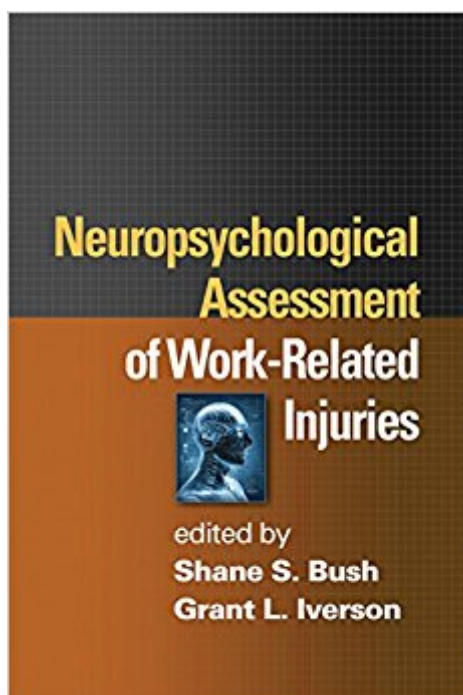


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# Neuropsychological Assessment Of Work-Related Injuries



## Synopsis

Unique in its focus, this book provides an evidence-based framework for assessing work-related neurological and psychological injuries. Meeting a key need, chapters address a range of problems encountered in the workplace: traumatic brain injury, sports concussion, electrical injury, exposure to neurotoxic substances, posttraumatic stress, depression, and brain and psychological injuries experienced in combat. Professionals will find the best available tools and strategies for conducting effective, ethical evaluations of injured workers, making diagnostic determinations, considering causality, determining disability status, and offering treatment recommendations. The complexities of consulting to attorneys, government agencies, and insurance companies are also discussed.

## Book Information

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## Customer Reviews

"This work provides an objective review of the role and function of neuropsychology in assessing work-related injuries, an area in which clinical neuropsychologists have long participated, but without such a comprehensive resource. From explanations of the underlying science to best-practice guidelines, the book is thorough, readable, and a tribute to the editors' ability to attract such quality authors. My copy will become worn very quickly."--Cecil R. Reynolds, PhD, Emeritus Professor of Educational Psychology and Neuroscience and Distinguished Research Scholar, Texas A&M University"Given the paucity of books on the neuropsychological assessment of individuals who have been injured at work, this is a welcome contribution. Neurological and psychological injuries specific to the workplace are summarized. The book succeeds in promoting

evidence-based neuropsychological assessments by integrating the latest research and facilitating biopsychosocial understanding. Graduate students and experienced clinicians alike will benefit from the authoritative reviews and guidelines for practice in both clinical and forensic settings."--Ronald M. Ruff, PhD, private practice, San Francisco, California"

Bush, Iverson, and their well-known contributing authors have targeted an area of neuropsychological practice that is important, yet underserved, in terms of books that provide needed guidance. Clinicians will find a diversity of topics relevant to practice with individuals who have--or may have--work-related injuries."--Jerry J. Sweet, PhD, ABPP, NorthShore University HealthSystem and University of Chicago Pritzker School of Medicine

• Chapters are logically sequenced, clearly written, and well-referenced.

Neurological Assessment of Work-Related Injuries is an authoritative, evidence-based text that is easy to read, understand, and apply to real-world situations. Given the relatively few number of meaningful resources on the topic, this book serves as an excellent resource and is strongly recommended to professionals across a variety of disciplines, including but not limited to healthcare providers involved in neuropsychology, clinical psychiatry and psychology, forensic psychiatry and psychology, occupational medicine, and rehabilitation medicine.

• (Journal of Occupational Rehabilitation 2014-06-01)

• Overall, quite successful in meeting the editors' stated goal of promoting evidence-based practice in the evaluation and treatment of workplace injuries and will likely serve to improve the quality of such practice for those who read it.

The book is likely to be of particular relevance to those who practice in forensic and/or rehabilitation-oriented areas of neuropsychology; however, the topics covered are likely to be relevant to many, if not most, practicing neuropsychologists. As an added bonus, there is also a great deal of practical information that will serve as a useful reference for neuropsychologists, no matter how "green" or "grizzled" in their exposure to workplace injuries.

• (Psychological Injury and Law 2013-07-01)

"An excellent guide that can help novices and experienced practitioners alike 'light out' the often confusing and confounding territory of work-related conditions. With nearly uniform success, the chapters of this volume deliver on the promise to provide an evidence-based framework for the neuropsychological assessment of work-related injuries. Some chapters provide such detailed and comprehensive reviews of matters of universal clinical interest that the book actually transcends its work-related focus....It is easy to recommend Neurological Assessment of Work-Related Injuries. While doing a good job of clarifying many of the unique and difficult demands inherent in the evaluation of work-related conditions, the book includes several excellent and up-to-date reviews on topics of wide clinical interest. This fact alone makes it one of those volumes that are a delight to pull off the shelf when struggling with the best way to

conceptualize a challenging case, especially those that require a neuropsychologist to be more than a skillful and well-informed diagnostician." (Archives of Clinical Neuropsychology 2013-02-07)

Millions of workers are injured on the job every year. Unique in its focus, this volume provides an evidence-based framework for neuropsychological assessment of work-related injuries. Leading authorities present up-to-date information on a wide range of neurological and psychological problems and offer guidelines for conducting effective evaluations. Addressing important scientific, legal, ethical, and professional issues, this book is essential reading for practitioners in clinical or forensic settings. Parts I and II describe common injuries sustained in the workplace that can cause time-limited or permanent cognitive impairment. Coverage encompasses traumatic brain injury, sports concussion, electrical injury, exposure to neurotoxic substances, posttraumatic stress, depression, chronic pain, and brain and psychological injuries experienced in combat. Contributors review the epidemiology and pathophysiology of each type of injury, its typical symptom presentation and course, the impact on day-to-day functioning and job performance, diagnostic dilemmas, and approaches to neuropsychological assessment and treatment planning. Part III turns the lens on professional practice issues, with particular attention to the practitioner's role in helping to make determinations about disability status and compensation claims. The complexities of conducting independent examinations and consulting to attorneys, government agencies, and insurance companies are discussed. The book also presents keys to preparing reports that are relevant for vocational rehabilitation planning. Grounded in the best available knowledge -- while also identifying areas where further research is needed -- this is a rich resource for practicing clinicians and advanced trainees in neuropsychology, clinical and forensic psychology, psychiatry, and rehabilitation.

Excellent edited text. Several great chapters.

The chapter on PTSD is pretty bad. They said (towards the end of page 164), that .

“Duration of the symptoms varies, with complete recovery occurring within 3 months in approximately half of cases.” I don't know if they quoted the reference correctly, but other sources give very different figures for prognosis, and the authors gave no indication of this. For example, Breslau N. The epidemiology of trauma, PTSD, and other posttraumatic disorders.

Trauma Violence and Abuse. 2009;10(3):198-210, found that the half life of PTSD was about 6, 12 or 24 months, depending on if the event happened to you or to someone else and if you were male

or female. Alexander MacFarlane found that, even in arenas where there was no prospect of getting compensation, there was onset of PTSD months after the trauma and that when that happened, the PTSD got worse. I think that the data set was for the first Iraq war of people from Kuwait. The next heading is "Criterion A and the Assumption of a Specific Etiology". They say that the use of Criterion A is so fraught with problems that it has become known as "the criterion A problem". All one has to do is read the fourth volume of the DSM-IV sourcebook, and one will see that those who wrote DSM-IV were perfectly well aware that the cut off for severity of symptoms was arbitrary. They left Criterion A in for "instructional" purposes, they said. I have heard that it is in there for political reasons. I suppose that "instructional" and "political" can be the same thing here. They found that if Criterion A was left out, then the rate of PTSD would go up by 5%. The problem here is not that there is a problem with Criterion A, the problem is that the authors of this chapter present the problem as if it is some unforeseen thing that has crept up on PTSD, whereas in fact it was there all along. In Australia, it does not really matter. If someone gets PTSD symptoms but does not meet the criteria (and you want to apply the criteria strictly) they simply get a diagnosis of GAD and specific phobia; the level of disability is the same, the treatment is the same, and life goes on. Perhaps in the US people get payments for specific diagnoses: I do not know. But perhaps they do not want to compensate egg-shell litigants too much. Which brings us to the next problem. The authors of the chapter state (first paragraph of page 167) that PTSD can be completely taken account of using the diagnostic criteria for MDD and specific phobia. If that were true, so what? But, it's not true. The Criterion B element of PTSD do not overlap with the Criteria for specific phobia, because the Criteria for specific phobia deal with future encountering of the phobic stimulus, and don't say that memories count. There is no chance that the Viet Nam vets will return to war in Viet Nam, but they still have PTSD. (If PTSD really could be covered by the criteria for MDD and specific phobia, so what? I thought that psychologists wanted to view conditions as existing on a spectrum? People with PTSD do not have the same overall clinical feel as a person with major depression and a specific phobia, unless the specific phobia arose because of a traumatic event... And if the specific phobia arose from a traumatic event, then it probably has features of PTSD. In other words, the DSM version of specific phobia ignores the presentation of specific phobia that arises out of a traumatic event: the description is for specific phobia that does not arise from a traumatic event, but the definition of specific phobia is for phobias that arise spontaneously and that arise out of trauma. So, it is the construct of specific phobia that is wrong, not the construct of PTSD. Thanks for stimulating that thought.) Then the authors talk about "Criterion Creep" (heading, page 167). I have already dealt with this by referring to the Sourcebook. The Sourcebook, published in 1994, said that

people can occasionally get PTSD symptoms that meet criteria (except criterion A) from unexpected divorce or job loss. Get over it. Or at least read the book. The authors of the chapter in question also quote someone complaining that the causes of PTSD vary too greatly in magnitude: "any unit of classification [PTSD diagnosis] that simultaneously encompasses the experience of... Auschwitz and told rude jokes [workplace bullying] must, by any reasonable standard, be a nonsense, a patent absurdity". I guess we can write off major depressive disorder then. Duh. Major depression can be caused by workplace bullying ("told rude jokes" is a little bit of a straw man) and is the most common psychological response to traumatic events. I get it that the authors of the chapter would reasonably want to deconstruct the diagnosis and be a bit analytical of it, and look cool and clever, but they have over egged the pudding, and have not provided balance. Worse, they have taken frankly dumb criticism of PTSD ("a patent absurdity"... major depression) and included it without thinking it through at all. It seems not to have occurred to them that some of the criticism of PTSD as a diagnosis is just silly. That review reviews only 6 pages of the book. Don't like a two-star review from just 6 pages? Well, that volume of criticism came from just 6 pages of the book, and it cuts both ways, Shane.

This is a useful book. Don't expect to get lots of guidance on interpreting specific neuropsychological tests, however the editors have done something even more useful. They've done a good job of putting together chapters on a number of potential work related injuries that review research findings and present important issues related to each. If you work in this area it is a book you should own. You can also get CE credits for reading it at PsychContinuingEd.com, LLC

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