Neuropsychological Assessment of Work-Related Injuries

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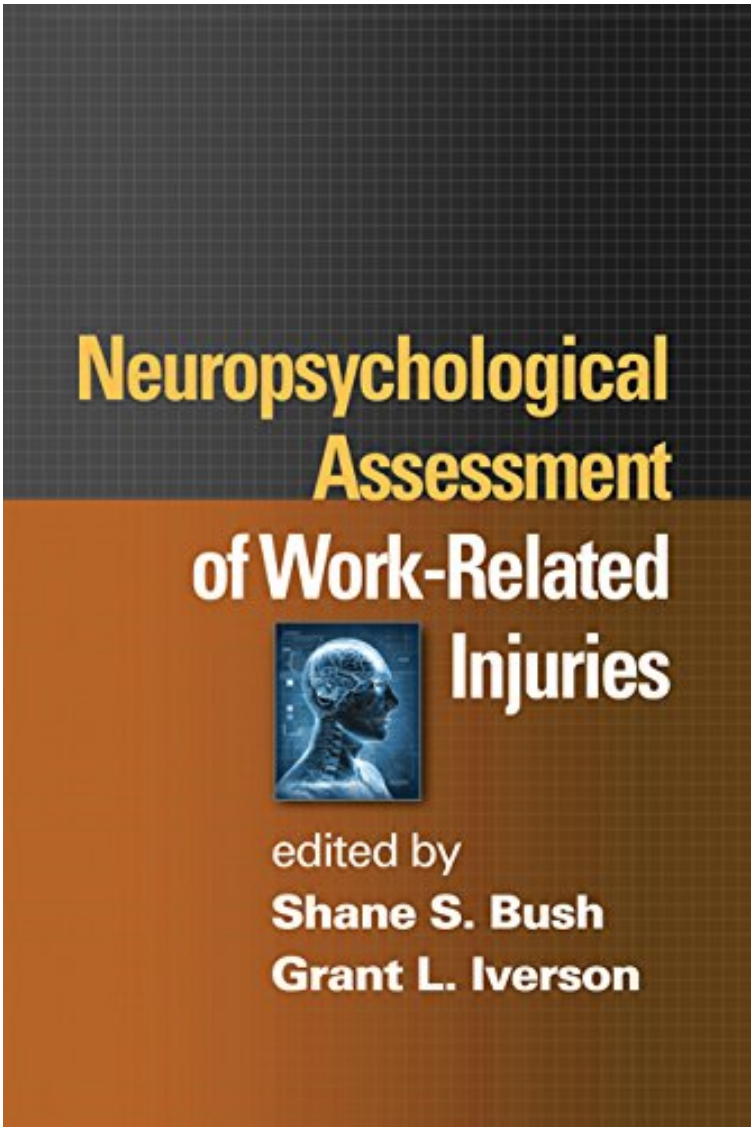

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From The Guilford Press : Neuropsychological Assessment of Work-Related Injuries before purchasing it in order to gage whether or not it would be worth my time, and all praised Neuropsychological Assessment of Work-Related Injuries:

0 of 0 people found the following review helpful. Five StarsBy PaulExcellent edited text. Several great chapters.0 of 0 people found the following review helpful. Very Bad Introduction to the PTSD Chapter.By Pen Name and That AThe 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 unforseen 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.1 of 3 people found the following review helpful. A Useful bookBy Todd FinnertyThis 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

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.