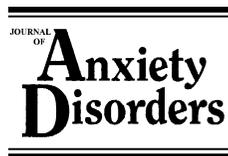




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DSM's cautionary guideline to rule out malingering can protect the PTSD data base

Gerald M. Rosen*

University of Washington, Seattle, WA, USA

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Abstract

DSM-IV cautions clinicians and researchers to rule out malingering when issues of compensation apply. Until this admonition is followed by authors, and enforced by journal editors, there remains the risk that inflated rates of psychiatric morbidity will enter the PTSD data base.

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1. Introduction

Early after introduction of Posttraumatic Stress Disorder, in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; APA, 1980), commentators expressed concern that the disorder could be simulated (Eldrige, 1991; Sparr & Atkinson, 1986). Since that time, reports have documented occurrence of malingered PTSD (Burkett & Whitley, 1998; Lynn & Belza, 1984; Rosen, 1995; Sparr & Pankratz, 1983), and studies have demonstrated how difficult it can be to detect feigned presentations of the disorder (Hickling, Blanchard, Mundy, & Galovski, 2002). With introduction of the fourth edition of

* Present address: 205 Eastlake Center, 2825 Eastlake Avenue East, Seattle, WA 98102, USA.
Tel.: +1 206 322 2700; fax: +1 206 322 5100.

E-mail address: grosen@u.washington.edu.

the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; APA, 1994), a cautionary guideline was provided that recognized these issues when assessing PTSD:

Malingering should be ruled out in those situations in which financial remuneration, benefit eligibility, and forensic determinations play a role. (p. 467)

DSM-IV's guideline to rule out malingering has important implications for how researchers and journal editors conduct their work. There also are consequences to ignoring the guideline. McNally (2003) noted that feigned cases of PTSD can compromise the very integrity of the PTSD data base. Summerfield (1999) similarly cautioned that tainted findings can come to be published as hard evidence.

A review of journal articles on posttraumatic reactions demonstrates that researchers and journal editors have failed to heed the cautionary guideline provided by the DSM. Data on whether assessed individuals are involved in litigation or other compensation seeking is rarely reported. It is as if the issue does not exist. When mention of compensation status is made, there often is no accompanying effort to assess validity of presenting complaints. The reader can confirm these points by referring to any journal containing publications on PTSD. Several examples also help to illustrate the problem.

2. Failure to rule out malingering

Blanchard and colleagues have conducted an extensive research project on assessment and treatment of PTSD among individuals who have experienced motor vehicle accidents (Albany Motor Vehicle Accident Project; Blanchard and Hickling, 1997). Several of the cases at the Albany program are involved in personal injury lawsuits. Further, litigation status has been shown to correlate with diagnostic status (Blanchard et al., 1996). Therefore, one might think that investigators at the Albany program would be alert to the issue of malingering, particularly when they obtain rates of PTSD significantly higher than general epidemiologic findings. For example, Blanchard and Hickling (1997) reported that 44.3% of their sample met criteria for PTSD, while epidemiologic surveys find PTSD rates of 10% among motor vehicle accident survivors (e.g., Breslau et al., 1998; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Despite the high incidence of PTSD at the Albany program, and a confirmed relationship between that diagnosis and litigation status, Blanchard and Hickling (1997) stated, "We made no effort to check on the veracity of our research participants' reports" (p. 186).

Even when the majority of trauma victims are specifically referred by their attorneys, clinicians and researchers have failed to rule out malingering. Consider the work of Yule and associates, who assessed individuals who survived the

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