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## BOOK REVIEWS

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### **A Hitchhiker's Guide to the World of Neuropsychological Rehabilitation**

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*Neuropsychological Rehabilitation: Theory, Models, Therapy and Outcome.* Barbara A. Wilson, Fergus Gracey, Jonathan J. Evans, and Andrew Bateman (Eds.). (2009). New York: Cambridge University Press, 380 (368) pp., \$99.00 (HB) or \$79 (eBook).

Reviewed by SHELLEY C. HEATON, PH.D. *Department of Clinical & Health Psychology, University of Florida, Gainesville, Florida, USA.*

As a neuropsychologist working primarily with neurological populations, I am often faced with the lackluster job of telling people the dirty details about their cognitive problems while having few answers as to what they can do about them. Although (and perhaps because) I do not practice within a rehabilitation facility, I feel an urgency to become better acquainted with the practice of neuropsychological rehabilitation. I have come to realize that neuropsychology is often simply a means to an end (i.e., to help inform treatment) and is rarely an end in and of itself. Many of us entered the field of neuropsychology to (forgive my triteness) “help people.” However, while assessment is steeped in the excitement of solving a mystery, for some it does not provide the same satisfaction as working with people to achieve meaningful improvements in their life. So in recent years I have begun to delve into the large body of literature on this topic. Even though I have focused my reading on rehabilitation work done specifically with traumatic brain injury (TBI), it is a little like dipping your toe in the deep end of the swimming pool before your first solo swim. In fact, the more I venture into this field, the more I feel like Arthur Dent traveling the galaxy for the first time—lost and overwhelmed by the scope of all that there is to learn.

What you need is a guide. One that simultaneously delivers the big picture and some detailed accounts of how to approach different clinical treatment challenges. Well have I got the book for you. In *Neuropsychological Rehabilitation: Theory, Models, Therapy and Outcome*, Barbara A. Wilson and her colleagues have compiled an impressive (yet compact) text that will undoubtedly serve as a wonderful guide for those on their first voyage into this area of practice and seasoned travelers alike. You will find this book to be well-written and organized, deftly balancing theory and practice, while continuously keeping a finger on scientific evidence without neglecting the all-important client-centered orientation.

For those of you who work in the rehabilitation field or have begun to do reading in this area, the editors of this new

book will be very familiar to you. The lead editor and author of this text, Barbara A. Wilson, has devoted a lifetime to neuropsychological rehabilitation and is considered a world-renowned researcher and clinician in this field. Not only does this book reflect the breadth and depth of her experiences, but it also showcases the practice orientation and methods used in the Oliver Zangwill Centre for Neuropsychological Rehabilitation (OZC), which she founded and began directing over a decade ago. Hence, this is not just a book on theory (though there is plenty of that found here), but it also serves as a very practical resource by divulging details of the well-developed treatment intervention programs used at the OZC, along with case examples of neuropsychological rehabilitation methods used at the individual level for some of the most challenging problems facing TBI clients (a term consciously used by the book authors instead of “patient” to capture the collegial relationship). I should note here that, although I primarily refer to TBI in this review, the interventions and programmatic approach presented are also applicable to additional types of brain injuries (e.g., cerebrovascular accident or anoxia). However, TBI and nonprogressive brain injuries are emphasized in this book.

Before I go on to describe the content of the book, I would also like to state a few caveats or potential drawbacks of this book that deserve mentioning. First, the obvious—this is a book born out of work with adult clients. Clearly, attempting to address lifespan issues within neuropsychological rehabilitation would have been at the expense of the depth to which the authors were able to review this area of practice. Nonetheless, for those of us who do pediatric neuropsychology we must read with the ever-present understanding that children are not simply short adults. It would be in blatant disregard to all we know about the complexities of the child's environment and development to simply apply the techniques presented in this book in a “dummied down” version to children and their families. However, I do not mean to suggest that those doing pediatric work need not bother with

this book. Quite the contrary. Pediatric neuropsychological rehabilitation is, in comparison to adult work, in its infancy and only stands to benefit from the extensive theoretical work and treatment models developed in the adult realm. Furthermore, this book contains so many useful guidelines and directions for research and practice in rehabilitation that it has much to offer to those working in related or parallel fields of practice. Like reading the history of another country, we can learn from that which is universal and apply it toward efforts to develop better pediatric rehabilitation models and intervention programs.

Other potential limitations of this book are inseparably tied to its primary values. As I mentioned earlier in this review, the rehabilitation model and programs described in this book are derived directly from work at the OZC. Thus, the rehabilitation techniques presented in the book are heavily based upon an interdisciplinary outpatient model, primarily delivered in a group therapy format, geared toward nonprogressive neurological conditions, and designed primarily for clients in the postacute phase of recovery (i.e., at least 2 years after injury). Furthermore, the interventions are intensive, both in terms of time and effort from the client and staff, as well as resources from the healthcare industry. The authors emphasize the importance of merging theory with science and demonstrating effectiveness in any rehabilitation program, but we must keep in mind that the evidence is focused on outcomes after this specific rehabilitation program. The strengths of the OZC rehabilitation program could thus also be viewed as a drawback for this book. Unless you are practicing in a rehabilitation setting or are planning on starting a similar program, there will be a considerable amount of adaptation that would need to occur to apply the OZC concepts and practices either in more acute or less interdisciplinary settings, and adaptations could certainly pose a threat to the evidence for the program's effectiveness. Thus, I found the book useful more from the perspective of becoming educated about various rehabilitation models, discovering new benefits to interdisciplinary work, and learning about specific domains of client rehabilitation (such as self-representation and identity post-injury) that I may not have previously been sensitive to. Select case studies presented did, however, provide more direct guidance to the practitioner working with individual clients, as these were clients who were unable to participate in the intensive rehabilitation groups which are central to the OZC program.

The purchase price (just under \$100) may initially induce some sticker shock, but do not let the size of this book (I easily had it sitting on my small nightstand) mislead you as to its content or value. This book is chock full of up-to-date research reviews, ready-to-use treatment programs, and ideas to stimulate any researcher or clinician. Think of it as a manual and desk reference all rolled up in a highly portable book with material timeless enough to prevent you from having to purchase a new edition in 3 years. And remember that you can shave off a few dollars and save a few trees by buying the electronic version (for those of you who really want to travel in "Hitchhiker" fashion with your Kindle, Tablet, iPhone, or iPad).

Next, let me describe what you get in this compact volume. The book by Wilson and colleagues is organized into four distinct sections spanning from theory to practice and culminating with a summary of the evidence for treatment effectiveness. Section 1 provides a detailed and expansive review of the authors' conceptualization and approach to neuropsychological rehabilitation (described as the "OZC approach"). Section 2 describes the eight brain injury rehabilitation groups run at OZC covering the framework, content, and the evidence for the effectiveness of each. This section also describes the 2 weeks of assessment that are conducted to develop a treatment and group participation plan. Section 3 presents nine individual case examples selected to illustrate the translation of theory (covered in Section 1) to practice as well as to describe ways of working with clients who are unable to participate in their traditional intensive group programs. Section 4 is a short and sweet wrap up (composed of a single chapter) presenting a program evaluation method to assess effectiveness, as well as data from the OZC collected and analyzed in 2005 on 95 clients completing their program. The book closes with an invitation to colleagues interested in this area of work to "keep in touch...and collaborate in this endeavor" (p. 348) using the same grounded collaborative and passionate voice that resonates throughout the book.

The nature of the eight treatment groups offered at OZC reflects the primary areas of difficulty experienced after TBI. Thus, there is something for everyone in this book. Treatment groups range in content from a largely psycho-educational group, to groups focused on rehabilitation of various cognitive (attention, goal management, memory), emotional (mood management and psychological support), and psychosocial (family and communication) domains. Some of the themes that are woven throughout the eight groups and the four sections of the book include the importance of theoretical models that can evolve as they are informed by science and clinical practice, the value of interdisciplinary (as opposed to simply multidisciplinary) approaches to client care, keys to providing client-centered holistic treatment (including the value of goal-setting), the role of the family/social support system, and a critical appraisal of methods available to evaluate the effectiveness of rehabilitation. In fact, this book sends a very strong message of client-centered holistic treatment highlighted in the authors' definition of cognitive rehabilitation: "cognitive rehabilitation is a process whereby brain injured people work together with healthcare professionals to remediate or alleviate cognitive deficits arising from a neurological insult...it should also be concerned with reducing problems faced in everyday life" (p. 22).

The authors write explicitly with detailed examples regarding their proposed process of assessing a client at "baseline," setting goals, implementing treatment, monitoring progress, and assessing outcome. Those still wedded to neuropsychology as an endpoint will be dismayed to see that formal cognitive testing is assigned a minor role in the baseline assessment and outcome measurement. Those that view neuropsychology as a much broader methodology and approach

to brain injury than simply standardized testing will see that neuropsychology has a prominent role in this treatment model as is evident in the book title.

In addition to the many “big picture” strengths of this book, there are also several perhaps more minor positive aspects that add to the reading experience. For example, the authors incorporate several wonderful quotes from landmark and lesser known writings, provide enticing references for further reading, and use critical schematic graphics to support discussion of complex models (which, as a visual learner, I found extremely helpful). As a teacher, I also appreciated the fact that the first page of each chapter contained a footnote for the book reference (aiding citation when individual chapters are shared among colleagues and with trainees). Although cognitive rehabilitation research can sometimes be dry reading, the authors’ liberal use of personal anecdotes and artwork from clients throughout the text

bring a more personal feel to the book and serve to subtly remind the reader of the client-oriented aspects of this rehabilitation approach. Finally, the authors also include copies of several of their treatment forms and detailed group session plans that would facilitate use by the readers in their own practices.

In closing, I would like to praise the ambitiousness of Barbara A. Wilson and her colleagues when they set out to write *Neuropsychological Rehabilitation: Theory, Models, Therapy and Outcome*. It is clearly a reflection of the wisdom and vision that can only be obtained after many years of learning from each other and our clients. While I continue to find the field of neuropsychological rehabilitation as daunting as the galaxy, I find comfort in having this guide to help get me started and I hope as I venture further into this field to someday accept the authors’ generous invitation to “keep in touch.”

### **Walking the Walk: The Practice of Forensic Neuropsychology**

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*Forensic Neuropsychology in Practice: A Guide to Assessment and Legal Processes*, Susan Young, Michael Kopelman, and Gisli Gudjonsson (Eds.). 2009. New York: Oxford University Press, 345 pp., \$59.95 (PB).

Reviewed by SABINA SCHICKLI, PSY.D. *Private Practice, Boulder, Colorado, USA*.

Forensic neuropsychologists face a daunting task in the courtroom. They are forced to reconcile the dichotomous decisions of the court with the dimensionality and probabilistic conclusions of psychology. They are asked to be objective and impartial evaluators instead of advocating for their clients. They must learn to play by the rules of the court even when these rules conflict with the ethics of psychology. Unlike in clinical situations, for the forensic neuropsychologist, the “overriding duties and responsibilities are to the courts, not the individual being assessed” (p. 327). Making these fundamental shifts in perspective requires a great deal of forethought as well as extensive training and knowledge. Several edited texts on the practice of forensic neuropsychology have been written to assist clinicians in this process. However, the voluminous research findings and nuanced laws cited in these books can be overwhelming to the inexperienced clinician. Drs. Young, Kopelman, and Gudjonsson recognize that, foremost, psychologists need to learn the best practices in the field and the core ethical and clinical issues that they are most likely to encounter. For these editors, this book “was born from our recognition that what was needed was a practical resource for practitioners and trainees that provided down-to-earth, pragmatic information and guidance” (p. 3). True to their aspirations, the editors have assembled a text that does exactly that.

The book is divided into 13 chapters. With the exception of the final four chapters which focus on general professional

issues, each chapter addresses a separate clinical disorder or syndrome. The chapters follow approximately the same format. They begin with a summary of the characteristics of the disorder and a review of the diagnostic, neuropsychological, and judicial issues most relevant to the forensic neuropsychologist. After establishing this framework, the authors address practical issues through case studies and provide direct recommendations for report-writing, assessment practices, and testimony. Non-British readers should be forewarned that the book is written with reference to British law; however, the legal concepts they reference are broadly applicable across all common law judicial systems.

The book begins with four chapters that are more atypical to the forensic neuropsychology field. These include the neuropsychology of aggression and violence, intellectual disability, and autism spectrum conditions. In Chapter 4, Young outlines the best practices in the interview and testing process for neuropsychologists working with individuals with Attention-Deficit/Hyperactivity Disorder (ADHD). She describes the characteristics of ADHD that increase risk for criminal behavior, including sensation-seeking behavior, poor emotional control, and impulsivity. She emphasizes that this population has specific vulnerabilities in the legal process, such as responding impulsively during the police interview and misconstruing multi-step questions during trials, and advises clinicians on how to advocate for their clients.