightrope, he functions well in all areas, is interested and involved in a wide range of activities, is socially effective, is generally satisfied with his life and has no more than everyday problems or concerns.

Ok, so you don't buy a GAF of 90. How about considering a GAF of 80? As per the GAF definition, the rationale for accepting this level is that although he has some symptoms they are "transient and expectable reactions to psychosocial stressors," such as climbing the pole to the high wire. That surely fits, but even if you don't buy 80, certainly his GAF could not be as low as 70 which would require symptoms such as, or analogous to, a depressed mood and mild insomnia, which he obviously does not have.

Now that we've agreed that if we use the GAF criteria for "symptoms" he has no permanent psychiatric disability, let's switch to what comes after

the word "OR" in most of the GAF definitions, namely, his "social, occupational and school functioning." Accordingly, if we look just at his inability to walk a tightrope, he has a serious impairment in occupational functioning. However, the DSM-IV-TR states that this is irrelevant. Specifically, a reading of pages 32 and 33 of the DSM-IV-TR indicates that in order to arrive at a GAF the examiner is to draw their conclusion about the individual's "overall" level of functioning. Clearly, while he no longer can work as a tightrope walker, he certainly has no more than a slight impairment (GAF=80) in "overall" social and occupational functioning for all of the many possible jobs and social activities in which he could become involved.

Additionally, it is interesting to note that the DSM-IV-TR explicitly states that if there is a discrepancy between the GAF score arrived at by looking at the person's symptoms and the GAF score they receive on their "overall" social and occupational functioning, "the final GAF rating always reflects the worse of the two." But, of course, that's not relevant to our tightrope walker who is above a level of 70 on both criteria and therefore has "no ratable disability."

In short, this is a case of a person who has a work-produced psychological disorder and an obvious concomitant permanent psychiatric disability who cannot be assigned a credible GAF score that allows him to get compensated for his work injury. Obviously, there is a problem with using the GAF system to measure disability, which leads to the question, "Is it time to reconsider the GAF as a measure of permanent psychiatric disability?"

This is the twenty-second 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.