



Post-Traumatic Stress Disorder: Workers Compensation Cases

David Pingitore, Ph.D. ABPP



Biography

- › Twenty-seven years clinical experience
- › Licensed, Board Certified Clinical Psychologist
 - Practicing Neuropsychologist
 - CA, HI, ID, NV, OR
- › Medical-Legal Practice – IME, FFD, WC
 - Adult Psychotherapy



Permission

> Post-traumatic Stress Disorder

- Reprinted with permission from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, (Copyright c 2013). American Psychiatric Association. All Rights Reserved.



Acknowledgement

› Acknowledgement and Citation given to the following authors:

- Terrance Keane, Ph.D.
- Lisa Gold, M.D.
- Jaimie Gradus, DSc
- Mardi Horowitz, M.D.
- Dean Kilpatrick, MD et al
- Terri Tanielian & Lisa Jaycox
- Natalie Todak, Ph.D.
- Eric Vermetten, M.D.





COVID-19 PANDEMIC: The Reality

- › Mental/Public Health, Social and Economic Crises
 - Cruel Irony
- › After COVID
 - Workers compensation claims will continue
 - Claims - Unrelated to COVID or related to COVID?
- › Medical-Legal Issues Independent of COVID





"The Plague" 1947

- › Called the "greatest novel" of the post WWII era
- › A tale of one French town where its inhabitants could not accept the reality that it was overcome by a plague.
- › The main character writes,
- › "The whole thing is not about heroics.
- › The only way to fight the plague is with decency"



Presentation Goals:

- › Review Incidence of Epidemic-Generated PTSD in Employees
- › Define Mental Disorders in DSM V
- › Introduce PTSD –Overview, Epidemiology, Clinical Features
- › Highlight DSM V – Diagnostic Criteria
- › Illustrate Diagnostic Issues in Workers Compensation
- › Address Key Issues in Forensic Assessment of PTSD
- › Offer “Take Aways”
- › Present Case Examples
- › Questions and Answers



Psychosocial Impact of Viral Infections Among Health Care Workers

› SARS 2003 Viral Outbreak

- 1 year post episode, Health Care workers in respiratory care had higher level of stress than health care workers in non-respiratory settings.



Psychosocial Impact of Viral Infections Among Health Care Workers

Current Emotional Impact on Health Care Workers

- Exposure to multiple deaths
- Working with limited supplies
- Exposure to human remains
- Other factors



Impairment Evaluations in Workers' Compensation

› Guides to the Evaluation of Permanent Impairment

- Edition - varies by jurisdiction
- Impairment – Loss or change in mental capacity
- Disability - work performance loss
- Causation
 - Predominant
 - Substantial
- Apportionment
 - Relevance for PTSD claims





What is a mental disorder in DSM V?

The following characteristics are present:

- › Dysfunction in the processes that underlie mental functioning (Biological, Psychological).
- › Presence of distress.
- › Disability in social, occupational, or other important area of functioning.
- › Not merely an expectable and culturally sanctioned response to a particular event.
- › Some behaviors (i.e., political, religious, sexual) may not be a mental disorder.



PTSD – Diagnosis, Epidemiology, etc.

- › Trauma Study - a major field in mental health research and treatment.
 - The specter of pandemics
 - Lifetime prevalence of PTSD (US) – 6.8%
 - A vast literature now present

Forensic Examinations and PTSD Claims – Part I

Test your knowledge

The MMPI-2 can diagnose the presence of PTSD in a claimant



The definition of “traumatic” events





Post-traumatic Stress Disorder (PTSD): A Brief Review

- › “Trauma” Recognized for centuries
- › Observations made in wars
- › Post-Vietnam Era from “bad character” to **unique** stress of war
- › DSM III – Inauguration of PTSD Diagnosis
- › Litigation Arena – Increase in “stress claims”

Traumatic Events and Pornography





"Do I know it when I see it?"

- › Certain events are without dispute "traumatic" (i.e., shooting victim of a robbery/near death event)
- › Other events are stressful/unusual but are they "traumatic?" (i.e., robbery without gun)
- › When does "trauma" become a "disorder"
- › When does a "disorder" become a claim for benefits?
- › The Criterion A "Hurdle" in PTSD Diagnosis
- › How does the person react to the event?
- › Does the event produce a "disabling" injury?



Diagnostic features of PTSD

Psychological “trauma” – What is it?

- The Criteria A “Hurdle” Continued
 - How is trauma measured?
 - Unifies many stressors into one condition
 - “Gate keeper” or “catch all” diagnosis?
- Definition: Exposure to actual or threatened death, serious injury, or sexual assault



Post-traumatic Stress Disorder: Diagnostic Criteria

- › Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see corresponding criteria below.

- › A. **Exposure** to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - 1. Directly experiencing the traumatic event(s)
 - 2. Witnessing, in person, the event(s) as it occurred to others.
 - 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, event(s) must have been violent or accidental.
 - 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

- › Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.



PTSD: Exposure to Threats

Kilpatrick, et al, (2013) N= 2953 adults

- › Lifetime exposure to events was 87%.
- › Overall prevalence of PTSD was 5.7% (men) 12.8%(women) lifetime.



Prevalence of PTSD by Sex

Table 4

DSM-5 (%)

Definition	% Male	% Female
Composite event PTSD		
Lifetime	5.7	12.8
Past 12 Months	3.2	7.3
Past 6 Months	3.1	5.3
Same event PTSD		
Lifetime	5.4	11.0
Past 12 Months	3.0	6.2
Past 6 Months	3.0	4.6

**Lifetime DSM-5 Prevalence as a Function of DSM-5 Criterion A Event Exposure -
Table 5**

DSM-5 Criterion A Event	Composite event (%)	Same event (%)
Disaster	10.1	0.4
Accident fire	11.7	0.9
Hazardous chemicals	14.9	1.0
Combat/war zone	10.6	3.8
Sexual/physical assault	15.3	7.3
Witnessed Sexual/physical assault	16.6	1.8
Witnessed dead bodies	15.9	1.4
Family/close friend threat/injury	16.7	2.5
Death due to violence/accident/disaster	13.5	4.3
Work/secondary exposure	17.7	0.2
Any DSM-5 Criterion A event	10.5	9.3



Vietnam Veterans

National Vietnam Veteran Readjustment Survey Study (1988) N=3,016

- At the 15-20 year follow-up, 15% of male veterans and 8% of female veterans met current criteria for PTSD
- 30% of veterans had PTSD at one point in time during the 15-20 year period

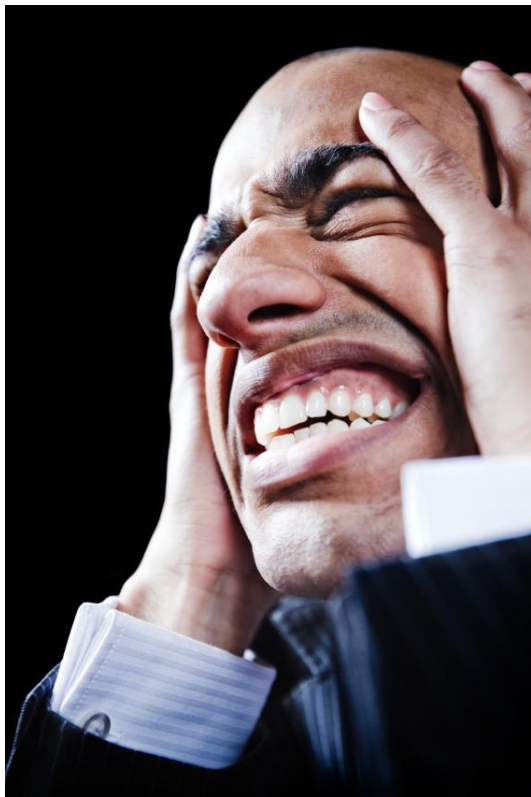


Operation Enduring Freedom / Operation Iraqi Freedom

› “Hidden Wounds of War”

- Cognitive and psychological consequences of deployment
 - Depression
 - PTSD
 - Substance Abuse
 - TBI

› Prevalence of current PTSD was 13. 8%





Sexual Assault Victims

- › 94% of sample met criteria for PTSD
- › 3 months post assault sample reduced to 47%
- › 6 months post assault sample reduced to 40%
- › Studies suggest that 50% of persons are symptom free after 6 months

Correctional Employees

N=355 Washington State DC employees

- › 19% met criteria for PTSD at onset of evaluation
- › Multiple risk factors
- › Equivalent rate to Iraq/Afghanistan veterans



Motor Vehicle Accident Victims

N=48 patients with leg fracture

- 25% of patients with PTSD at 6 weeks post-accident
- 41% remission rate 6 months post-accident





Etiology & Risk Factors: What causes PTSD?

- › Genetic contributions
- › Pre-trauma factors (vulnerability, history)
- › Personality factors
- › Peritraumatic factors (characteristic of stress, length of dissociative response)
- › Post-trauma factors





Post-traumatic Stress Disorder: Diagnostic Criteria

Criteria A: Exposure

- Life Events Checklist
 - Check List/Records/Claimed Injury
- “Hurdle” – Direct exposure, being a witness, learning of event,
- Repeated exposure to events
- No Exposure event = No PTSD Diagnosis
 - Other Psychiatric Condition?



Post-traumatic Stress Disorder: Diagnostic Criteria

B. Presence of one (or more) of the following **intrusion** symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

Note: In children, there may be frightening dreams without recognizable content.

3. Dissociative reactions (e.g., flashbacks) in which the individuals feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)

Note: In children, trauma-specific re-enactment may occur in play.



Post-traumatic Stress Disorder: Diagnostic Criteria

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked psychological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent **avoidance** of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).



Post-traumatic Stress Disorder: Diagnostic Criteria

D. **Negative alterations** in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidence by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").



Post-traumatic Stress Disorder: Diagnostic Criteria

3. Persistent, **distorted cognitions** about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).



Post-traumatic Stress Disorder: Diagnostic Criteria

E. Marked alterations in **arousal** and reactivity associated with the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression towards people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).



Post-traumatic Stress Disorder: Diagnostic Criteria

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g. medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for post-traumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:



Post-traumatic Stress Disorder: Diagnostic Criteria

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from and as if one were an outside observer of, one's mental processes or body (e.g. feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distance or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

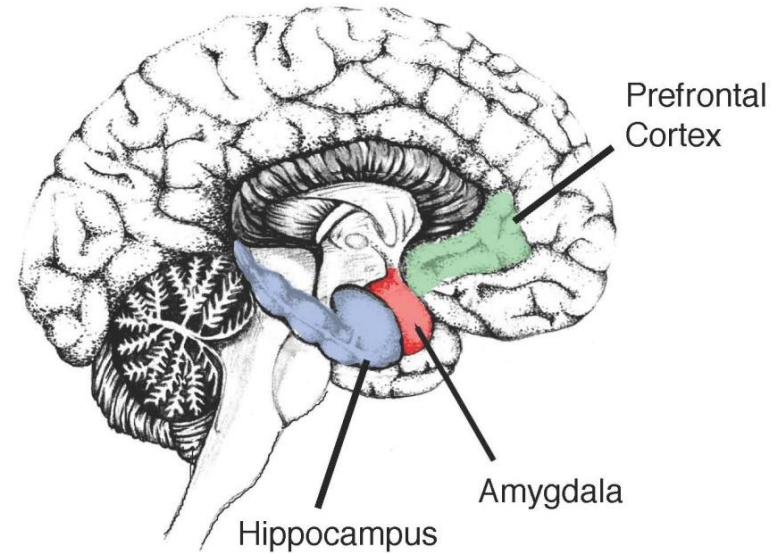
Forensic Examinations and PTSD Claims – Part II

- › Self-Report Measures and Review of the Medical Records can provide a diagnosis of PTSD



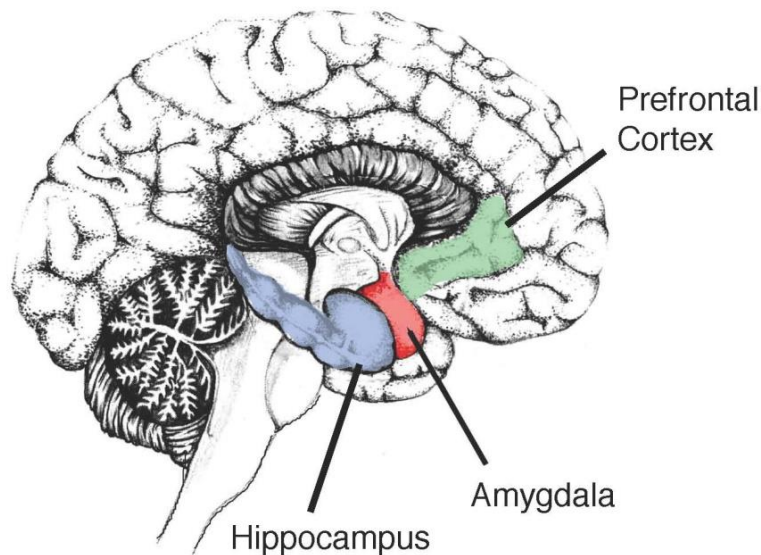
The Biological Framework in Fear Processing and Stress Regulation:

- › Brain circuitry
- › From threatening stimulus to “flight or fight or freeze”
- › Case Example
- › Developmental trajectory of fear and anxiety
- › Brain System Involvement
 - Hippocampus
 - Amygdala
 - Frontal cortex



The Biological Framework in Fear Processing and Stress Regulation: (cont.)

- › Neurohormonal regulation
 - Norepinephrine
- › Psychobiology of fear:
 - stress sensitization
 - fear condition
 - failure in extinction
 - memory function
- › Limits of Biological Frameworks in Litigation of PTSD cla





From the Laboratory to the Job Site:

Phenomenology of PTSD Symptoms:

- › “Going postal”
 - Emotional under-modulation
- › “Back to the wall customer”
 - Emotional over-modulation



PTSD: Challenge in Differential Diagnosis - Related Disorders

- › Panic Attack/Panic Disorder
- › Agoraphobia
- › Social Anxiety Disorder
- › Generalized Anxiety Disorder
- › Adjustment Disorder
- › Personality Disorders

Challenge of Differential Diagnosis

Symptoms -->	Exposure	Distress	Avoidance	Arousal	Dissociation	Altered Mood	Reaction to Stressor
PTSD	X	X	X	X	X	X	X
Panic Disorder		X	X	X	X	X	X
GAD		X		X		X	
Phobia	X	X	X				X
Adjust. Disorder	X					X	X
Personality Disorder		X		X	X	X	?

Forensic Examinations and PTSD Claims – Part III

- › Psychotropic Medication is the First Line Treatment for PTSD

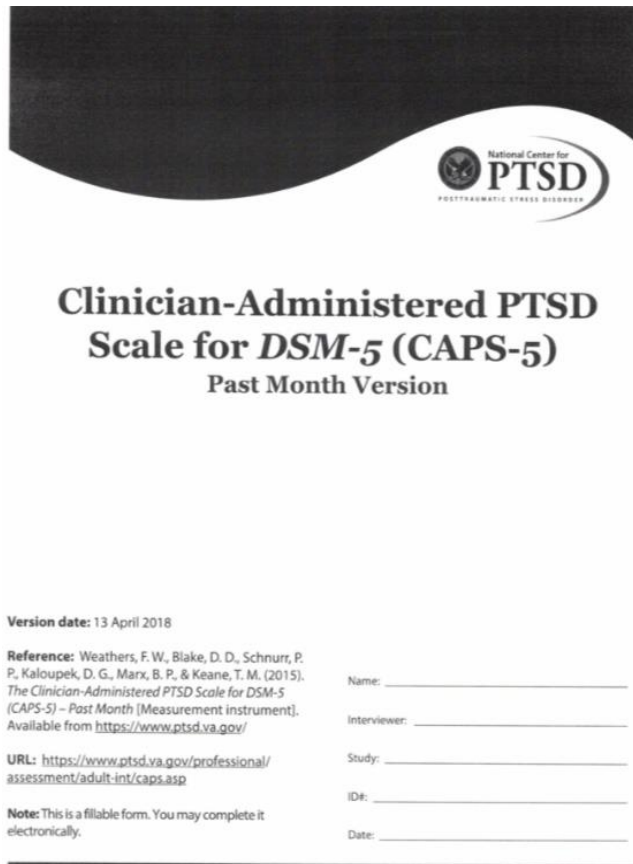







Other Characteristics of PTSD Relevant to Workers Compensation

- › Delayed-type PTSD
 - Patient Delay
 - Doctor Delay
- › Co-Morbid Conditions
- › Differential Diagnosis – Role of the Examiner
- › “Complex” PTSD





Clinician-Administered PTSD Scale for *DSM-5* (CAPS-5) Past Month Version

Version date: 13 April 2018

Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2015). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) – Past Month* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

URL: <https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>

Note: This is a fillable form. You may complete it electronically.

Name: _____
 Interviewer: _____
 Study: _____
 ID#: _____
 Date: _____



Clinician Administered PTSD Scale for DSM-5 CAPS

- › US Dept. of Veteran's Affairs/Center for PTSD Studies
- › 30 Item Diagnostic Interview Schedule
- › Training Required for Administration
- › Well researched
- › Available in the public domain
- › PCL Checklist for DSM-V



Workers Compensation Claims – The Basics

- › Physical/mental
- › Mental/physical
- › Mental/mental
- › Know laws/statutes in each state



Case Example 1

- › 38 year old woman employed as department head in Social Service Agency. Supervised staff that assisted Food Stamp Applicants. Department had a history of high stress relations with Food Stamp Applicants (arguments, profanity, etc.).
- › On DOI Applicant had to assist staff with Food Stamp recipient. Situation became stressful. Applicant was threatened with physical harm.
- › Department head filed psychological claim for PTSD





PTSD CLAIMS– Many Chapters, Many Verses

› Chapter 1 – The Claimant

- “But for XX PTSD would not have occurred”
- Singular life changing event or event that gives life a purpose

› Chapter 2 – Claims Administrator/Counsel

- The “Claim Denied”

› Chapter 3 – The Examiner

- Compensability of evidence
- Quality of the examination and report



Forensic Examination of PTSD: Essential Elements

- › Review of Records
- › Social & Medical History, etc
 - Family, Education, Prior traumas
- › Legal/Criminal/institutional History
- › Psychological Treatment History
 - Past treatment vs. current complaints
- › Discussion of the “Traumatic” Event
- › Mental Status Examination
- › Assessment Protocol
 - Multidimensional/Current Measures
- › Results of Examination
 - Foundation for the expert opinion
- › Medical-Legal Opinion



Case Example 2

- › 60 year old male employed as a service driver. Involved in a motor vehicle accident on city street.
- › Ran off the road to avoid incoming truck of another employer.
- › Struck a child pedestrian (non-fatal injuries) Driver sustained laceration, possible head injury, right shoulder and back injuries. Claim of psychological injury of PTSD ("Saw the truck coming at me! Next thing I knew my truck is on the sidewalk. I hit a kid!!").
- › Former VV who saw combat



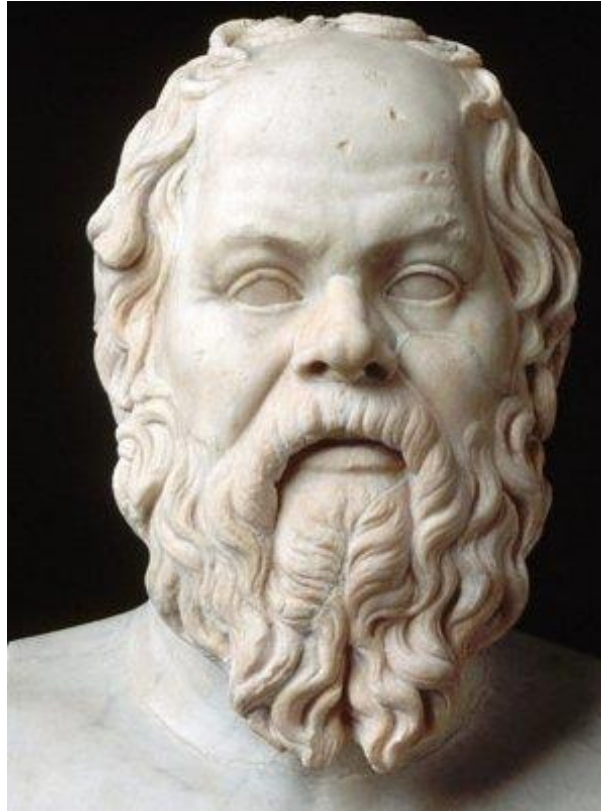
Was this a Traumatic Event?

- › Clinical Examination-Criteria for PTSD
- › Examination of the work event as psychological event, symptom pattern, symptom history
- › Criteria for other condition?
- › Premorbid (Marital Complaints)
- › Military Service History
- › Negligence?
- › Recovery? Recurrence?



Common Errors in Forensic Examination of PTSD

- › Inadequate forensic evaluation of the claimant
- › Failure to properly apply the DSM V PTSD criteria to the claimant
- › Criteria A Hurdle "Reached?"





Forensic Evaluation to R/O Malingering

- › Clinical Examination of the Patient
- › Psychological Assessment
- › Validity Indicators
- › Accuracy of the Patient
- › Counter Transference – The Doctor's "Achilles' Heel"
"All truths are easy to understand once they are discovered. The point is to discover them." Galileo Galilei



Potential Evidence for Exaggerated PTSD Claims

- › Symptom progression
- › Patient endorses suicidal ideation
- › Self report of memory problems vs. memory assessment
- › Self report of sleep disturbance vs. presentation
- › Textbook definitions
- › Vague reporting of symptoms
- › Assessment (i.e., testing) results





Mental Health Treatments for PTSD: Consensus Opinions

- › Pharmacological treatment
- › Psycho-education
 - www.ptsd.va.gov
- › Psychological treatment
 - Published Guidelines
 - Systematic review of studies w/ effective treatment



Questions /Comments



David Pingitore, Ph.D. ABPP

17 Glen Eden Avenue #3

Oakland, CA 94611

(510) 433-7132

www.assessmentdoctor.com