Forensic Interview: PTSD

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Setting-up Interview – Before Interview

- Read court material & request letter before person attends.
- Ask person to bring significant other, if appropriate.
- Confirm date & time of appointment.
- Create expectation for length of time to interview them.
- Research issues of which you are unsure, but which may be germane to the case.

Setting-up Interview – In Interview

- Client understands that it is a forensic interview and what that means for confidentiality.
- Who you are working for:
  - Who is paying you Vs who you represent
    - (e.g., I (Grant) represent clinical psychology but may be being paid by a particular solicitor)
- Reason & permission to tape interview.
- Expectation of interview length.
- Glasses, fluids, aids, etc. Ask whether they find anything in the room distressing.

Clarifying Diagnosis (Pitman et al., 1996)

- *"the interviewer should begin by asking the claimant to describe the problems he or she has been experiencing, and then should allow the claimant to talk with as little interruption as possible. A claimant who talks for 15 or 30 minutes and hardly mentions a symptom consistent with PTSD, but who answers positively to almost all PTSD symptoms during subsequent direct questioning, should be regarded with justifiable suspicion"* (p. 389)

Clarifying Diagnosis (Pitman et al., 1996)

- *"knowledgeable or coached claimants may know which PTSD symptoms to report, but being able to illustrate them with convincing, personal life details is another matter. The interviewer should not simply take the claimant's word for it that he or she suffers from nightmares or intrusive recollections, but should require the claimant to describe several of these as fully as possible"* (p. 389)

Explicit Criterion A & E Check

- "The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others."
- "The person's response involved intense fear, helplessness and horror."
- Impairment!

Clarifying Diagnosis

- Behavioural observations should concur with reported symptomatology. Incongruence suggests that the symptomatology may be rote learnt.

Clarifying Diagnosis

- Cued, abrupt, and short-lived emotional change is unusual. These should be judged for superficiality.

Clarifying Diagnosis

- Question the litigant as to how he / she came to know of the term Post Traumatic Stress Disorder which may have been stipulated in their declaration / claim.

Clarifying Diagnosis

- Collateral information is sometimes more important than self-report. Get reports from ex-work colleagues, wife, family etc and check for congruence.
- See separately during same session.

Clarifying Diagnosis (Pitman et al., 1996)

- *"There are good reasons to place greater emphasis on outside sources of information in forensic evaluations than in ordinary clinical evaluations. Such sources may either substantiate or cast doubt on the occurrence and severity of the traumatic event, as well as the subsequent emotional disturbance and functional impairment reported by the claimant."* (p. 391)

Clarifying Diagnosis (Pitman et al., 1996)

- *"Common errors leading to the forensic overdiagnosis of PTSD include …failure to consider the contribution of earlier, unrelated traumatic events to the evaluee's illness, with the resulting false attribution to the traumatic event being litigated"* (p. 393)

Clarifying Diagnosis

- Remember: Epidemiologically, depression is more likely than PTSD.
  - Don't be seduced by the lure of "PTSD" and a defined aetiology which leads to compensation.
- Delayed onset: sub-threshold, highly unlikely (if at all) that symptoms were non-existent until a cumulative event.

Delayed Onset?

- Watson et al., 1988: No difference between acute and delayed onset Vietnam Vets on: symptom or event severity, 'repression' or past history of stress.
- Andrews et al., 2007: "Studies consistently showed that delayed-onset PTSD in the absence of any prior symptoms was rare, whereas delayed onsets that represented exacerbations or reactivations of prior symptoms accounted on average for 38.2% and 15.3%, respectively, of military and civilian cases of PTSD."

Assessment Measures

- Only use assessment measures once an initial diagnostic interview has been conducted.
  - Ask whether they've ever completed one before;
  - Take with breaks;
  - Use clinician or / and self-report? (e.g., CAPS, PCL, PDS)
    - But: these only measure PTSD (SCID?)
  - MMPI-2 ??

Clarifying Diagnosis

- "Marked" elevation on all subscales of self-report instruments without evidence of occupational / relationship / social impairment is highly unusual.
- Compare, where possible, with non-clinical norms, and also outpatient and inpatient norms.

Safety

- Tape interview
- Get signed consent that interview = forensic & that X organisation are the client
- Sit nearest door
- Check client grounded at end of session
  - & explain what happens next
- Check need for referral for tx (Forensic does mean a neglect of professional responsibilities)

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Damage?

- Eggshell Skull
- Exacerbation vs pre-existing
- % disability vs functional incapacitation
- Prognosis: probability?

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Report

- Detail documents you have read before and after the interview
- Detail the place, time and length of interview
- Reference axiomatic thinking in the report with academically defensible citations.
- Explicitly state areas not of your expertise and leave alone.

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