

Evaluation of PTSD with Dissociative or Recovered Memory Clients and Plaintiffs

Constance J Dalenberg, Ph.D.

Alliant International University

All

Why should the evaluation be different than for PTSD in continuous memory cases?

- The likelihood that the recovered memory issue will overwhelm and distract from the PTSD issue.
 - Enhanced suspicion of malingering
- The likelihood of a more complex PTSD presentation.

Evaluating the recovered memory component of the claim

- Therefore the PTSD RM client must be evaluated regarding the RM as well as the PTSD
 - Against the alternative hypothesis of malingering
 - Against the alternative hypothesis of suggestion
 - Against the alternative hypothesis of voluntary withholding
 - Against the alternative hypothesis of re-evaluation

Establishing the scientific acceptability of recovered memory

- A common defense strategy in a forensic case is to argue that the plaintiff must be mistaken or malingering simply because recovered memory does not exist.

Initial support for the recovered memory concept

- The majority of psychologists, both pure clinicians and research psychologists, accept the existence of recovered memory.
- ALL research thus far published directly comparing the accuracy of recovered and continuous memories of trauma find equal accuracy.
- ALL research thus far investigating the authenticity of recovered memory find that it is more likely than not to be substantially accurate.

Dammeyer et al. results

Trauma can be forgotten and remembered	
Not likely (1-2)	4
Possible (3-4)	3
More likely than not (6-7)	14
Very likely (8-10)	74
Trauma can be repressed and recovered	
Not likely (1-2)	2
Possible (3-4)	14
More likely than not (6-7)	19
Very likely (8-10)	58

American Psychological Association Working Group on the
Investigation of Memories of Childhood Abuse

- Most people who are sexually abused remember all or part of what happened to them.
- However, it is possible for memories of abuse that have been forgotten for a long time to be remembered. The mechanism(s) by which such delayed recall occur(s) is/are not currently well understood.

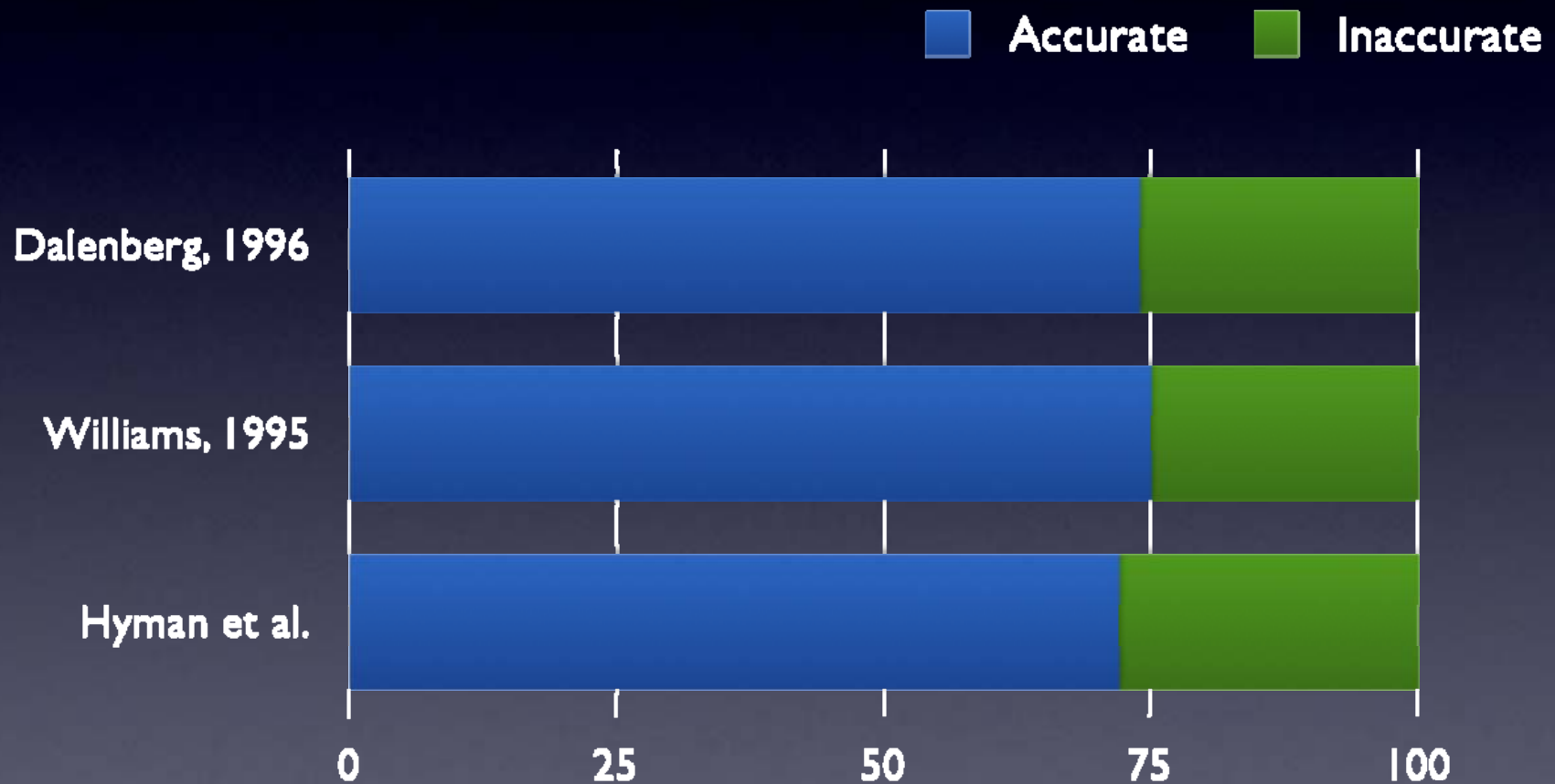
Prevalence studies

- Brewerton et al. 1999: 3006 women in third wave of National Women's Study
- Briere & Conte, 1993: 450 sexually abused patients referred by therapists
- Carlson et al. 1997: 217 consecutive admissions to psychiatric hospital
- Elliott, 1997: 505 general population study
- Epstein & Bottoms, 2002: 1400 college women
- Wilsnack et al. 2001: 711 national probability sample

Types of accuracy studies

- Williams (1995) who compared reports of women to the hospital records obtained 17 years earlier.
- Dalenberg (1996) who interviewed the women and their alleged perpetrators

Accuracy rates across studies



The Loftus/Hyman paradigm

- Ask subjects if they recall 4 events, typically 3 that are true and 1 that is false.
- Tell them that the events were given to the researcher by the subjects parents (true for 3 of the events)
- If they do not remember the event, ask them to think about it and return.

Hyman results

- Hyman et al. 1995
 - Recovered memories twice as likely (2.22) to be true than false
- Hyman & Billings, 1998
 - Recovered memories almost twice as likely (1.81) to be true than false

Melchert & Parker, 1997

	PA	SA
Because I simply had no memories	0	0
If I remembered, I would feel terrible, so I pushed it out	14.3	20
Because I didn't want to think about it	28.6	15
Because I was afraid to remember it	14.3	15
I don't know why	28.6	35
Other	14.3	15

The possibility of accurate recovered memory does not guarantee the accuracy of this recovered memory

- The purpose of the initial statement regarding recovered memory accuracy is merely to set aside the argument that the memory can be automatically discarded
- A statement regarding the ultimate issue (did it happen) is not the job of the psychologist

Recovered memory characteristics

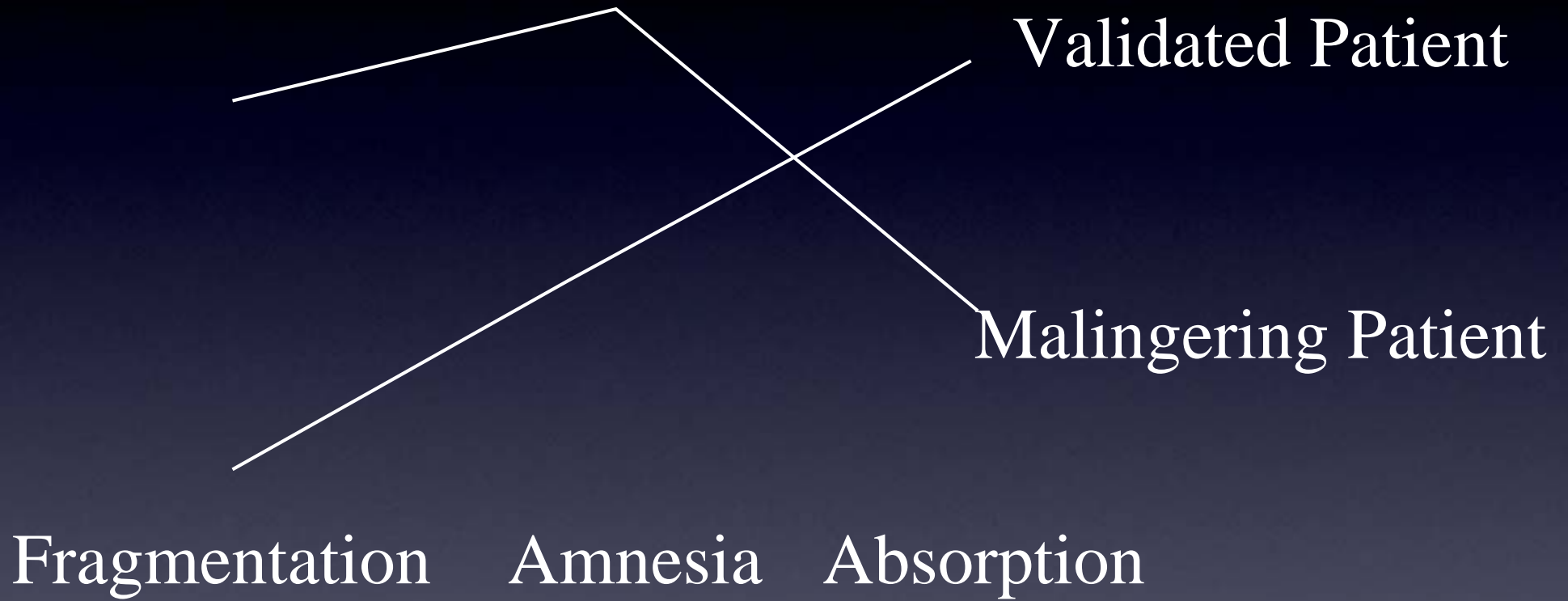
- One can, however, establish a match or mismatch of the characteristics of memory recovery to those in the literature
 - An emotional match
 - A schema match
 - Surprise
 - Negative affect

Recovered memory characteristics (cont.)

- Personality characteristics in keeping with the original loss of the memory
 - Avoidance (DAPS: Briere)
 - Alexithymia (TAS: Bagby)
 - Dissociation (DCS: Dalenberg & Carlson)
 - Shame (low social support)

Malingering assessment

- Supplement F with Fp and Fptsd
- Use PTSD assessments with validity scale (e.g. Briere's Detailed Assessment of Posttraumatic States)
- Use additional malingering scales (TOMM: Test of memory malingering)
- Use the DES/DCS factor scores



Cognitive testing

- Consider analysis of subtests of WAIS and WMS
- Research by Vasterling and colleagues has shown undermining of cognitive functioning in PTSD

Physiological testing

- Consider monitoring of HR and HRV during rest, brief stress, and narration of trauma

Inclusion of additional variables

- MDI or other measure of dissociative disorder
- Hamilton or other measure of depressive disorder
- A measure of character pathology (such as the A-II or SCID-II)
- ISI or other measure of shame
- CDS or other measure of cognitive distortion
- GEDM or other measure of emotional dysregulation
- assessment of drug/alcohol use

Case studies: John v David

- John
- Abuse by priest
- Fight with Fa, anger mixed w/ fear. Stormed off as F ordered him to behave in a way he felt was wrong.
- STATE and EVENT MATCH
- David
- Abuse by priest
- Workshop on priest abuse. Phrase that had repeated in his head before this w/s was spoken in w/s. Felt immediately

What did you feel upon memory return?

- John
- Surprised, stunned, overwhelmed, highly reactive, frightened, angry
- David
- Angry, relieved to know reason for poor life outcomes, unsurprised

MMPI results

- John
- High on D, Pa
- Ns on F, Fp, Fptsd
- Moderate elevation on F

- David

- High on Pa, Sc, Ma, Hy

Cognitive results

- John
- VIQ = 124
- PIQ = 108

- David
- VIQ = 104

Dissociation and Alexithymia

- John
- Alexithymia +
- MDI -
- DCS
 - Abs +
 - Frag -
 - David
 - Alexithymia +

Personality scales

- John
- DAPS+
- Avoidance +
- IAI +, Hamilton +
- CDS+
- Mixed PD: Dependent
- David
- DAPS

Thank you.

cdalenberg@alliant.edu