

The Department of Labor and Industries has proposed changes to the Washington Administrative Code in reference to mental health conditions accepted under industrial injury or occupational disease claims. The proposed rule change would amend relevant sections of the administrative code that refer to the Diagnostic and Statistical Manual of Mental Disorders, IV (DSM-IV), its required classification method, and assessment instruments. The changes would implement use of the most current edition of the manual, which is the DSM-5, released in 2013.

As compared with the DSM-IV, the DSM-5 makes changes to several specific disorders, including Post Traumatic Stress Disorder (PTSD). For purposes of the Industrial Insurance Act, the changes to the diagnosis and treatment of PTSD will be the most impactful.

PTSD is no longer classified as an “anxiety disorder,” but instead falls under a new category of “Trauma and Stressor Related Disorders.” The DSM-5 requires exposure to a traumatic or stressful event as a diagnostic criterion. Trauma is defined as exposure to actual or threatened death, serious injury or sexual violence in one or more of four ways: (a) directly experiencing the event; (b) witnessing, in person, the event occurring to others; (c) learning that such an event happened to a close family member or friend; and (d) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders. Actual or threatened death must have occurred in a violent or accidental manner; and experiencing cannot include exposure through electronic media, television, movies or pictures, unless it is work-related.

Under the DSM-5 after a traumatic event is experienced, the following diagnostic symptom clusters are assessed: 1) Re-experiencing; 2) Arousal; 3) Avoidance; and 4) Persistent negative alterations in cognitions and mood.

Re-experiencing refers to spontaneous memories of the traumatic event, recurrent dreams related to it, flashbacks or other intense or prolonged psychological distress. Arousal is marked by aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance or related problems. Avoidance refers to distressing memories, thoughts, feelings or external reminders of the event. Negative cognitions and mood represents myriad feelings, from a persistent and distorted sense of blame of self or others, to estrangement from others or markedly diminished interest in activities, to an inability to remember key aspects of the event.

The DSM-5 only requires that a disturbance continue for more than a month and it eliminates the distinction between acute and chronic phases of PTSD. While the DSM-5 reflects changes in the PTSD classification and criteria, research published in the *Journal of Anxiety Disorder* indicates prevalence rates of the disorder are not expected to be greatly affected.

Please contact Wallace, Klor, and Mann P.C. if you need assistance with adjudicating and litigating mental health conditions. We will keep you advised as to the upcoming changes.