PTSD-MMPI

1. Allen SN. Psychological assessment of post-traumatic stress disorder. Psychometrics, current trends, and future directions. Psychiatr Clin North Am 1994 Jun;17(2):327-49.
   Notes: REVIEW ARTICLE: 131 REFS. JOURNAL ARTICLE REVIEW REVIEW, TUTORIAL Eng
   Abstract: As is clear from the foregoing, our knowledge of psychometric assessment of PTSD has expanded greatly. There are now many instruments with known psychometric properties that are helpful in elucidating aspects of PTSD, such as comorbidities with other psychiatric conditions and potential factors in PTSD vulnerability or resistance. The old standards, such as the SCID, IES, M-PTSD, PK-MMPI, have shown their utility and significantly advanced the field. Several newer measures (the Penn Inventory, CAPS, PTSD-I) will significantly improve clinical and research applications. Exploration of little quantified aspects of PTSD, e.g., cognitive functioning, with established techniques (WAIS-R, Wisconsin Card Sort, California Verbal Learning Test) and technology (Stroop interference, Rorschach, odor-induced EEG changes), holds promise for improving comprehensive assessment. Much work remains to be done, especially in adapting the instruments well known in a combat-related PTSD setting to civilian-related trauma. Normative data bases need to be developed. Further, efforts must be made to explore carefully possible gender and racial/cultural influences on the assessment of PTSD.

2. Alvarez WA and Shipko S. Alexithymia and posttraumatic stress disorder [letter; comment]. Comment on: J Clin Psychiatry 1990 Jun and 51(6):243-7. J Clin Psychiatry 1991 Jul;52(7):317-9.
   Notes: COMMENT LETTER Eng

3. Bailey JE. Differential diagnosis of posttraumatic stress and antisocial personality disorders. Hosp Community Psychiatry 1985 Aug;36(8):881-3.
   Notes: JOURNAL ARTICLE Eng

4. Berk E; Black J; Locastro J; Wickis J; Simpson T, and Penk W. Traumatogenicity: effects of self-reported noncombat trauma on MMPIs of male Vietnam combat and noncombat veterans treated for substance abuse. J Clin Psychol 1989 Sep;45(5):704-8.
   Notes: JOURNAL ARTICLE Eng
   Abstract: A recent review of the literature on Post-Traumatic Stress Disorder (PTSD) and the MMPI has shown that all previously published studies have been limited to clinical groups whose trauma occurred in Vietnam combat. The purpose of this study was to test hypotheses that predict higher MMPI and PTSD scale scores among combat veterans who differ in degrees of noncombat traumas. Results support predictions. Those who reported more noncombat traumas attain significantly higher MMPI scores for scales F, Hypochondriasis, Hysteria, Psychopathic Deviate, Psychasthenia, Schizophrenia, Mania, Social Introversion, and an MMPI PTSD score (Keane, Malloy, & Fairbank, 1984). Moreover, noncombat effects are manifested differentially: Combat veterans with higher noncombat trauma evidence greater social withdrawal, whereas noncombat veterans who report higher noncombat trauma are characterized by higher anxiety. MMPI elevations were progressively higher as groups increased in degrees of combat and noncombat trauma: noncombat and low combat trauma veterans were the better adjusted, and combat veterans with higher noncombat trauma were the worst adjusted. Results provide descriptive validity for PTSD as a construct and underscore the importance of assessing frequency and intensity, as well as types of traumas and stresses, in the background histories of substance abusers and other clinical groups as well.

5. Burke HR and Mayer S. The MMPI and the post-traumatic stress syndrome in Vietnam era veterans. J Clin Psychol 1985 Mar;41(2):152-6.
   Notes: JOURNAL ARTICLE Eng
   Abstract: MMPI profiles of Post-traumatic Stress outpatient and newly admitted Random Psychiatric inpatient veterans are practically identical, which indicates the severity of delayed response to stress in Vietnam veterans, especially those from urban, disadvantaged environments.

6. Burloux G; Forestier P; Dalery J, and Guyotat J. Chronic pain and posttraumatic stress disorders. Psychother Psychosom 1989;52(1-3):119-24.

Notes: JOURNAL ARTICLE Eng
Abstract: The paper reports on the role of consultation-liaison psychiatry in a pain clinic, where posttraumatic disorders are prevalent. An original approach to consultation is described.

7. Cannon DS; Bell WE; Andrews RH, and Finkelstein AS. Correspondence between MMPI PTSD measures and clinical diagnosis. J Pers Assess 1987 Winter;51(4):517-21.
Notes: JOURNAL ARTICLE Eng
Abstract: Correspondence of the Minnesota Multiphasic Personality Inventory (MMPI) posttraumatic stress disorder (PTSD) subscale and the clinical scale decision rules reported by Keane, Malloy, and Fairbank (1984) with clinical diagnoses of PTSD was measured on a sample of 595 veterans. The measures demonstrated good sensitivity and selectivity, but the false-positive rate was high. It is suggested the MMPI measures be used to rule out, but not to establish, the diagnosis of PTSD. The construct validity of the PTSD subscale was supported by the finding of a higher mean score in combat than noncombat veterans.

8. Chaney HS; Williams SG; Cohn CK, and Vincent KR. MMPI results: a comparison of trauma victims, psychogenic pain, and patients with organic disease. J Clin Psychol 1984 Nov;40(6):1450-4.
Notes: JOURNAL ARTICLE Eng
Abstract: Made comparison using MMPI T scores on three private psychiatric sub-populations: Post-trauma patients, patients with organically based illness, and patients with psychogenic pain (complaints functional in origin) (N = 78). The standard 3 validity and 10 clinical scales were used to evaluate possible differences among the groups. Differences were presented among the groups on scales 3 (Hy), 9 (Ma), and (F). Individual profiles also were assessed. In patients with a 1-3/3-1 profile, the psychogenic group had significantly higher elevation over the post-trauma and organic groups. In patients with 8 (Sc) or 9 (Ma) high both with and without 1-3/3-1 high, differences were found; the post-trauma and organic groups showed marked elevation over those in the psychogenic group. Results indicate the MMPI to be a viable aid in distinguishing between patients with post-trauma stress disorder vs. those with functional disorders. The data suggest that MMPI profiles of patients with post-trauma stress disorder more closely resemble the MMPI profiles of patients who have organic disease with pain caused by organic pathology than the profiles of patients with psychogenic pain and/or hypochondriasis.

9. Dutton MA; Burghardt KJ; Perrin SG; Chrestman KR, and Halle PM. Battered women's cognitive schemata [published erratum appears in J Trauma Stress 1994 Jul;7(3):503]. J Trauma Stress 1994 Apr;7(2): 237-55.
Notes: REVIEW ARTICLE: 61 REFS. JOURNAL ARTICLE REVIEW REVIEW, TUTORIAL Eng
Abstract: This study examined battered women's cognitive schema in relation to their cognitions about violence (i.e., the meaning attached to the violence), post-traumatic reactions to violence, and sexual victimization histories. Seventy-two battered women seeking help from an outpatient family violence clinic were subjects. The meaning of the violence (e.g., expectations of recurrent violence and of severe/lethal violence, causal attribution) was found to explain variance in cognitive schemata about SAFETY, SELF, AND OTHER (McCann and Pearlman, 1990a). All measures of cognitive schemata were significantly related to various global and specific measures of posttraumatic stress (GSI, MMPI-PTSD, IES). No differences were found for cognitive schemata based on histories of sexual victimization. Results point to the importance of assessing the impact of traumatic experiences on core cognitive beliefs as a component in the constellation of post-traumatic sequelae.

10. Engdahl BE; Speed N; Eberly RE, and Schwartz J. Comorbidity of psychiatric disorders and personality profiles of American World War II prisoners of war. J Nerv Ment Dis 1991 Apr;179(4):181-7.
Notes: JOURNAL ARTICLE Eng
Abstract: To characterize the effects of trauma sustained more than 40 years ago, prevalence of psychiatric disorders and personality dimensions were examined in a sample of 62 former World War II POWs. The negative effects of their experiences are reflected in their multiple lifetime diagnoses and in their current personality profiles. Fifty percent met DSM-III posttraumatic stress disorder (PTSD) criteria within 1 year of release; 18 (29%) continued to meet the criteria 40 years later at examination (chronic PTSD). A lifetime diagnosis of generalized anxiety disorder was found for over half the entire sample; in 42% of those who never had PTSD, 38% of those with recovery

from PTSD, and 94% of those with chronic PTSD. Ten percent of those without a PTSD diagnosis had experienced a depressive disorder, as had 23% of those with recovery from PTSD and 61% of the POWs with chronic PTSD. The combination of depressive and anxiety disorders also was frequent in the total sample (61%). Current MMPIs of three groups with psychiatric diagnosis were compared with those of POWs who had no diagnoses and with a group of Minnesota normal men. Profile elevations for the groups, from highest to lowest, were: POWs with chronic PTSD, POWs with recovery from PTSD, POWs with other psychiatric diagnoses, POWs with no disorders, and Minnesota normal men. Symptoms of anxiety, depression, and somatic concerns combined with the personality styles of suppression and denial characterize the current adjustment of negatively affected POWs.

11. Fairbank JA; McCaffrey RJ, and Keane TM. Psychometric detection of fabricated symptoms of posttraumatic stress disorder. Am J Psychiatry 1985 Apr;142(4):501-3.
Notes: JOURNAL ARTICLE Eng
Abstract: Vietnam veterans with posttraumatic stress disorder and two groups instructed to fabricate its symptoms completed the MMPI. A discriminant function analysis of selected scale scores and an empirically derived decision rule successfully classified over 90% of the subjects.

12. Gayton WF; Burchstead GN, and Matthews GR. An investigation of the utility of an MMPI posttraumatic stress disorder subscale. J Clin Psychol 1986 Nov;42(6):916-7.
Notes: JOURNAL ARTICLE Eng
Abstract: This study attempted to cross-validate an MMPI subscale designed to diagnose posttraumatic stress disorder (PTSD). The PTSD subscale scores of 19 Vietnam combat veterans with a diagnosis of PTSD were compared to those of 40 Vietnam era veterans with a psychiatric diagnosis other than PTSD. Diagnostic hit rates were considerably lower than those reported in the original investigation despite several attempts to control for misdiagnosis.

13. Goldstein G; van Kammen W; Shelly C; Miller DJ, and van Kammen DP. Survivors of imprisonment in the Pacific theater during World War II. Am J Psychiatry 1987 Sep;144(9):1210-3.
Notes: JOURNAL ARTICLE Eng
Abstract: Data were obtained from 41 survivors of imprisonment by the Japanese during World War II. Interview data suggested that these individuals, despite the 40 years that had passed since their prisoner of war experiences, showed manifestations of posttraumatic stress disorder, notably a sleep disturbance marked by recurrent nightmares. MMPI data suggested significant pathology, characterized as an anxiety state, in this group. Half of the subjects met the full set of DSM-III criteria for posttraumatic stress disorder.

14. Hickling EJ; Sison GF Jr, and Vanderploeg RD. Treatment of posttraumatic stress disorder with relaxation and biofeedback training. Biofeedback Self Regul 1986 Jun;11(2):125-34.
Notes: JOURNAL ARTICLE Eng
Abstract: This study investigated the use of biofeedback and relaxation training on six patients with posttraumatic stress disorder (PTSD) referred routinely for biofeedback treatment in a VA medical center. Subjects received between 8 and 14 sessions of training overall, as well as concurrent individual and group therapy. Measures used to assess treatment outcome include pre- and posttreatment MMPI, State-Trait Anxiety Inventory, Beck Depression Inventory, and Multidimensional Health Locus of Control scores, as well as electromyographic and subjective measures of tension within each session. Additionally, an overall posttreatment clinical rating of change and 1- to 2-year follow-up data were obtained for each subject. Slight to marked improvements were demonstrated for each subject, as evidenced by improvements on the State Anxiety Inventory Scale and the Beck Depression Inventory, a decrease in overall MMPI scores, and lowered EMG and subjective tension ratings for all participants. Possible alternative explanations for improvement (situational demand characteristics, regression toward the mean, lack of independent subject evaluation) are described, along with other study limitations. This preliminary investigation suggests that the use of relaxation training and biofeedback may be a particularly useful component within a comprehensive treatment program for this disorder.

15. Hillary BE and Schare ML. Sexually and physically abused adolescents: an empirical search for PTSD. J Clin

Psychol 1993 Mar;49(2):161-5.
Notes: JOURNAL ARTICLE Eng
Abstract: Recently, clinical manifestations of post-traumatic stress disorder (PTSD) in children and adolescents have been investigated, yet little is known about its assessment or diagnosis. Few empirically based studies appear in the PTSD literature on non-adult populations. Data were collected from 19 physically and sexually abused adolescents (aged 13-18 years) who were living in a group home setting. Subjects were administered the MMPI, Beck Depression Inventory (BDI), and Spielberger State Trait Anxiety Inventory (STAI). Results suggest that the subjects were moderately depressed and anxious, but that these adolescents did not manifest significant symptomatology of PTSD similar to that seen in adult, civilian PTSD populations using comparable MMPI measures. Implications of these findings for assessment purposes are discussed.

16. Hovens JE; van der Ploeg HM; Klaarenbeek MT; Bramsen I; Schreuder JN, and Rivero VV. The assessment of posttraumatic stress disorder: with the Clinician Administered PTSD Scale: Dutch results. J Clin Psychol 1994 May;50(3):325-40.
Notes: JOURNAL ARTICLE MULTICENTER STUDY Eng
Abstract: The Clinician Administered PTSD Scale was employed with 76 traumatized Dutch subjects from different treatment centers and one social rehabilitation center. Subjects were traumatized either in childhood, in adolescence, or in early adulthood. The CAPS showed an overall agreement with clinical diagnosis of 79%, with a kappa coefficient of .58. Interrater agreement on the CAPS subscales of intensity (intrusion, avoidance, and hyperarousal) varied from .93 to .98. The internal consistency for all core symptoms of DSM-III-R at the CAPS intensity level for current PTSD was .89, and for lifetime PTSD .86. Concurrent validity was established by correlating the CAPS with the Mississippi Scale, the MMPI, and the Impact of Event Scale. All correlations were significant beyond .001. Finally, the CAPS items, both core symptoms and associative features, are discussed in detail at item level.

17. Hyer L; Boudewyns PA; O'Leary WC, and Harrison WR. Key determinants of the MMPI-PTSD subscale: treatment considerations. J Clin Psychol 1987 May;43(3):337-40.
Notes: JOURNAL ARTICLE Eng
Abstract: Seventy-five in country Vietnam combat psychiatric inpatients were given a battery of measures upon admission to the medical center. These included the MMPI, VETS Adjustment Scale, State-Trait Anxiety Scale, Rotter Locus of Control, Profile of Mood Scale, and a variation of the Figley Stress Scale that measures current stress. Post-traumatic stress disorder (PTSD) was determined by the MMPI-PTSD subscale. Ten of the battery variables were used as predictors for a multiple regression analysis on the MMPI-PTSD subscale. Results yielded a multiple R of .89 for two predictors, Figley Stress Scale and Rotter Locus of Control (external). Patients with PTSD, therefore, suffer most from perceived and experienced current stressors and a low sense of control. Arguments are made for more present-centered and interpersonal strategies in the treatment of PTSD combat veterans.

18. Hyer L; Fallon JH Jr; Harrison WR, and Boudewyns PA. MMPI overreporting by Vietnam combat veterans. J Clin Psychol 1987 Jan;43(1):79-83.
Notes: JOURNAL ARTICLE Eng
Abstract: The MMPI-PTSD scale is the only psychometric measure that has been cross-validated on Vietnam veterans for the determination of PTSD. Despite this, there may be problems with this scale related to symptom exaggeration. Three groups of Vietnam inpatients (N = 75) were defined carefully by both clinical and actuarial methods--PTSD combat, Non-PTSD combat, and Non-combat. This study applied symptom exaggeration methods based on the MMPI obvious/subtle items and on the F scale to these groups. Results show that all the items of this scale are either obvious or neutral, that a carefully distinguished PTSD group differentially responds to these obvious and neutral items relative to other inpatient Vietnam groups, and that the F scale is exaggerated by the PTSD group. In addition, a separate analysis on an independent sample of 50 combat and 50 non-combat Vietnam veterans showed that the combat group endorsed the obvious items on selected scales by 20 T score points at higher rates than other groups. Caution in the use of the MMPI-PTSD scale is discussed.

19. Hyer L; O'Leary WC; Saucer RT; Blount J; Harrison WR, and Boudewyns PA. Inpatient diagnosis of posttraumatic stress disorder. J Consult Clin Psychol 1986 Oct;54(5):698-702.
Notes: JOURNAL ARTICLE Eng

20. Hyer L; Woods M; Harrison WR; Boudewyns P, and O'Leary WC. MMPI F-K index among hospitalized Vietnam veterans. J Clin Psychol 1989 Mar;45(2):250-4.
Notes: JOURNAL ARTICLE Eng
Abstract: The F-K index of the MMPI has been used as a marker of symptom overreporting. One population for which previous research has shown this pattern is Vietnam in-country veterans with PTSD. This study assessed the F-K index on 515 inpatients: 329 Vietnam in-country and 186 Vietnam-era patients. Normative data on psychiatric inpatients were presented. Also, a special MMPI subscale (MMPI-PTSD), a measure to identify PTSD among these veterans, was used. Results showed that all Vietnam veterans, especially in-country veterans, overreport symptoms to a high degree. The overall mean for in-country vets was 7.3. Also, when the special MMPI-PTSD subscale was used, a vast majority of in-country veterans who were in the PTSD range had high F-K index scores. Dissimulation as a symptom of PTSD was discussed.

21. Hyer L; Woods MG; Boudewyns PA; Bruno R, and O'Leary WC. Concurrent validation of the Million Clinical Multiaxial Inventory among Vietnam veterans with posttraumatic stress disorder. Psychol Rep 1988 Aug;63(1):271-8.
Notes: JOURNAL ARTICLE Eng

22. Hyer L; Woods MG; Summers MN; Boudewyns P, and Harrison WR. Alexithymia among Vietnam veterans with posttraumatic stress disorder [see comments]. Comment in: J Clin Psychiatry 1991 Jul and 52(7):317-9. J Clin Psychiatry 1990 Jun;51(6):243-7.
Notes: JOURNAL ARTICLE Eng
Abstract: The authors studied 227 inpatients from a large Veterans Administration Medical Center to evaluate whether alexithymia is associated with posttraumatic stress disorder (PTSD) and to assess the validity of the Minnesota Multiphasic Personality Inventory (MMPI) alexithymia scale. Three groups--a carefully diagnosed PTSD group (N = 76), an alcohol abuse group (N = 76), and a general psychiatric group (N = 75)--were given a battery of psychological tests, including the MMPI, the Millon Clinical Multiaxial Inventory, and the Beck Depression Inventory, along with several cognitive measures. PTSD veterans were also evaluated on psychophysiologic indices (including a stressor) and on their subjective ratings to these indices. Results showed that alexithymia was more characteristic of PTSD patients than of the other groups. Also, alexithymia was inversely related to heart rate. Alexithymia was not significantly correlated with the subjective experience of stressors. The authors discuss the importance of the construct of alexithymia among PTSD patients and recommend the use of the alexithymia scale for these patients. The independence of this measure from the psychophysiologic condition of hyperarousal and the subjective experience of this state were also addressed.

23. Johnson RK. Psychologic assessment of patients with industrial hand injuries. Hand Clin 1993 May;9(2): 221-9.
Notes: REVIEW ARTICLE: 36 REFS. JOURNAL ARTICLE REVIEW REVIEW, TUTORIAL Eng
Abstract: The benefits and rationale for including a psychologic assessment of a patient with an industrial hand injury are discussed. Issues of compliance and malingering in patients are addressed. The role of pre-existing conditions in understanding an injured patient's current emotional state is explored and contrasted with posttraumatic stress disorders. Recent trends in psychologic assessment techniques are highlighted.

24. Keane TM; Malloy PF, and Fairbank JA. Empirical development of an MMPI subscale for the assessment of combat-related posttraumatic stress disorder. J Consult Clin Psychol 1984 Oct;52(5):888-91.
Notes: JOURNAL ARTICLE Eng

25. Koretzky MB and Peck AH. Validation and cross-validation of the PTSD subscale of the MMPI with civilian trauma victims. J Clin Psychol 1990 May;46(3):296-300.
Notes: JOURNAL ARTICLE Eng

Abstract: The 49-item MMPI PTSD Subscale, developed and validated with Vietnam combat veterans, was administered to validation and cross-validation samples of Posttraumatic Stress Disorder (PTSD) patients who had experienced non-military traumatic events and to psychiatric controls (total N = 69). Using a cutting score of 19, derived from the validation sample only, the PTSD subscale correctly classified 87% of all validation subjects and 88% of all cross-validation subjects. Results strongly support the utility of MMPI assessment of PTSD with civilian trauma victims as one component of a broad assessment strategy.

26. Koretzky MB and Rosenoer AS. MMPI assessment of posttraumatic stress disorder among alcoholic Vietnam veterans. Psychol Rep 1987 Apr;60(2):359-65.
Notes: JOURNAL ARTICLE Eng

27. Krystal JH; Giller EL Jr, and Cicchetti DV. Assessment of alexithymia in posttraumatic stress disorder and somatic illness: introduction of a reliable measure. Psychosom Med 1986 Jan-Feb;48(1-2):84-94.
Notes: JOURNAL ARTICLE Eng
Abstract: The authors examined ratings on four scales of alexithymia in 45 patients in four groups: Vietnam veterans in inpatient (Inpt-PTSD) or outpatient (Outpt-PTSD) treatment for posttraumatic stress disorder (PTSD), patients on a medical service with somatic illnesses that have been the subject of psychosomatic research (Somatic), and a comparison group of psychiatric inpatients with a diagnosis of affective disorder (Affective). The data suggest a greater degree of alexithymia in the Inpt-PTSD and Somatic samples than in the Affective patients. In addition, the Inpt-PTSD and Somatic groups exhibited a similar degree of alexithymia. This study also introduces a novel measure of alexithymia, the Alexithymia Provoked Response Questionnaire (APRQ), which showed a high degree of interrater reliability and a greater degree of correlation with the Beth Israel Psychosomatic Questionnaire (BIPQ) than a MMPI subscale or the Schalling-Sifneos scale.

28. Lees-Haley PR. Efficacy of MMPI-2 validity scales and MCMI-II modifier scales for detecting spurious PTSD claims: F, F-K, Fake Bad Scale, ego strength, subtle-obvious subscales, DIS, and DEB. J Clin Psychol 1992 Sep;48(5):681-9.
Notes: JOURNAL ARTICLE Eng
Abstract: This study compared 119 personal injury claimants' scores on MMPI-2 and MCMI-II malingering scales. Data from 55 pseudo-PTSD patients and 64 controls confirm the utility of the scales examined. The following cut-offs were most effective for identifying spurious PTSD: F greater than 62, F-K = greater than -4, Es = greater than 30, FBS = greater than 24 (men), FBS = greater than 26 (women), total obvious minus subtle = greater than 90, DIS = greater than 60, and DEB = greater than 60. Pseudo-PTSD patients were those who (1) claimed to be suffering a psychological injury (2) that was so severe that it was disabling (3) due to an experience that was entirely implausible as a candidate for PTSD criterion A in DSM-III-R and (4) scored T = 65 or higher on both PK and PS, the post-traumatic stress disorder subscales of the MMPI-2.

29. Long R; Wine P; Penk W; Keane T; Chew D; Gerstein C; O'Neill J, and Nadelson T. Chronicity. Adjustment differences of Vietnam combat veterans differing in rates of psychiatric hospitalization. J Clin Psychol 1989 Sep;45(5):745-53.
Notes: JOURNAL ARTICLE Eng
Abstract: The study focuses on the frequency of inpatient care for patients with Posttraumatic Stress Disorder (PTSD). This factor, termed chronicity, is, perhaps surprisingly, largely overlooked in many PTSD studies. The significance of chronicity was addressed through administration of Minnesota Multiphasic Personality Inventory (MMPI) to Vietnam Theater and Era veterans in an inpatient psychiatry service. MMPI scores were analyzed for two main effects: combat exposure and chronicity (i.e., number of inpatient psychiatry admissions). The results replicated research showing combat exposure is associated with greater maladjustment (i.e., higher MMPI scores). Moreover, chronicity also emerged as a significantly important variable: of all groups compared, Vietnam combat veterans higher in chronicity scored higher on MMPI clinical scales, particularly on scales Paranoia, Psychasthenia, and Schizophrenia, thereby (a) empirically establishing (a) the methodological point that number of admissions must be controlled and (b) the substantive point that chronicity is important in studies of PTSD.

30. Mancusi-Ungaro HR Jr; Tarbox AR, and Wainwright DJ. Posttraumatic stress disorder in electric burn patients. J Burn Care Rehabil 1986 Nov-Dec;7(6):521-5.
Notes: JOURNAL ARTICLE Eng
Abstract: It was hypothesized that burn injuries electric in origin may have a poor prognosis for rehabilitation and return to work. Ten electrically injured burn patients were compared to seven patients whose burns were nonelectric, after all 17 had shown clinically significant emotional problems during rehabilitation. Results of psychological tests from both groups were also compared to results in three other groups: psychiatric, chronic pain, and blepharospasm patients. Results indicated that patients with electric burns had the most severe psychopathologic symptoms and the least likelihood of returning to work. Only the factor of educational background was predictive of degree of psychological distress, prognosis for returning to work, and response to psychological intervention. Results are discussed within a one-trial aversive conditioning paradigm potentially unique to electric injuries.

31. Marmar CR; Weiss DS; Schlenger WE; Fairbank JA; Jordan BK; Kulka RA, and Hough RL. Peritraumatic dissociation and posttraumatic stress in male Vietnam theater veterans. Am J Psychiatry 1994 Jun; 151(6):902-7.
Notes: JOURNAL ARTICLE Eng
Abstract: OBJECTIVE: The aim of this study was to determine the reliability and validity of a proposed measure of peritraumatic dissociation and, as part of that effort, to determine the relationship between dissociative experiences during disturbing combat trauma and the subsequent development of posttraumatic stress disorder (PTSD). METHOD: A total of 251 male Vietnam theater veterans from the Clinical Examination Component of the National Vietnam Veterans Readjustment Study were examined to determine the relationship of war zone stress exposure, retrospective reports of dissociation during the most disturbing combat trauma events, and general dissociative tendencies with PTSD case determination. RESULTS: The total score on the Peritraumatic Dissociation Experiences Questionnaire--Rater Version was strongly associated with level of posttraumatic stress symptoms, level of stress exposure, and general dissociative tendencies and weakly associated with general psychopathology scales from the MMPI-2. Logistic regression analyses supported the incremental value of dissociation during trauma, over and above the contributions of level of war zone stress exposure and general dissociative tendencies, in accounting for PTSD case determination. CONCLUSIONS: These results provide support for the reliability and validity of the Peritraumatic Dissociation Experiences Questionnaire--Rater Version and for a trauma-dissociation linkage hypothesis: the greater the dissociation during traumatic stress exposure, the greater the likelihood of meeting criteria for current PTSD.

32. McCaffrey RJ and Bellamy-Campbell R. Psychometric detection of fabricated symptoms of combat-related post-traumatic stress disorder: a systematic replication. J Clin Psychol 1989 Jan;45(1):76-9.
Notes: JOURNAL ARTICLE Eng
Abstract: Vietnam veterans with post-traumatic stress disorder (n = 11) and two other groups of Vietnam veterans (n = 24) instructed to fabricate symptoms of post-traumatic stress disorder completed the MMPI. A discriminant function analysis that used scale F and the post-traumatic stress disorder subscale correctly classified 91% of the subjects. This systematic replication supports the utility of the MMPI as a component in evaluating the validity of self-reported symptoms of post-traumatic stress disorder in Vietnam veterans.

33. McCaffrey RJ; Hickling EJ, and Marrazo MJ. Civilian-related post-traumatic stress disorder: assessment-related issues. J Clin Psychol 1989 Jan;45(1):72-6.
Notes: JOURNAL ARTICLE Eng
Abstract: The psychological characteristics of civilians (N = 26) with a post-traumatic stress disorder (PTSD) were investigated in order to determine whether the assessment and diagnostic decision rules developed using the MMPI with combat-related PTSD apply to civilian-related PTSD. The results indicate that there are substantial differences between the two PTSD populations and that further research is warranted to delineate other qualitative and quantitative aspects.

34. McCormack JK; Patterson TW; Ohlde CD; Garfield NJ, and Schauer AH. MMPI configural interpretation as applied to posttraumatic stress disorder in Vietnam veterans. J Pers Assess 1990 Summer;54(3-4):

628-38.
Notes: JOURNAL ARTICLE Eng
Abstract: This study investigated the systems of Minnesota Multiphasic Personality Inventory (MMPI) configural interpretation of Skinner and Jackson (1978) and Kunce (1979) with Vietnam veterans with posttraumatic stress disorder (PTSD). MMPI profiles of four groups differing in combat exposure were compared on four MMPI configural variables from Kunce (1979) and Skinner and Jackson (1978). The four groups were (a) PTSD sufferers, (b) Vietnam combat veterans without PTSD, (c) Vietnam noncombat veterans, and (d) Vietnam era veterans. All groups were further divided into hospitalized versus nonhospitalized subgroups. Dependent variables were Skinner and Jackson's (a) sociopathic modal profile, (b) neurotic profile, (c) psychotic profile, and (d) Kunce's emotional expression (enthusiastic-reserved) dimension. Results indicated that hospitalized PTSD subjects had significantly higher scores on Skinner and Jackson's neurotic profile; both hospitalized and nonhospitalized PTSD subjects had higher scores on the psychotic profile and were more reserved on Kunce's emotional expression dimension. Results were interpreted in terms of configural MMPI interpretation systems and the adjustment of Vietnam veterans with PTSD. PTSD was viewed as exhibiting cognitive, somatic, and affective features.

35. McFall ME; Smith DE; Roszell DK; Tarver DJ, and Malas KL. Convergent validity of measures of PTSD in Vietnam combat veterans. Am J Psychiatry 1990 May;147(5):645-8.
Notes: JOURNAL ARTICLE Eng
Abstract: The authors evaluated the convergent validity of several widely used psychometric tests of posttraumatic stress disorder (PTSD) symptoms against DSM-III-R criteria for PTSD in 130 Vietnam combat veterans. Significant positive correlations were found between these instruments and the number of DSM-III-R symptoms endorsed, supporting the validity of psychometric instruments as continuous measures of PTSD symptom severity. The various psychometric measures also correlated moderately with one another, suggesting that they assess related but somewhat separate PTSD phenomena. Finally, predicted relationships between stressors and symptoms were supported by significant correlations between degree of traumatic combat exposure and DSM-III-R and psychometric indexes of PTSD.

36. Miller TW; Martin W, and Spiro K. Traumatic stress disorder: diagnostic and clinical issues in former prisoners of war. Compr Psychiatry 1989 Mar-Apr;30(2):139-48.
Notes: JOURNAL ARTICLE Eng
Abstract: Examined are a variety of clinical issues in the diagnosis and treatment of Posttraumatic Stress Disorder (PTSD) of former prisoners of war (POWs). Difficulties and complexities in understanding and diagnosing PTSD in former POWs presenting symptomatic complaints associated with this disorder are explored. Data collected on former POWs complaining of PTSD and diagnosed by DSM-III-R criteria revealed Minnesota Multiphasic Personality Inventory (MMPI) and Millon Clinical Multiaxial Inventory (MCMI) clinical profiles appropriate for clinical application. Comparative data between German-held and Japanese-held POWs experiencing PTSD and adjustment-related stressors are discussed. Import on clinical strategies with diagnosed patients suggests both behavioral approaches to treatment and future directions in research.

37. Moody DR and Kish GB. Clinical meaning of the Keane PTSD Scale. J Clin Psychol 1989 Jul;45(4):542-6.
Notes: JOURNAL ARTICLE Eng
Abstract: A correlational study that included 82 male inpatient alcoholics was conducted to determine the clinical meaning of the Keane PTSD Scale of the MMPI. The PTSD Scale was correlated with the variables of the Shipley Institute of Living Scale, the Life Purpose Questionnaire, the Existential Depression Test, and the standard MMPI measures, plus the A, R, Es and MacAndrew Scales. The pattern of correlations suggested that the PTSD scale measures general psychological maladjustment and dysphoric feelings rather than any specifiable syndrome. The strong correlation with the Welch A, which measures a general level of maladjustment, suggests that the PTSD and Welch A scales are measuring the same factor. The PTSD scale, therefore, appears to provide very little information about this population beyond that available from the overall clinical profile and the Welch A scale.

38. Morrow LA; Ryan CM; Hodgson MJ, and Robin N. Risk factors associated with persistence of

neuropsychological deficits in persons with organic solvent exposure. J Nerv Ment Dis 1991 Sep; 179(9):540-5.
Notes: JOURNAL ARTICLE Eng
Abstract: This study examined neuropsychological prognosis following organic solvent exposure. Twenty-seven persons with evidence of mild toxic encephalopathy were evaluated on two separate occasions with a standard neuropsychological test battery and the Minnesota Multiphasic Personality Inventory. Ratings by experienced clinicians revealed that 50% of exposed persons had improved neuropsychological performance at the second evaluation. The other 50% were rated as having no change or a decline in neuropsychological tests scores. While the majority of persons in the good-outcome group were working at the time of the follow-up evaluation, none of the persons in the poor-outcome group was actively employed. Persons rated as having shown no improvement were significantly more likely to have had a peak exposure--an episode in which they were briefly exposed to a larger than normal amount of solvent. In addition, persons in the poor outcome group reported higher levels of psychological distress, both initially and at the follow-up evaluation. Results from this study suggest that the presence of certain risk factors, namely a peak exposure and psychological distress, may be particularly detrimental for long-term neuropsychological outcome in persons with a history of organic solvent exposure.

39. Munley PH; Bains DS; Frazee J, and Schwartz LT. Inpatient PTSD treatment: a study of pretreatment measures, treatment dropout, and therapist ratings of response to treatment. J Trauma Stress 1994 Apr;7(2):319-25.
Notes: JOURNAL ARTICLE Eng
Abstract: Pretreatment measures including demographic variables, adjustment index variables and psychological testing variables were studied in relationship to treatment dropout and therapist ratings of overall response to treatment among PTSD veterans in an inpatient PTSD program. Analysis comparing a group of fourteen veterans who dropped out of treatment early and a random sample of fourteen who successfully completed treatment showed no significant differences. Analysis comparing a group of 35 veterans who received the highest therapist ratings on response to treatment with a group of 35 veterans receiving the lowest ratings on response to treatment also showed no significant differences. Analysis of subgroups of patients who had completed the Millon Clinical Multiaxial Inventory (MCMI) and received high versus low therapist ratings showed one significant difference on the hypomania scale. Overall findings on the MMPI and MCMI appeared similar to other investigations of PTSD.

40. Neal LA; Busuttil W; Rollins J; Herepath R; Strike P, and Turnbull G. Convergent validity of measures of post-traumatic stress disorder in a mixed military and civilian population. J Trauma Stress 1994 Jul; 7(3):447-55.
Notes: JOURNAL ARTICLE Eng
Abstract: The authors evaluated the validity of the Post-Traumatic Stress Disorder (PTSD) subscale of the Minnesota Multiphasic Personality Inventory (MMPI), the Impact of Event Scale (IES) and the Symptom Check List 90 (SCL-90) as continuous and dichotomous measures of PTSD in a mixed military and civilian group of 70 subjects in the United Kingdom. The MMPI-PTSD and the IES are designed specifically as measures of PTSD and the Global Symptom Index of the SCL-90 is a general measure of neurosis. All measures produced significant positive correlations with scores from the Clinician Administered Post-Traumatic Stress Disorder Scale (CAPS-1) and with each other. The IES was the most useful dichotomous measure. The optimum cut-off score for the IES producing the highest Positive Predictive Value and the lowest Apparent Total Misclassification Error Rate has been determined.

41. O'Leary WC; Hyer L; Blount JB, and Harrison WR. Interest patterns among Vietnam-era veterans. Psychol Rep 1988 Aug;63(1):79-85.
Notes: JOURNAL ARTICLE Eng

42. Penk W; Robinowitz R; Black J; Dolan M; Bell W; Roberts W, and Skinner J. Co-morbidity: lessons learned about post-traumatic stress disorder (PTSD) from developing PTSD scales for the MMPI. J Clin Psychol 1989 Sep;45(5):709-17.
Notes: JOURNAL ARTICLE Eng

Abstract: Results from efforts to develop and validate PTSD measures are promising, but a gold standard has not been achieved. Keane, Malloy, and Fairbank (1984) have developed an MMPI PTSD subscale that has been cross-validated with clinicians' classification of PTSD at acceptable levels of agreement, specificity, and sensitivity. There is, however, room for improvement. Empirical evidence is presented that indicates that the next round of efforts to increase reliability and validity of PTSD measures must account for the presence/absence of co-morbidity (i.e., the simultaneous occurrence of other psychiatric disorders). For example, differences are noted in MMPI group profiles and PTSD scales between psychiatric patients and substance abusers. Second, different MMPI items emerge as indicative of PTSD; these vary as a function of the presence of other Axis I disorders among groups of Vietnam combat veterans who seek treatment for substance abuse. Results substantiate that different MMPI items for classifying PTSD occur with groups that differ in co-morbidity. Improvements in PTSD scale development are more likely when the contributions of pre-existing or subsequently co-occurring psychiatric disorders are taken in account, as well as variations in level of personality maturity. The evidence suggests that a family of PTSD scales need to be developed that take into account co-morbidity differences.

43. Penk WE; Robinowitz R; Black J; Dolan M; Bell W; Dorsett D; Ames M, and Noriega L. Ethnicity: post-traumatic stress disorder (PTSD) differences among black, white, and Hispanic veterans who differ in degrees of exposure to combat in Vietnam. J Clin Psychol 1989 Sep;45(5):729-35.
Notes: JOURNAL ARTICLE Eng
Abstract: Clinical observations and empirical evidence suggest that, among Vietnam combat veterans, Blacks are more maladjusted than Whites (e.g., Parsons, 1985; Penk et al., 1985). The prediction that minority group status is associated with poorer post-war adjustment and higher rates of PTSD was examined among Vietnam combat veterans who were seeking treatment for addiction disorders. Adjustment scores among groups comparable in combat exposure were found to be similar for both Whites and Hispanics; Blacks, however, score significantly higher on both PTSD symptoms on MMPI scales. These findings indicate that ethnicity contributes importantly to PTSD in selected instances, but that minority group status alone does not account for observed differences. Additional research is indicated in which careful attention is given to the complicating and interacting role of addiction disorders in sampling.

44. Perconte ST and Goreczny AJ. Failure to detect fabricated posttraumatic stress disorder with the use of the MMPI in a clinical population. Am J Psychiatry 1990 Aug;147(8):1057-60.
Notes: JOURNAL ARTICLE Eng
Abstract: The authors attempted to replicate previous studies that used the Frequency (F) scale and the posttraumatic stress disorder (PTSD) subscale of the MMPI to discriminate Vietnam veterans with PTSD from well-adjusted veterans and mental health professionals who feigned symptoms of PTSD. Profiles of veterans with PTSD were compared to those of veterans with non-PTSD psychiatric disorders and veterans with fabricated PTSD symptoms who sought treatment. Discriminant analysis of F scale and PTSD subscale scores correctly identified only 43.59% of the subjects, thus failing to support use of the MMPI in detecting fabricated symptoms of PTSD in a clinical population.

45. Perconte ST and Griger ML. Comparison of successful, unsuccessful, and relapsed Vietnam veterans treated for posttraumatic stress disorder. J Nerv Ment Dis 1991 Sep;179(9):558-62.
Notes: JOURNAL ARTICLE Eng
Abstract: The present study investigated the differences between veterans who benefited from intensive treatment for posttraumatic stress disorder (PTSD) and those who either relapsed or showed no improvement following treatment. Data from 45 combat veterans with PTSD completing at least 6 weeks of treatment in a partial hospitalization program were utilized. Veterans who had improved following treatment and had maintained a positive adjustment 18 months following treatment were found to have had lower rates of alcohol consumption and greater program participation than those who were unimproved or relapsed. These veterans also obtained lower scores on the MMPI-PTSD subscale, the global indices of the SCL-90-R, and seven of nine individual symptom scales of the SCL-90-R. These results were consistent with other recent reports concerning the existence and characteristics of Vietnam veteran symptom overreporters in studies

using the MMPI, and suggest possible treatment outcome predictors for these groups.

46. Perr IN. On simulating posttraumatic stress disorder [letter]. Am J Psychiatry 1986 Feb;143(2):268-9.
Notes: LETTER Eng

47. Query WT; Megran J, and McDonald G. Applying posttraumatic stress disorder MMPI subscale to World War II POW veterans. J Clin Psychol 1986 Mar;42(2):315-7.
Notes: JOURNAL ARTICLE Eng
Abstract: In order to determine whether the MMPI-PTSD subscale has application for assessing DSM-III diagnosed PTSD among populations other than Vietnam veterans, a group of WWII POWs (N = 69) were given the subscale. Results indicated that the use of the PTSD subscale can be generalized to older veterans; in a small sample of Pacific POWs, PTSD is more common among those from the Pacific theater than those from Europe. However, the subscale fails to distinguish between Pacific and European POW veterans. Difficulties in sampling and confounding stressors are discussed, as well as implications for treatment of WWII veterans.

48. Rahe RH; Karson S; Howard NS Jr; Rubin RT, and Poland RE. Psychological and physiological assessments on American hostages freed from captivity in Iran. Psychosom Med 1990 Jan-Feb;52(1):1-16.
Notes: JOURNAL ARTICLE Eng
Abstract: Medical evaluations of 52 Americans held hostage in Iran for 444 days included psychological testing and physiological measurements. Psychological testing utilized the Minnesota Multiphasic Personality Inventory (MMPI) and the 16 Personality Factor Questionnaire (16-PF) and focused on the stress management capabilities of the group upon their arrival at Wiesbaden, West Germany. Physiological testing utilized plasma and urinary cortisol along with plasma and urinary catecholamine levels to help document former hostages' stress responses following their release from captivity. Saliva cortisol and testosterone were measured over the first three hospital days to assess the group's psychophysiological recovery. Psychological testing indicated that the former hostages, as a group, were generally well defended, appearing to have endured their ordeal well. In contrast, plasma and saliva cortisol, urinary catecholamines, and saliva testosterone were seen to be highly elevated. These physiological measures appeared to reflect three strong affects: distress, anxiety, and elation. Saliva cortisol was the only physiological measurement that demonstrated a significant correlation with psychiatrists' ratings of the released hostages' psychological disturbance. Psychiatrists' disturbance ratings appeared to be a valid psychometric estimate, as adduced from their correlations with MMPI and 16-PF major scales.

49. Resnick PJ. Defrocking the fraud: the detection of malingering. Isr J Psychiatry Relat Sci 1993;30(2):93-101.
Notes: REVIEW ARTICLE: 52 REFS. JOURNAL ARTICLE REVIEW REVIEW, TUTORIAL Eng
Abstract: The purpose of this paper is to provide psychiatrists with practical advice on how to detect malingered mental illness. Various types of malingering are defined and the five major purposes of malingering are specified. The research literature on malingering is reviewed. Clinicians must be thoroughly grounded in the phenomenology of true mental disease to detect malingering. Detailed information about hallucinations is reviewed so that faked hallucinations that do not follow typical patterns can be more easily identified. Strategies for approaching persons suspected of malingering are suggested. Features of malingered mutism, mania, depression and mental retardation are described. The differential diagnosis of malingering, post-traumatic stress disorder, conversion disorder, and post-concussion syndromes after trauma is discussed. Clues to malingered psychoses and post-traumatic stress disorders are delineated. Finally, specific indicators of malingered insanity defenses are identified.

50. Robinowitz R; Roberts WR; Dolan MP; Patterson ET; Charles HL; Atkins HG, and Penk WE. Carcinogenicity and teratogenicity vs. psychogenicity: psychological characteristics associated with self-reported Agent Orange exposure among Vietnam combat veterans who seek treatment for substance abuse. J Clin Psychol 1989 Sep;45(5):718-28.
Notes: JOURNAL ARTICLE Eng
Abstract: This study asked, What are the psychological characteristics of Vietnam combat veterans who claim Agent Orange exposure when compared with combat-experienced cohorts who do not report such contamination? The question was researched among 153 heroin addicts, polydrug

abusers, and chronic alcoholics who were seeking treatment: 58 reported moderate to high defoliant exposure while in combat; 95 reported minimal to no exposure while in Vietnam. The null hypothesis was accepted for measures of childhood and present family social climate, premilitary backgrounds, reasons for seeking treatment, patterns and types of illicit drug and alcohol use, interpersonal problems, intellectual functioning, and short-term memory. The null hypothesis was rejected for personality differences, however, those who self-reported high Agent Orange exposure scored significantly higher on MMPI scales F, Hypochondriasis, Depression, Paranoia, Psychasthenia, Schizophrenia, Mania, and Social interoversion. The results suggest that clinicians carefully assess attributional processing of those who report traumatic experience.

51. Rogers R; Kropp PR; Bagby RM, and Dickens SE. Faking specific disorders: a study of the Structured Interview of Reported Symptoms (SIRS). J Clin Psychol 1992 Sep;48(5):643-8.
Notes: JOURNAL ARTICLE Eng
Abstract: An untested assumption of malingering research is that persons who feign mental illness will not attempt to fake a particular disorder, but will be content to fabricate non-specific and possibly global psychiatric impairment. We tested the effectiveness of the Structured Interview of Reported Symptoms (SIRS) to detect feigning of three diagnostic groupings: schizophrenia, mood disorders, and PTSD on 45 psychologically knowledgeable correctional residents. We found that the SIRS maintained its powers of discrimination with respect to clinical samples. Similar research on faking specific disorders is needed on the MMPI-2 and other psychological measures.

52. Schnurr PP; Friedman MJ, and Rosenberg SD. Premilitary MMPI scores as predictors of combat-related PTSD symptoms [see comments]. Comment in: Am J Psychiatry 1994 Jan and 151(1):156-7. Am J Psychiatry 1993 Mar;150(3):479-83.
Notes: JOURNAL ARTICLE Eng
Abstract: OBJECTIVE: The authors used data collected before military service to assess predictors of combat-related lifetime symptoms of posttraumatic stress disorder (PTSD). METHOD: The subjects were 131 male Vietnam and Vietnam-era veterans who had taken the MMPI in college and who were interviewed as adults with the Structured Clinical Interview for DSM-III-R. Scores on the basic MMPI scales were used to predict combat exposure, lifetime history of any PTSD symptoms given exposure, and lifetime PTSD classification (symptoms only, subthreshold PTSD, or full PTSD). RESULTS: Group means on the MMPI scales were within the normal range. No scale predicted combat exposure. Hypochondriasis, psychopathic deviate, masculinity-femininity, and paranoia scales predicted PTSD symptoms. Depression, hypomania, and social introversion predicted diagnostic classification among subjects with PTSD symptoms. The effects persisted when amount of combat exposure was controlled for. CONCLUSIONS: Pre-military personality can affect vulnerability to lifetime PTSD symptoms in men exposed to combat.

53. Schnurr PP; Rosenberg SD, and Friedman MJ. Change in MMPI scores from college to adulthood as a function of military service. J Abnorm Psychol 1993 May;102(2):288-96.
Notes: JOURNAL ARTICLE Eng
Abstract: We examined changes in Minnesota Multiphasic Personality Inventory scores from adolescence to adulthood in a longitudinal study of 540 men who attended college during the Vietnam War. Using change scores that were adjusted for initial values, we compared civilians to veterans who were grouped according to combat exposure: none, peripheral, or direct. In cross-sectional analyses, the groups differed only as adults. Groups were similar in relative stability but differed by multivariate analysis in absolute change on the clinical scales. Only veterans with peripheral exposure differed from civilians in multivariate contrasts, even after controlling for premilitary variables. Effect sizes were small. Results suggest that combat exposure does not produce uniformly negative outcomes and may have positive effects in select populations.

54. Sherwood RJ; Funari DJ, and Piekarski AM. Adapted character styles of Vietnam veterans with Posttraumatic Stress Disorder. Psychol Rep 1990 Apr;66(2):623-31.
Notes: JOURNAL ARTICLE Eng
Abstract: A total of 189 male Vietnam veterans who were admitted to a specialized inpatient treatment program were evaluated using the Millon Clinical Multiphasic Personality Inventory to assess character styles. The veterans were assessed for Posttraumatic Stress Disorder by using a

subscale of the Minnesota Multiphasic Personality Inventory (MMPI) and 72% of the patients were classified as having Posttraumatic Stress Disorder. The character styles of passive-aggressive, schizoid, avoidant, and borderline were significantly associated with these patients. The most common 2-point profile was passive-aggressive and avoidant (8-2 or 2-8) and was significantly related to the diagnosis. While drug and alcohol abuse were common problem areas for the entire sample, the profile of patients with Posttraumatic Stress was different from those of substance abusers. These results indicate that treating Vietnam veterans with this disorder requires adopting strategies which include a character style focus as well as a symptom focus.

55. Shulman E. Predicting postcombat PTSD by using premilitary MMPI scores [letter; comment]. Comment on: Am J Psychiatry 1993 Mar and 150(3):479-83. Am J Psychiatry 1994 Jan;151(1):156-7.
Notes: COMMENT LETTER Eng

56. Sinnett ER. Clinical note on MMPI Posttraumatic Stress Disorder Scale (PK). Psychol Rep 1993 Dec;73(3 Pt 1):893-4.
Notes: JOURNAL ARTICLE Eng
Abstract: An MMPI scale for the detection of Posttraumatic Stress Disorder has been altered in MMPI-2. The entire scale, not readily retrievable, is presented for the MMPI group form.

57. ---. Note on the PTSD-S scale of the MMPI. Psychol Rep 1994 Jun;74(3 Pt 1):1041-2.
Notes: JOURNAL ARTICLE Eng
Abstract: Although PTSD-S was developed in 1987, it was evolved using the MMPI-2. The 53-item subset for the MMPI is presented in tabular form.

58. Sutker PB; Uddo M; Brailey K; Allain AN, and Errera P. Psychological symptoms and psychiatric diagnoses in Operation Desert Storm troops serving Graves registration duty. J Trauma Stress 1994 Apr;7(2): 159-71.
Notes: JOURNAL ARTICLE Eng
Abstract: This clinical report describes symptoms of psychological and physical distress and psychiatric disorders in 24 Army Reservists who served war zone graves registration duty in support of Operation Desert Storm. Troops underwent comprehensive assessment for evidence of psychopathology that might be associated with war zone duty as one component of a debriefing protocol scheduled during regular drill exercises eight months after their return to the United States. Troops endorsed items suggestive of high war zone stress exposure, common symptoms of anxiety, anger, and depression, and multiple health and somatic concerns. Almost half of the sample met criteria for post-traumatic stress disorder, and diagnosis of this disorder was strongly associated with evidence of depressive and substance abuse disorders. The gruesome aspects of body recovery and identification in a war zone setting were cited as stressor elements of significant negative impact.

59. Sutker PB; Winstead DK; Galina ZH, and Allain AN. Cognitive deficits and psychopathology among former prisoners of war and combat veterans of the Korean conflict. Am J Psychiatry 1991 Jan;148(1): 67-72.
Notes: JOURNAL ARTICLE Eng
Abstract: OBJECTIVE: This study was conducted to describe the long-term psychological and psychiatric sequelae of prisoner of war (POW) confinement against the backdrop of psychiatric evaluations of Korean conflict repatriates more than 35 years ago. METHOD: A group of 22 POWs and a group of 22 combat veteran survivors of the Korean conflict were compared on measures of problem solving, personality characteristics, mood states, and psychiatric clinical diagnoses by means of a battery of psychometric instruments and structured clinical interviews. RESULTS: Although the two groups were similar in background and personal characteristics, they differed in reports of life adjustment problems, complaints of physical distress, proficiency on cognitive tests, objectively measured personality characteristics, and assigned psychiatric diagnoses. CONCLUSIONS: Illustrated by a case report which describes the prolonged brutality of the Korean conflict POW experience for one individual, the results suggest that the psychiatric symptoms documented more than three decades ago have persisted in severity and chronicity. In addition to problems with cognitive deficits and complaints of bodily discomfort, most common among POW survivors were symptoms of suspiciousness, apprehension, confusion, isolation, detachment, and

hostility.

60. Vanderploeg RD; Sison GF Jr, and Hickling EJ. A reevaluation of the use of the MMPI in the assessment of combat-related posttraumatic stress disorder. J Pers Assess 1987 Spring;51(1):140-50.
Notes: JOURNAL ARTICLE Eng
Abstract: This study attempts to validate previously developed, empirically based Minnesota Multiphasic Personality Inventory (MMPI) decision rules (Keane, Malloy, & Fairbank, 1984) to aid in the diagnosis of combat-related posttraumatic stress disorder (PTSD). Four groups of 21 subjects each were identified: PTSD, psychotic, depressed, and chronic pain. A decision rule based on the standard clinical scales resulted in a correct classification rate (PTSD vs. non-PTSD) of 81% across the four-group sample. An empirically derived MMPI PTSD scale resulted in a correct classification rate of 77%. However, 43% of the PTSD subjects were incorrectly classified as non-PTSD by these rules. Independent, blind sorting of the 84 MMPI profiles by two doctoral-level clinical psychologists resulted in hit rates similar to the MMPI decision rules. The present results suggest that the previously derived, empirically based MMPI decision rules for PTSD do scarcely better than chance on correct classification of individuals with PTSD. We suggest that the differential diagnosis of PTSD is difficult because of the wide variety of symptoms in common with other diagnostic groups, and hence the variability of PTSD subjects on psychometric measures. We also suggest that the MMPI decision rules of Keane et al. (1984) may have utility in identifying subgroup(s) of combat-related PTSDs.

61. Watson CG; Juba MP; Manifold V; Kucala T, and Anderson PE. The PTSD interview: rationale, description, reliability, and concurrent validity of a DSM-III-based technique. J Clin Psychol 1991 Mar;47(2): 179-88.
Notes: JOURNAL ARTICLE Eng
Abstract: This paper describes the PTSD Interview (PTSD-I). It was developed to meet four specifications: (a) close correspondence to DSM-III standards; (b) binary present/absent and continuous severity/frequency outputs on each symptom and the entire syndrome; (c) administrable by trained subprofessionals; and (d) substantial reliability and validity. It was written to meet the first three criteria. It demonstrated very high internal consistency (alpha = .92) and test-retest reliability (Total score r = .95; diagnostic agreement = 87%). It correlated strongly with parallel DIS criteria (Total score vs. DIS diagnosis rbis = .94, sensitivity = .89, specificity = .94, overall hit rate = .92, and kappa = .84). Earlier studies revealed correlations with a military stress scale and Keane et al.'s MMPI PTSD subscale. It is apparently the only PTSD instrument that meets all of the above criteria.

62. Watson CG; Kucala T, and Manifold V. A cross-validation of the Keane and Penk MMPI scales as measures of post-traumatic stress disorder. J Clin Psychol 1986 Sep;42(5):727-32.
Notes: JOURNAL ARTICLE Eng
Abstract: The scores of DSM-III-diagnosed post-traumatic stress disorder (PTSD) patients (N = 116), psychiatric patients who did not meet the criteria, and normals (N = 19) on the Keane, Malloy, and Fairbank (1984) PTSD and Penk Combat scales for the MMPI were compared. The Keane scale discriminated PTSD-positive patients from normals at a substantial level of accuracy (omega 2 = . 23; mean hit rate = 80.5%) and PTSD-positive from PTSD-negative patients at a more modest level (omega 2 = .09; mean hit rate = 64%). The scores of the PTSD-positive and PTSD-negative patients were considerably lower than those of Keane et al.'s (1984) samples, which suggests that local norms may be needed to facilitate their interpretation. The Penk Combat Intensity scale, which was correlated highly with the Keane scale, differentiated the PTSD-positive patients from both the normals and the PTSD-negative patients, but with less differentiating power (omega 2'S = .07 and . 08). The Penk Combat Exposure scale did not separate the groups.

63. Watson CG; Kucala T; Manifold V; Vassar P, and Juba M. Differences between posttraumatic stress disorder patients with delayed and undelayed onsets. J Nerv Ment Dis 1988 Sep;176(9):568-72.
Notes: JOURNAL ARTICLE Eng
Abstract: In an effort to determine whether they differ from one another in important ways, the authors compared posttraumatic stress disorder (PTSD) victims who reported delayed onsets with those who claimed undelayed onsets of PTSD symptom self-ratings, MMPI clinical and validity scale scores, stress histories, and repression measures. The number and the sizes of the differences

did not exceed chance expectations and did not support the establishment of separate delayed- and undelayed-onset PTSD categories in the diagnostic manual, nor did they support the hypotheses that the delay, when it appears, is attributable to the magnitude of the trauma, the severity of the symptoms, repression, or a limited stress history.

64. Werrenrath R 3d. Posttraumatic neurosis--thrombophlebitis and pulmonary embolus complications--deposition of plaintiff's treating neurologist. Med Trial Tech Q 1980 Winter;26(3):355-76.
Notes: JOURNAL ARTICLE Eng