

their attorneys, can minimize, deny, or avoid discussing problems counter to their interests in a case is not addressed at all. The omission is disappointing.

Malingering is a concern in every forensic evaluation. If anything, what this book reveals is that, using the test methods available, the results, when viewed in isolation, will not be dispositive. It is often data gathered from records or collateral interviews, or information concerning the subject's behavior outside the context of the evaluation, or a subject's presentation that cannot be accounted for on the basis of psychiatric, neurological, or developmental factors, that exposes the deception.

As noted by one contributor, symptom validity testing has moderate sensitivity, and scores in the valid range therefore cannot conclusively rule out malingering (p 661). Without question, there is a role for testing of symptom validity in settings where there is an external incentive for the subject to malingering, and under these circumstances, tests of effort, symptom exaggeration, and malingering can prove helpful. In considering the uses and limitations of these tests, experienced forensic psychiatrists will want to have this book on their shelves.

#### References

1. Lerner C: The crime of witchcraft in early modern Europe, in *The Witchcraft Reader*. Edited by Oldridge D. New York: Routledge, 2002, p 205
2. Hughes P: *Witchcraft*. Penguin, 1969, p 181. Quoting Jean Bodin's *De La Demonomanie des Sorciers* [On the Demon-Mania of Witches], 1580

Angela M. Hegarty, MD  
North Great River, NY

Disclosures of financial or other potential conflicts of interest: None.

## Clinical Guide to Mental Disability Evaluations

Edited by Liza H. Gold and Donna L. Vanderpool. New York: Springer, 2013, 394 pp. \$129.

Nearly 25% of working-age adults have a diagnosable psychiatric disorder in any given year.<sup>1</sup> Of those, approximately 30% report some form of work disability.<sup>2</sup> With these statistics, it is not surprising that disability evaluations are the most common mental

health evaluations conducted for nontreatment purposes. As a result, psychiatrists are increasingly being asked to assess disability and other work-capacity evaluations. Because of the limited postgraduate and continuing education training on this topic, providers may find themselves unprepared for the complexity and scope of problems that can arise from doing this type of work. Liza Gold and Donna Vanderpool sought to address this gap in training by publishing practical information for providers who perform disability assessments. In their text, *A Clinical Guide to Mental Disability Evaluations*, they accomplish their goal.

A companion volume to *Evaluating Mental Health Disability in the Workplace*,<sup>3</sup> *A Clinical Guide to Mental Disability Evaluations* covers a full range of topics rated to disability assessments. Part I covers general topics relevant to disability evaluations. Chapter authors experienced in mental health and the law outline a model for conducting disability assessments and provide important subject matter background on the topics of disability law, ethics, dual role and boundary concerns, workplace accommodations, return-to-work evaluations, and the role of psychological testing.

Part II, in contrast, focuses on specific types of disability assessments, including social security disability income (SSDI), workers' compensation, private insurance, the Americans with Disabilities Act, workplace violence, and fitness-for-duty evaluations. The essential differences in the types of evaluations are presented in a clear manner.

The text is organized in a way that will appeal to clinicians who have limited experience with disability evaluations, as well as to seasoned forensic evaluators. Practitioners new to disability assessments are guided in a step-by-step approach to the assessments, from understanding the referral questions, to an outline of key components for an evaluation, to the nuts and bolts of specific questions to ask evaluatees. Included throughout the text are concise tables and outlines for easy reference to main concepts. The chapter authors illustrate through case examples the common challenges encountered in performing disability assessments. In addition, each chapter concludes with a summary of concepts in the form of key points that emphasize the main themes. Pearls for experienced forensic psychiatrists include recent legal cases and updated references.

Unique to the text is material intended specifically for treating clinicians and contrasted for nontreating evaluators. By way of illustration, Chapter 6, “Malingering and Mental Health Disability Evaluations,” is an artful discussion of the challenges that a treating provider may face in completing disability evaluations. Included is a discussion of the competing interests that a provider may encounter in maintaining a treatment relationship when faced with evaluating for malingered illness. Chapter 7, which focuses on SSDI claims, similarly provides guidance on how an independent examiner can supplement or challenge information from the evaluatee’s regular treatment provider.

Although the editors include information on workplace accommodation and return-to-work planning, they made clear that services such as vocational rehabilitation and employee assistance programs are beyond the scope of the text. If there is anything missing in this comprehensive guide it is in this area, as disability evaluators may be asked to coordinate or evaluate recommendations regarding such services. Basic guidance on how these additional services relate in the context of disability assessments would be helpful.

In summary, Gold and Vanderpool aptly accomplish their goal of providing a much-needed guide to disability evaluations. There is little to criticize. This comprehensive guide provides a balanced text with content relevant to the general practitioner and experienced forensic evaluators, as well. It is sure to serve as a how-to guide for those new to disability evaluations, yet it provides sufficient detail and case law to serve as a reference for those looking to answer specific disability-related questions.

## References

1. Reeves WC, Strine TW, Pratt LA, *et al.*, and the Centers for Disease Control and Prevention: Mental illness surveillance among adults in the United States. *MMWR Morbid MMWR Surveill Summ* 60:1–32, 2011
2. Jans L, Stoddard S, Kraus L: *Chartbook on Mental Health and Disability in the United States*. InfoUse Report. Washington DC: National Institute on Disability and Rehabilitation Research, 2004
3. Gold LH, Shuman DW: *Evaluating Mental Health Disability in the Workplace: Model, Process, and Analysis*. New York: Springer, 2009

Jennifer Piel, JD, MD  
Seattle, WA

Disclosures of financial or other potential conflicts of interest: None.

## Principles and Practice of Trial Consultation

By Stanley L. Brodsky. New York: The Guilford Press, 2009. 217 pp. \$40.00.

This book is the latest in a series of monographs addressed to expert witnesses and legal professionals from forensic psychologist Stanley Brodsky. Readers will find it informative, entertaining, and somewhat jarring. Although the book is brief, its content is rather weighty. Trial consultation is portrayed as an art and science in which bias is to be assumed, and little or no attempt is made at striving for objectivity. The goal of the trial consultant is to help the legal team make its strongest case and select the jurors most likely to be sympathetic to its arguments. Forensic specialists need to pay attention here. Although conspicuous by its absence, Bernard Diamond’s classic paper appears vindicated.<sup>1</sup>

Presented in five sections of two to four chapters each, Brodsky relies on his own research and case studies to make his points. Part 1, “Essential Issues in Trial Consultation,” describes this activity as relying on behavioral psychology and marketing, although it is unregulated and only arguably a profession. The core competency of the trial consultant is case conceptualization, the ability to develop a narrative that the jury will find convincing and that will shape witness preparation, jury selection, direct and cross-examination, and opening and closing arguments. Brodsky provides an annotated bibliography with sources dated 1983 to 2007, weighted toward jury selection instruments including two evidence-based scales; he wryly admits, however, that the verdict does not always correlate with the hoped for results.

Part 2 focuses on witness and attorney preparation. Preparation of both expert and lay witnesses gets detailed attention, and dealing with questioning related to racial discrimination and gender-intrusive cross-examination is emphasized. Impression management is key, and suggestions for improvement in this area are provided. Research using undergraduate students confirms what most readers of *The Journal* already know, that good expert testimony requires that knowledge, confidence, trustworthiness, and likability be projected from the witness stand.

Jury selection is addressed in the third section. The author repeatedly admonishes that common sense, intuition, and demographics are fallible. Beware of