Posttraumatic Stress Disorder in Litigation, Second Edition: Guidelines for Forensic Assessment

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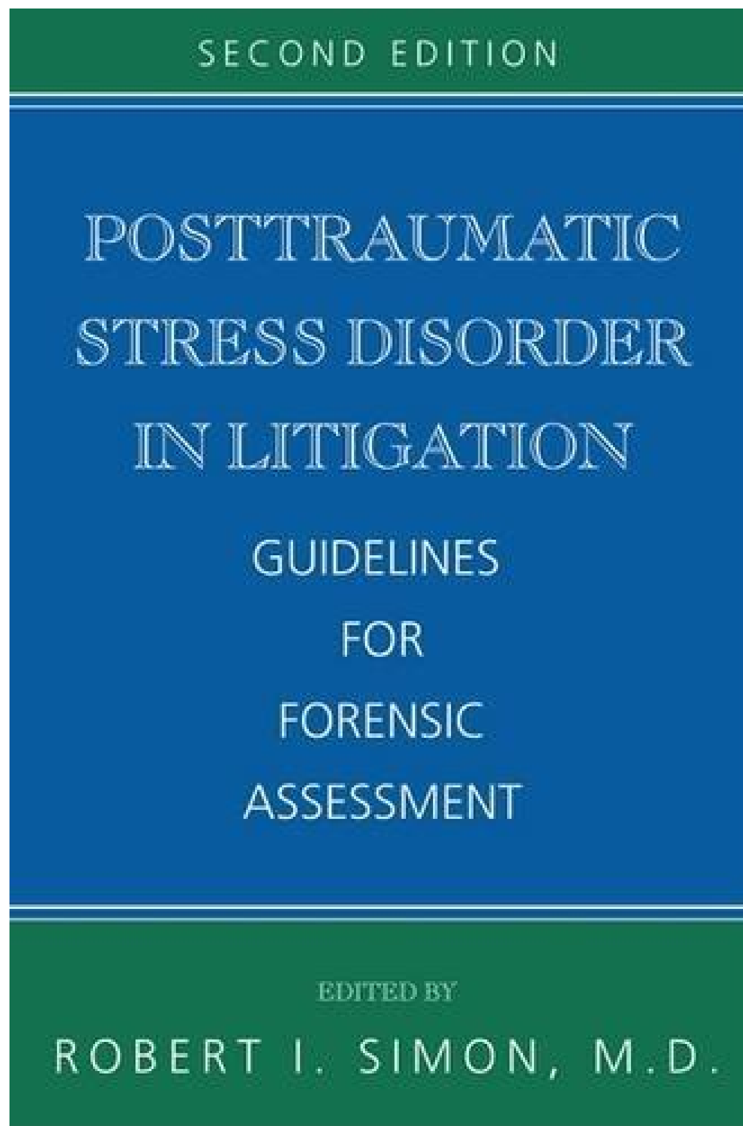

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From Brand: Amer Psychiatric Pub : Posttraumatic Stress Disorder in Litigation, Second Edition: Guidelines for Forensic Assessment before purchasing it in order to gage whether or not it would be worth my time, and all praised Posttraumatic Stress Disorder in Litigation, Second Edition: Guidelines for Forensic Assessment:

6 of 7 people found the following review helpful. GoodBy Pen Name and That AI'm not sure that you get much more out of this book than a reding a combination ofWriting and Defending Your IME Report: The Comprehensive Guide

and A Physician's Guide To Return To Work, and knowing about PTSD.This is a book by multiple authors. In some ways each chapter was just an introductory chapter and should have been followed with more detail.The 8th chapter was "Guidelines for Evaluation of Malingering in PTSD" by Phillip J Resnick. Resnick and James Knoll wrote an article in Psychiatric Clinics of North America (2006. 29: 629-647) entitled "The Detection of Malingered Post-Traumatic Stress Disorder." The journal article is a similar length, covers similar material and is newer.CHAPTER 1: Persistent Reexperinces in Psychiatry and Law.This chapter gives a handy reminder of what hindsight bias is. It discusses PTSD in an insanity defense, but this is better dealt with in later chapters.CHAPTER 2: Recent Research Findings on the Diagnosis of PTSD.The severity of PTSD usually declines over time. (In contradistinction to what Sandy (Alexander) MacFarlane has emphasised recently). However, in technological events, there is some evidence of anger/irritability increasing over time.None of the studies found a threshold effect for the severity of the stressor. Field trials of DSM-IV investigated five different options for the definition of the stressor criterion in the PTSD diagnosis, including eliminatino the definition all together... little effect... rates of PTSD (page 29).Those who reported peritraumatic dissociation were 4.12 times more likely to meet criteria for PTSD at one month and 4.86 times... three months. Implication: so much for horror and etc.Exposure to multiple stressors increases the risk of PTSD following the target event. So, you need to know about psych hx, childhood abuse and family psychiatric history.The author gives a dumb account of compensation neurosis.The author states that PTSD is the most common after-trauma event; I thought it was depression.For some reason, the author lumps a paragraph about biological correlates after the conclusion section and uses the excuse, in the heading, of calling it "future research directions." Go figure.CHAPTER 2. Forensic Psychiatric Assessment of PTSD Claimants.PTSD in DSMI was gross stress reaction (1952) and in DSM II was adjustment reaction of adult life (1968).You need to rule out later trauma as the actual cause of delayed PTSD, etc etc. ASD 2 days to 4 weeks. PTSD 4 weeks or longer. 3 months for chronic. Six months for delayed.In litigation, PTSD causes a presumption of causation. PTSD is a phasic nature, so cross sectional assessments will have problems. The presence of avoidant symptoms will may mask the diagnosis of PTSD. (page 47). False negatives might occur when the person denies the condition because of shame or wish to avoid reexperiencing the event.PTSD reexperiencing symptoms occur in a hierarchy. The more dissociative the symptoms, the more likely to meet the criteria for criterion B.Differential diagnosis: MTBI and postconcussive syndrome. These should start with the event and decline over weeks or months, in contrast to PTSD. In memory loss with PTSD, it is for the most psychologically painful part. In memory loss with HI, it is for the entire event and RA and AA(anterograde amnesia)).A somatoform version of the disorder might exist and often be missed.The author gives the wrong page number for the warning in DSMIVTR that DSM-IV not be applied mechanically by untrained individuals. The real page number is xxxii (not xxiii).Do not overreach the clinical data. You can still get PTSD if you are KOed because you can get PTSD from resus.Subthreshold PTSD can still cause "substantial impairment." Diagnose as anxiety disorder NOS if nothing else will fit.Lifetime prevenence PTSD is 9% and if subthreshold cases were added, it would be 14-15%.Persons with genuine PTSD symptoms are often excluded from the diagnosis because of the absence of the three avoidant symptoms (pg 56).The perception of less psychological support shortly after a trauma was predictive of PTSD... more severe injury did not predict PTSD (pg 60).The eggshell plaintiff. Some people get PTSD symptoms when the stressor clearly does not meet criterion A. For example, marital separation, arrest of teenage children.Hindsight traumatisation of prior perceived nontraumatic events does not accord conceptually with PTSD stressor criteria (pg 62). Eg drinking tainted water.Two hats ethical dilemma. "Convenient focus." Disabilty might be caused by not working, rather than by the PTSD. Best not to have third parties present during the interviewing process.Adaptation is the ability to manage stress without deterioration or decompensation.The norm is for acute PTSD to improve and chronic PTSD to worsen over time (the author said this, but the studies he quoted do not seem to support this conclusion). The three month DSM cut-off time does not seem to be merely arbitary!Recounting the traumatic event as part of litigation can exacerbate the event (pg 78).Claimants are required to mitigate their damage.Factors influincing prognosis of PTSD- dose- nature of trauma- susceptibility- comorbidity (current and lifetime)- acuteness of symptoms at the time of evaluation- concurrent life stressors- family history (antisocial, anxiety)- support- litigation- functional impairmentNote strenghts.CHAPTER 4. PTSD In Children and Adolescents.Note Terr's type I (one-off) and type II trauma. Shame, guilt, loss of trust. Parental response and home life. Startle response a good marker.A bereaved person is usually preoccupied with the lost person ad a traumatised person is usually preoccupied with the scene of the trauma and the violent encounter with death.For a preschooler, separation, loss of home, safety and being fed. For adolescents, morality, ethics, mortality. Erickson.Foreshortened future: plan ahead, risk taking and need for instant gratification.Infants and toddlers lack the neurological matuiry to have explicid (narrative) memory for particular events in their lives.Misattribution: children confuse experience, what they have been told and what they fantacise. Suggestability. Countertransferrence.Ge colatteral. Find out parents knowlege, concerns and need to decrease (guilt) or increase (money) symptoms. Interview 2-4 hours over several sessions. Child will usually need to be seen alone. Chaotic narrative construction.DDx: ADHD, anxiety, grief, malingering. Note resiliency, protective factors, supports, coping skills and what is going well.CHAPTER 5. Forensic Psychological Assessment in PTSD.40%-90% of the population experience a criterion A event. Find out social role function before and after the event.CHAPTER 6.

Disabilty Determination in PTSD LitigationClear association between work impairment/disability and PTSD/impairment has not been demonstrated.If disability has occurred, need to know how and why.AMA guides: ADLs, social functioning, CPP, adaptation. Class I to V.Poor factors: neurotic, passive agressive, avoidance, past trauma. The personality stuff might be more symptom maintenance than preexisting weakness, but. Learned helplessness. Do not want to pathologise soon after accident or will worsen outcome.Typical day. Convenient, face-saving excuse for social problems.CHAPTER 7. PTSD in Employment LitigationAs above for criterion A. Vulnerable/repeated, not need to meet criterion A.If a workplace aggravates or accelerates existing disease, the worker is entitled to compensation, even if it is the straw that broke the camel's back.Inattentiveness, lack of concentration and generalised anxiety may impair work performance and result in disability... safety of self and others (page 177).Explosive outbursts might mean having to work from home. PTSD symptoms related to isolation or avoidance may not create a work-related impairment in an individual whor works out of the home and does not need to interact with others on a regular basis. However, symptosm of irritability and outbursts may create a work-related impairment in an indivudial who has to deal with the public. (Page 181 and 182).Flashbacks, intrusive images and panic attacks in a heavy equipment operator might result in a work-related impairment that endangers the safety of the employee or others (pg 182).CHAPTER 8. Guidelines for Evaluation of Malingering in PTSD.The diagnosis of PTSD is based almost entirely on the claimant's report of subjective symptoms (page 187).Pure malingering, partial malingering (exagerating) and false imputation (attribution).Get colatteral, even by phone. Persons who feel helpless anticipating an event are more likely to develop PTSD. Poor concentraion and insomnia might have been present before the event.Post concussive syndrom: headache, anxiety, emotional lability, poor concentration and memory problems.Antisocial people are more likely to malinger. Sexual dysfunction. Civillian nightmares are on a theme. Service nightmares are exact. Blame...Antisocial PD and PTSD: work, parenting, legal, partner, drug problems, irritability, impulsiveity. Those with malingered PTSD might fear they will harm ohters.CHAPTER 9. Forensic Laboratory Testing for PTSD. Non-combat twins of those with PTSD also had small hippocampusses. So small hippocampus is a vulnerability for PTSD rather than caused by it. How bout that.

The terrorist attacks on the World Trade Center in September 2001 turned PTSD into a household word. But posttraumatic stress disorder has been documented throughout history: For example, as long ago as 1666, Samuel Pepys wrote in his diary that he still had night terrors 6 months after the great fire of London. PTSD, officially recognized as a diagnosis by DSM-III in 1980, is only the most recent term used to describe the suffering of trauma victims.Few could have foreseen its profound impact on litigation. Often dubbed the "black hole" of litigation -- where allegations are relatively easy to assert but difficult to defend because the symptoms are subjective -- PTSD has deeply influenced civil and criminal law in cases ranging from malpractice and personal injury to sexual harassment and child abuse. It is thus vital for all legal parties involved that forensic examiners perform credible psychiatric and psychological examinations of PTSD claimants.Intended to add direction and discipline to the forensic assessment of PTSD litigants, this expanded second edition begins with an updated chapter on current and future trends for the role of PTSD in litigation. - Chapter 2 notes the increasing evidence that exposure to multiple events not only is more common than previously thought but also increases the risk for development of PTSD following the target event.- Chapter 3 details diagnostic criteria and guidelines for the forensic psychiatric examination of the PTSD claimant.- Most literature discusses PTSD in adults. Chapter 4 offers a rare perspective on PTSD in children and adolescents, including parental response to the trauma, developmental effects, and delayed onset symptoms.- Forensic assessment of PTSD claimants is presented in Chapter 5, followed by new chapters on disability determinants (how PTSD impairs occupational functioning) and PTSD in the workplace, where the causal relationship between employment stress and a resulting mental or emotional disorder must be determined.- Chapter 8 covers guidelines for malingering in PTSD, where the claimant may be motivated by financial gain or by a reduced charge resulting from an insanity defense.- A new chapter on forensic laboratory testing in PTSD presents the tantalizing potential of psychophysiologic measurement to redeem the PTSD diagnosis from its daunting subjectivity. This essential collection by 13 U.S. experts sheds important new light on forensic guidelines for effective assessment and diagnosis and determination of disability, serving both plaintiffs and defendants in litigation involving PTSD claims. Mental health and legal professionals, third-party payers, and interested laypersons will welcome this balanced approach to a complex and difficult field.

"A vital resource for any forensics expert who testifies in court to understand lines of questioning by attorneys, as well as for psychological forensics experts who must perform retrospective psychological analyses."- "J. A. Brown, Education America, CHOICE Magazine""The book includes a thorough analysis of the problem areas in the forensic assessment of PTSD litigants. The guidelines proposed in each chapter are practical and clearly written. This book is recommended for both clinicians and attorneys who work in the area of PTSD litigation."- "Psychiatric Services," "April 2005""With some new chapters and added contributors this essential forensic work has risen to an even higher level of usefulness than its predecessor edition. It admirably achieves its goal of promoting sound, scientific and

professional standards for this often-controversial area of litigation. This edition belongs on every forensic shelf."-- "Thomas G. Gutheil, M.D., Professor of Psychiatry, Harvard Medical School; Co-director, Program in Psychiatry and the Law, Massachusetts Mental Health Center""This book is a welcome update to the first edition and provides readers with a thorough, well balanced, and comprehensive view of forensic assessment of individuals claiming psychiatric difficulty secondary to PTSD. The authors are well known and experienced in their respective fields, and are able to relate important and complicated issues in a relevant, easy to understand manner. This work also provides readers with essential guidelines and encourages a scientific approach for the assessment of these complex legal cases. In their attempt to raise the bar for forensic practitioners, the authors provide an invaluable resource for mental health and legal professionals involved in PTSD evaluation and litigation. An extensive list of references at the end of each chapter also provides the reader with links to further relevant information for those interested in exploring the topic in more depth."-- "Steven T. Herron, M.D., Doody's Health Science ", "May 2003""If one can improve on a classic, Dr. Simon has done so in the second edition of his "Posttraumatic Stress Disorders in Litigation". His initial publication in 1995 served as a major aid for forensic psychiatrists and psychologists. His second edition expands on the problems faced by the forensic assessor by including children, employment situations, disability determinations, and the laboratory corroboration for the diagnosis. PTSD is such a complex and often confusing diagnosis that the establishment of guidelines set by Dr. Simon and elaborated by his colleagues is a most welcome and helpful publication for those of us who conduct forensic psychiatric assessments in civil and criminal litigation."-- "Robert L. Sadoff, M.D., Clinical Professor of Psychiatry; Director, Center for Studies in Social-Legal Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania""A vital resource for any forensics expert who testifies in court to understand lines of questioning by attorneys, as well as for psychological forensics experts who must perform retrospective psychological analyses."-- "J. A. Brown, Education America, CHOICE Magazine""The book includes a thorough analysis of the problem areas in the forensic assessment of PTSD litigants. The guidelines proposed in each chapter are practical and clearly written. This book is recommended for both clinicians and attorneys who work in the area of PTSD litigation."-- "Psychiatric Services", "April 2005"From the Inside FlapThe terrorist attacks in September 2001 turned PTSD into a household word. Documented throughout history, posttraumatic stress disorder -- officially recognized as a diagnosis by DSM-III in 1980 -- is only the most recent term used to describe the suffering of trauma victims.Few could have foreseen PTSD's profound impact on litigation. Often dubbed the "black hole" of litigation -- where allegations are easy to assert but difficult to defend because the symptoms are subjective -- PTSD has deeply influenced civil and criminal law in cases ranging from malpractice and personal injury to sexual harassment and child abuse, and has even been used as an insanity defense in criminal cases. It is thus vital that forensic examiners perform credible psychiatric and psychological examinations of PTSD claimants.Intended to add direction and discipline to the forensic assessment of PTSD litigants, this expanded second edition includes new chapters about disability determinations in PTSD litigation, PTSD in employment litigation, and forensic laboratory testing for PTSD. Updated chapters cover current and future trends, recent research findings, forensic psychiatric assessment in claimants, guidelines for diagnosing PTSD in children and adolescents, forensic psychological assessment, and guidelines for evaluating malingering in PTSD.This essential collection by 13 leading U.S. experts sheds important new light on forensic guidelines for effective assessment and diagnosis and determination of disability, serving both plaintiffs and defendants in litigation involving PTSD claims. Mental health and legal professionals, third-party payers, and interested laypersons will welcome this balanced approach to a complex and difficult field.About the AuthorRobert I. Simon, M.D., is Clinical Professor of Psychiatry and Director of the Program in Psychiatry and the Law at Georgetown University School of Medicine in Washington, D.C.