should be clarified as a void in the literature. Additionally, with few exceptions, the authors leave unresolved such important issues as when should incapacity be evaluated and who should request such evaluations. This is discussed in general terms by Sullivan, but indications for specific capacities are lacking.

A further limitation of the text concerns its coverage of capacities. For example, testamentary capacity is an important capability and is discussed in the book. However, it may also have been helpful to address ability to enter into contracts or business activities. For instance, individuals with neurocognitive compromise may sign contracts with potential personal or financial liability, and this may ultimately lead to legal proceedings. Likewise, with the advent of the Americans with Disability Act, capacity to continue employment subsequent to neuropsychological impairment is arguably a relevant and important topic to address.

A further criticism concerns the empirical basis of capacity evaluations. In particular, from the chapter concerning testamentary capacity, there is no meaningful research pertaining to this topic. As such, some of the capacities are insufficiently defined and barely researched, thereby leaving confident assertions wanting. This is a shortcoming of the literature rather than the authors. Nonetheless, it highlights the fact that scientific evaluation of civil capacities has only begun, and some capacities are better delineated than others. If the text is to be criticized in this regard, it is because the authors offer inadequate acknowledgement of this weakness.

These shortcomings notwithstanding, this is an essential text for the clinician. It clarifies basic assumptions, models, roles, and responsibilities, and it provides a rudimentary framework for conducting capacity evaluations. Furthermore, owing to the scientific blindspots it highlights, this text will also serve as a catalyst for subsequent research.

M.R. Basso1 and Dennis Combs2

1Department of Psychology, University of Tulsa, Tulsa, OK, USA
2Department of Psychology, The University of Texas at Tyler, Tyler, TX, USA

E-mail address: michael.basso@utulsa.edu

doi:10.1093/arclin/acs079
Advance Access publication on 16 October 2012
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Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice, Edmund C. Haskins (Ed.). ACRM Publishing, Virginia (2012). 133 pp., $150.00.

The Cognitive Rehabilitation Manual was developed by the Cognitive Rehabilitation Task Force of the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine. The manual is intended to guide clinicians in planning and administering evidence-based cognitive rehabilitation treatments. It would be most suitable for beginning or intermediate clinicians who are treating patients in the post-acute phase of rehabilitation. Chapter 1 provides a general framework for organizing interventions into three distinct stages of treatment and recognizes the continuum of learning and support necessary to help patients acquire and ultimately generalize strategies and skills to real world contexts. Chapters 2–6 apply this framework to the rehabilitation of executive functions, memory, attention, hemispatial neglect, and social communication. The rehabilitation chapters begin with general descriptions of the impairments followed by broad treatment recommendations from the BI-ISIG. This is followed by descriptions of specific treatment protocols that have been endorsed in the literature.

The manual is both ambitious and straightforward. Ambitious as it covers a wide range of cognitive impairments and different types of therapy approaches and distills the content into the most essential information. The handbook is straightforward in that it is procedural and uses list format to describe clinical protocols. Several features make it very practical guide for busy clinicians. There are a number of generic and specific treatment forms that clinicians can photocopy and use to record treatment data. The provision of forms helps concretize the treatment procedures as clinicians have a structure for collecting and using treatment data. Another very practical feature is the provision of sample long-term and short-term treatment goals for different treatment areas. Similarly, a number of the chapters provide scripts for how to introduce or explain treatment. Having exemplar wording for written treatment goals and discussions with clients is illustrative especially for clinicians somewhat new to cognitive rehabilitation. Another helpful feature is graphic decision trees that provide flowcharts for making clinician decisions and help to ensure that individual client profiles are accommodated. For example, for some interventions, a prerequisite skill would be intact awareness; the decision tree ensures a clinician will consider this information when selecting a treatment.
Chapter 2, Rehabilitation for Impairments in Executive Functions, is particularly comprehensive. It describes strategy training for impairments in executive functions, problem solving, and behavioral and emotional dysregulation, including awareness deficits. Several treatment protocols are detailed in an easy-to-follow format and the rationale for the treatment components is explained well.

The treatments described in the manual are selected based on a series of reviews supported by the BI-ISIG group of experts. At times, this results in a somewhat piecemeal collection of interventions that are not theoretically well linked. It also can result in a cursory overview of complex rehabilitation practices. Clinicians will need to have background information on neuropsychological functioning and assessment in order to select interventions best matched to client profiles. The manual does not address assistive technology which has become integral to cognitive rehabilitation; however, the evidence-based principles of training a memory notebook and the protocols that involve errorless learning and spaced retrieval could be applied to the more commonly used computer devices and electronic applications.

This manual is set up as a handbook to facilitate administration of a range of cognitive interventions that have been described in the literature. It is neither intended to provide a comprehensive review of the field nor is it intended to be a one-size-fits-all cookbook. It addresses the “how to” questions more than “why” questions behind rehabilitation. Although it reviews interventions that have been experimentally evaluated, it also provides practical therapeutic suggestions that recognize rehabilitation involves a dynamic interaction between the clinician and the patient. The step-by-step techniques with sample protocols will make this a valuable resource for clinicians treating clients with acquired cognitive impairments.

McKay Moore Sohlberg

Communication Disorders and Sciences, University of Oregon, OR, USA

doi:10.1093/arclin/ac080
Advance Access publication on 16 October 2012
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PTSD and Mild Traumatic Brain Injury, J. J. Vasterling, R. A. Bryant, and T. M. Keane (Eds). The Guilford Press, New York, NY (2012). 308 pp., $60.00.

Vasterling, Bryant, and Keane tackle the complex and dynamic interplay between post-traumatic stress disorder (PTSD) and mild Traumatic Brain Injury (mTBI)/concussion. The editors address issues related to the potentially complicating neural and psychosocial mechanisms of each injury and those factors which interfere with recovery. The assessment and treatment of individuals with both diagnoses are reviewed in depth. To address these subjects, the editors assembled an impressive array of contributors and created a comprehensive volume geared toward practitioners assessing and treating these patients.

While, today, an overarching societal focus of co-morbid PTSD and concussion/mTBI is due to the war and concerns for service member health, the volume does not provide an over-focus on the military. Military topics are provided coverage; however, co-morbid PTSD and TBI also occur in civilian cases, such as in motor vehicle accidents and assaults. This volume provides information on these topics as well and integrates the research findings from all populations making it applicable for providers serving a wide variety of individuals.

Although the title indicates that PTSD and mTBI will be the key topics, the book does an excellent job of addressing additional areas of concern, to include other co-morbid conditions and variables which need to be integrated into any case formulation. Outcome research is reviewed with reference to premorbid issues such as intellectual functioning and personality characteristics, as well as post-injury anxiety, depression and somatic concerns, expectations, misattribution of symptoms, and issues related to secondary gain. Significant coverage is provided on co-occurring pain, typically headaches, and the relationship between pain, PTSD, and mTBI. Substance use disorders, a significant complicating factor in the effective assessment and treatment of any disorder, are summarized in the context of emotional trauma and brain injury. The interconnectedness among pain, PTSD, concussion/mTBI and substance use can be inordinately complex, but this volume provides a clear foundation in which to address the constellation of these dynamic symptom presentations.