

Assessing Negative Response Bias in Competency to Stand Trial Evaluations

Steven J. Rubenzer, PhD, ABPP. New York: Oxford University Press, 2018. 288 pp. \$41.95.

It is axiomatic in a forensic mental health evaluation that an evaluatee's responses may be distorted in some way, either over- or under-reporting symptoms. In the context of criminal cases, the former is more frequently encountered. Dr. Rubenzer's new volume offers a wealth of information for those conducting various types of evaluations, including assessments of competency to stand trial.

This book is quite thorough. In the first chapter, various estimates of the frequency of malingering in competency to stand trial evaluations are reviewed, followed by discussion of implications from the findings. This is the primary area in which I disagree with Dr. Rubenzer. He writes, "This book takes the position that response-style assessment is the primary differential diagnostic and assessment skill of the competency to stand trial examiner," and recommends "that any defendant presenting with deficits sufficient to warrant a finding of incompetence (or serious doubt about competency) be assessed for negative response bias" (pp 5–6). In my view, this is an extreme stance. Cognitive neuroscience has shown that even highly educated and well-motivated individuals are disturbingly prone to unintentional bias.¹ Given rates of malingering estimated at 20 to 25 percent in competency to stand trial evaluations, it is necessary to maintain an appropriate level of vigilance. An unduly heightened level of suspicion, however, easily leaves the clinician vulnerable to confirmatory biases,² including forgetting that three quarters or more of evaluatees are probably not feigning or exaggerating symptoms. Dr. Rubenzer and I have discussed this difference of professional opinion, and we have agreed to disagree.

Chapter 2 discusses challenges involved in conducting competency to stand trial evaluations. Although some of this will be familiar to experienced clinicians, there is a useful discussion of signs that have been identified as indicating feigning or exaggeration of symptoms. Chapters 3 through 6

are, in many respects, the core of this volume. Each presents a review of instruments pertaining to specific relevant topics, respectively: tests for directly assessing competency to stand trial, measures of feigned or exaggerated psychopathology, feigned cognitive impairment, and the few tests intended to identify feigned incompetence.

In Chapter 7, some of the obstacles involved in combining data from multiple response style measures are reviewed. This is followed in Chapter 8 with a consideration of challenges in assessing specific categories of defendants, including those claiming amnesia, with dissociative symptoms, and with intellectual disabilities. Chapter 9 is a review of challenges in report writing and offering testimony. In the course of preparing this volume, Dr. Rubenzer conducted an extensive survey of forensic practitioners covering various practice areas, and these data are presented in Chapter 10. The final chapter considers implications of some of the author's conclusions for judicial and other governmental agencies. Dr. Rubenzer makes suggestions for practitioners and of potential topics worthy of future research.

It is perhaps unfortunate that the release of Dr. Rubenzer's book coincided closely with the publication of the most recent edition of the seminal volume on the topic of deceptive responding, *Clinical Assessment of Malingering and Deception, Fourth Edition*.³ Although it could be argued that the latter text obviates the need for Dr. Rubenzer's book, he has provided a concise and detailed review of many of the most pertinent instruments for the detection of feigned or exaggerated symptomatology in forensic examination. Much of the same information is spread across multiple locations within the broader coverage provided in the Rogers and Bender text.³ Indeed, information on the M-FAST is presented in seven different chapters of the latter book, the TOMM in twelve chapters, and the SIRS in fully half of the 30 chapters. I find Dr. Rubenzer's contribution quite useful, and I recommend it for every forensic clinician's bookshelf.

References

1. Kahneman D: Thinking, Fast and Slow. New York: Farrar, Straus and Giroux, 2011
2. Neal TMS, Grisso T: The cognitive underpinnings of bias in forensic mental health evaluations. *Psychol PubPol'y & L* 20:200–11, 2014
3. Rogers R, Bender S: *Clinical Assessment of Malingering and Deception, Fourth Edition*. New York: Guilford Press, 2014

3. *Clinical Assessment of Malingering and Deception*, Fourth Edition. Edited by Rogers R, Bender SD. New York: Guilford Press, 2018

B. Thomas Gray, PhD, ABPP
Pueblo, Colorado

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

DOI:10.29158/JAAPL.003933-20

Treating Sexual Abuse and Trauma with Children, Adolescents, and Young Adults with Developmental Disabilities: A Workbook for Clinicians

Vanessa Houdek, PsyD, and Jennifer Gibson, PsyD.
Springfield, Illinois: Charles C. Thomas, Ltd. 2017. 174 pp.
\$28.98.

This book was published as part of the Childhood Trauma Treatment Program's (CTTP) efforts to train professionals to assess and treat childhood trauma and abuse. CTTP is supported by the Advocate Family Care Network, which is a division of Advocate Health Care. The preface of the book identifies that CTTP's overall mission is to "assess and provide therapy and counseling for children, adolescents, and families that have experienced sexual abuse, maltreatment, psychological trauma, and sexual behavioral problems, to teach clinicians who provide these services, and to prevent child sexual abuse through special workshops for adults" (p v). As part of this mission, CTTP stated that they were "compelled to create a user-friendly treatment manual for clinical professionals so they may feel better equipped to treat children, adolescents, and young adults with developmental disabilities, who experience sexual abuse" (p v). Although this workbook deals primarily with developmental disabilities, many of the exercises may also be applicable to a more general population of traumatized youth.

The book is addressed primarily to masters- or doctoral-level trainees or clinicians. Of the book's 174 pages, roughly 45 pages follow traditional textbook style. The remaining portions of the book are de-

voted to patient worksheets and potential clinical module outlines. The second part of the book is not intended to be all-inclusive, but rather a general guide to show how these types of exercises can be used and how an individual may progress through the healing process. The authors note that the term "developmental disabilities" is a broad category of conditions, which they define as including disorders such as cerebral palsy, Down syndrome, autism spectrum disorder, attention deficit/hyperactivity disorder, nonverbal learning disorder, and fetal alcohol syndromes. The book covers individuals with these disorders who are moderate to high functioning.

For a book of this nature, it is surprising that the authors did not identify themselves or provide their biographies, either in the introduction or on the dust jacket. This leaves the reader unaware of the authors' past clinical experience, personal research, or additional training that may make them qualified to write such a book. Although this may have been intentionally done to keep the focus on the material rather than on the authors' backgrounds, it potentially diminishes the usefulness of the book for a forensic reader who may wish to cite or quote recognized experts in the field.

This book may serve as a good primer for trainees or individuals early in their career, particularly those who treat patients with a history of sexual abuse. This book is not meant as a forensic text which is evident from the brief discussion in Chapter 3 on the difference between a trauma assessment and a forensic evaluation. Readers hoping to gain some insight into how to conduct a forensic interview with a potentially traumatized child with developmental disabilities will not find this book helpful. It deals primarily with treatment and how to conduct treatment interventions. It may provide some benefit to a forensic expert who wishes to identify an example of a relevant text on the treatment of trauma in young individuals with developmental disabilities in court. The forensic expert might also use some of the cognitive behavioral worksheet examples to explain to a jury aspects of how treatment is conducted with such patients. This book is too basic, however, to be used in court as an in-depth informative text. For example, there are only 38 references for the entire 174-page book.

Chapter 4, which focuses on trauma treatment modules and preparing for trauma treatment, is a bit weak in that only two specific trauma-focused therapies are discussed: trauma-focused cognitive behavioral treatment (TF-CBT), and integrative treatment