

Traumatic Brain Injury: Methods for Clinical and Forensic Neuropsychiatric Assessment, 2nd Edition

By Robert P. Granacher, MD, MBA. Boca Raton, FL: CRC Press, 2008. 542 pp. \$157.95.

Since the publication of Robert Granacher's award-winning first edition in 2003¹ of *Traumatic Brain Injury: Methods for Clinical and Forensic Neuropsychiatric Assessment*, the annual rate of traumatic brain injury (TBI) has increased by one-half to a total of almost three million, and Granacher's database of TBI examinees has grown by one-third to 4000 cases. The book's second edition contains 11 chapters written for an intended audience of clinical and forensic physicians and psychologists. Simply put, it is a gem.

Many of the chapters can stand alone, although there are frequent cross-references among them. The first eight are directed toward clinical considerations, but comments about forensic applications frequently appear. The last three chapters are directly related to forensic concerns. Each chapter is replete with references and an adequate number of summary tables. Abstracts of important research are provided liberally throughout.

The clinical chapters begin with one on the epidemiology and pathophysiology of TBI, a somewhat unusual combination for this type of publication. The author describes data from the United States and other countries, and there is ample discussion about civilian and military injuries, including blast injuries. New serum biomarkers for TBI, the S-100 protein and neuron-specific enolase, are presented. A chapter on the TBI-related neuropsychiatric and psychiatric syndromes includes a plea to the DSM-5 task force to bring diagnostic criteria up to date with the vast empirical evidence regarding these disorders. After viewing the proposed changes displayed on the American Psychiatric Association (APA) website,² I fear Granacher's request comes too late or simply was unheeded. Many definitive-sounding pronouncements in this chapter, despite references, will raise thoughtful questions in the minds of experienced neuropsychiatrists, given the high variability in TBI outcomes.

A chapter on obtaining the history is comprehensive, yet borders on being overinclusive. Lists of summary questions for the clinical interview will be appreciated by trainees, while experienced forensic psychiatrists may find them tedious and redundant. A separate section addresses obtaining the history for injured children. The chapter on the neuropsychiatric examination provides a superb review of the neurologic assessment in adults and children. Bedside examination procedures are clearly explained and follow a logical progression. The relationships among TBI, cognitive domains, and neurologic systems receive careful attention and explanation from the author. Developmental aspects of the examination of children are emphasized nicely. Nevertheless, seasoned clinicians may find details to disagree with, based on their own training and examination style, and the detail on the neurologic examination may seem excessive for the non-physician readers.

Granacher describes the classification of various types of TBI in a separate chapter that contains a discussion of how these injuries appear in neuroimaging studies. He organizes the discussion by neuroimaging technique; some readers may prefer a compilation by lesion type. The need for an on-site cyclotron for positron emission tomography (PET) studies is emphasized, but there is no mention of current delivery services for tracers for PET imaging, which renders this technique more widely available than is suggested in the book. Overall, there are good descriptions of the various techniques and their limitations, both for clinical and forensic purposes.

Granacher emphasizes the inclusion of tests for cognitive distortion in his discussion of standardized neurocognitive assessment. Testing in adults and children each receives adequate treatment here, although the WAIS-IV (Wechsler Adult Intelligence Scale-4th ed.), and in a later chapter the MMPI-2-RF (Minnesota Multiphasic Personality Inventory, 2nd ed., Restructured Form), available since 2008, are not mentioned. A review of behavioral assessments in adults and children includes a detailed discussion of the variety of test instruments available, from the familiar to the obscure.

The clinical section ends with a chapter on neurobehavioral analysis and treatment planning in which the author tries to explain the integrative and analytical process applied among the component assessments, a tall order for any author. This is a diffi-

cult chapter, and some will find the writing at times repetitious. There are three extensive case examples for illustrative purposes.

The chapters specifically devoted to forensic topics focus on the nature of the forensic examination; the determination of causation, damages, outcome, and impairments; and forensic neurobehavioral analysis. Again, three illustrative cases are extensively discussed. Granacher opines that the treating physician should never give the patient a disability rating, which is somewhat stricter than is seen in general practice. The *Daubert*³ criteria are emphasized, although there is no discussion of jurisdictions that have rejected them. There is an excellent discussion of the coaching of examinees by their attorneys, but there are no specific comments about the so-called neurolaw movement,⁴ which focuses on the application of new developments in neuroscience, including cognitive neuroscience and functional neuroimaging, in the legal arena. Much in the forensic chapters will serve as good primary material for general psychiatry residents and a refresher for forensic fellows, including details on the theory and basis of tort law and fruitful areas of inquiry in the forensic evaluation.

The book includes a highly detailed table of contents and index, typical of what we expect from CRC Press products. The font is slightly small, and there are rare typographical errors. One page in my copy was sheared in half. These are trivial complaints, however. The text is eminently readable, thanks to the single authorship. While Granacher states that the book is not to be taken as an encyclopedia of TBI, after reading all of it, I have trouble imagining a more encyclopedic source on this important subject. This may be the reference to have on TBI.

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References

1. Granacher RP: Traumatic Brain Injury: Methods for Clinical and Forensic Neuropsychiatric Evaluation. Boca Raton, FL: CRC Press, 2003
2. American Psychiatric Association: DSM-5 Development. Available at <http://www.dsm5.org/Pages/Default.aspx>. Accessed August 3, 2010
3. *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 (1993)
4. Silva JA: Forensic psychiatry, neuroscience, and the law. *J Am Acad Psychiatry Law* 37:489–502, 2009

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Mental Disability Law, Evidence, and Testimony: A Comprehensive Reference Manual for Lawyers, Judges, and Mental Disability Professionals

By John Parry and Eric Y. Drogin. Chicago: American Bar Association, Commission on Mental and Physical Disability Law, 2007. 467 pp. \$95.00.

A forensic mental health library should contain at least one easy-to-read, comprehensive reference that summarizes principal mental health statutes and case law. *Mental Disability Law, Evidence, and Testimony: A Comprehensive Reference Manual for Lawyers, Judges, and Mental Disability Professionals* may fill this niche. The book is the culmination of a 10-year effort by John Parry, JD, Director of the American Bar Association Commission on Mental and Physical Disability Law, and forensic psychologist Eric Y. Drogin, JD, PhD, to define and summarize mental health law. The text is a descendent of the *National Benchbook on Psychiatric and Psychological Evidence and Testimony*.¹

The book, which is divided into seven parts, guides readers through civil and criminal laws, doctrine, evidentiary hazards, and forensic practices that have implications for mental health practice. The authors have included statutory and case citations to help readers understand current thinking in mental health law. They summarize empirical evidence that informs readers about the merits of and caveats associated with expert mental health testimony.

The first part of the book introduces readers to basic legal concepts and contains a history of mental disability law. Parry and Drogin describe how the focus has shifted from litigation pertaining to the rights of persons with mental disabilities to the justice system's impact on those with mental illness. They also proffer a thoughtful discussion about self-determination, the disability paradigm under the Americans with Disabilities Act (ADA, 1990), and stigma and sanism.

Parry and Drogin summarize common mental health terms and diagnostic classifications in the second part of the book. If there is a weakness in the