

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

of complex trauma (ITCT). Although these are recognized forms of trauma treatments, there was very little discussion as to why these particular modalities might be more appropriate for individuals with disabilities or why other commonly used treatments, such as prolonged exposure therapy, may not be appropriate. Unfortunately, this limitation is prevalent throughout most of the book. Although developmental disabilities are the stated focus of the text, there is little in-depth discussion on the research base to support the use of these techniques in individuals with disabilities. Further, other than a few very basic recommendations (e.g., use language that can be understood, being mindful of sensory input limitations, and consider using cognitive testing or speech therapy evaluation results to better tailor approach), there is very little guidance provided to the reader on how these treatment approaches are to be modified specifically for this population. There are sections that discuss developmental disabilities, but they are often cursory in nature, akin to what may be found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

In summary, this is a basic cognitive behavioral treatment workbook. Future editions of the book may benefit from further developing sections describing the research base supporting the content and specific applications of targeted treatment modalities for this population. It may be an appropriate initial foray for trainees, but more seasoned forensic psychiatrists will likely find this book too basic.

Ryan C. W. Hall, MD
Lake Mary, Florida

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

DOI:10.29158/JAAPL.003934-20

Unbelievable: Myths and Realities of Sexual Assault

Directed by Lisa Cholodenko, Michael Dinner, and Susannah Grant. Written by Susannah Grant, Michael Chabon, Ayelet Waldman, Jennifer Schuur, and Becky Mode. Released: September 13, 2019.

Unbelievable, an eight-episode miniseries on Netflix, dramatizes a true story of police insistence that a young woman's report of a stranger rape at knife-

point was fabricated. The series broadens to two simultaneous stories from different viewpoints that eventually intersect, similar to a 2015 article about a case of stranger rape in Lynnwood, Washington, that occurred in 2009.¹

"An 18-year old said she was attacked at knife-point. Then she said she made it up. That's where our story begins." is the subtitle of the Pulitzer prize-winning ProPublica article.¹ On February 26, 2016, "This American Life" published an episode based on this article, called *The Anatomy of Doubt*,² which begins by explaining the differences between two different police departments in handling similar cases of stranger rape. In contrast, the Netflix series begins with a frightened and shaken Marie Adler (played by Kaitlyn Dever), her foster mother, and the police the morning after she was attacked in the bedroom of a new apartment for young adults aging out of foster care.

At first the police consider her story and interview her. She describes the attack in detail. He wore a mask so she could not describe his face. She remembered he wore a gray sweater. Then, a supervising officer conducts another interview. And then there's the hospital interview ("we need it for our records") and a rape kit. On the fourth time she was asked to repeat her story, she said it was a gray hoodie, maybe not a sweater. While asked about details by a cold male detective, she escapes to a beach in her head. She comes back to the aftermath of her attack and how she was able to cut off the shoelaces (her own) he used to tie her hands. She is then asked by the detective to write a statement, which would require her to focus on the attack in detail a fifth time. He lets her take the statement home to complete later. This series of scenes imply that slight changes in memory over the course of many evaluations indicate untruth.

Marie is initially comforted by friends and peers, but eventually one of her former foster mothers decides that Marie's behavior is not conforming to her own expectations of victimhood and goes to the police with her doubts. Marie has acted out before with "look at me behavior," she reports. Evidence is scarce, and police want to close their case. The doubt spreads like contagion throughout Marie's life. The police ask for the victim's child protective services file. Under pressure, Marie recants her report. The police eventually decide to press charges against her for filing a false report, after coercing her to take back her statement. Eventually, Marie, with the assistance