
In this volume’s preface, the editors state, “The book was created with the hope that it may become the definitive reference text on the practice and process of forensic neuropsychological assessment of children.” They have produced a volume that is an excellent candidate for the position. Many of the contributing authors are pioneers in pediatric neuropsychology and some have done seminal work on issues relating to assessing children in a forensic context, from establishing base rates and profiles of cognitive dysfunction in conditions such as mild traumatic brain injury to assessing malingering in children. The chapters are, for the most part, well conceived and executed. The book is divided into three sections covering theoretical, conceptual, and psychometric issues, applied clinical issues and a “toolbox” of forms and checklists.

The first section includes nine chapters. In Chapter 1, Sweet and Westerveld make the point that the practitioners of pediatric clinical neuropsychology are increasingly encountering the legal system as they assess children with acquired brain injury and those seeking access to academic and treatment services (“… clinical neuropsychologists can run, but cannot expect to successfully hide from attorneys”, p. 4). The differences between a clinical evaluation and a legal one are elucidated well, including the distinction between a fact witness and an opinion witness. There are exhortations, in this and other chapters, about maintaining objectivity, and methods for self-questioning to achieve that end. Chapter 2 discusses ethical issues in general forensic neuropsychological practice, as well as those specific to working with children. There is a useful decision-making model to guide the practitioner through ethical dilemmas.

Chapter 3 includes a review of general concepts of test reliability and validity, with examples relevant to adult forensic practice, but very little useful information for the pediatric neuropsychological practitioner. The following chapter, by Brooks and Iverson, is more relevant to pediatric practice, with consideration of sensitivity, specificity, and base rates. It provides a very useful discussion of the multivariate nature of neuropsychological assessment and the pitfalls of over-interpreting single low scores. Iverson continues the cautionary tone in Chapter 5’s discussion of interpreting change in neuropsychological test scores over time, with an excellent discussion of reliable change methodology as a precursor for inferring clinically meaningful change.

The conceptual discussion of malingering in Chapter 6 by Slick and Sherman is general rather than specific to pediatrics, but makes the point that “effort testing” is a poor term because a malingerer may put a great deal of effort into manipulating responses. Rather, we should consider performance on two dimensions, effort and compliance. Tests of malingering, then, are better conceptualized as “non-compliance detection measures.” There are proposed definitions of “primary malingering,” and “secondary malingering,” defined as non-compliance in which the individual did not have the capacity to understand the implications of his or her behavior, which may well apply to children. The category of “malingering by proxy” includes children coached to malinger by caregivers or attorneys. Chapter 7, by Kirkwood, is an extremely practical and useful presentation of those non-compliance detection measures (although he uses the term “effort tests”) that have been employed with children, including descriptions and relevant research studies.

Chapter 8, discussing culture and language, raises may important issues, such as the consideration of acculturation rather than just familiarity with the dominant language, but lists few practical methods for determining when to refer a child to a practitioner more familiar with his or her culture. The use of interpreters is strongly discouraged, but no specific studies are cited to bolster the arguments presented.

Donders addresses interpretive confounds in a practical way in Chapter 9, stressing consideration of base rates, premorbid developmental, academic and family history, as well as co-morbid conditions, such as pain or PTSD.

The second section of the book is comprised of five chapters that deal with typical cases and issues encountered by pediatric neuropsychologists engaged in forensic practice. Chapters 10, covering mild traumatic brain injury, and 11, dealing with moderate and severe TBI, are excellent in defining the state of the art in pediatric neuropsychology, both conceptually and clinically, with regard to closed head injury.

Chapter 12, entitled “Preinjury and Secondary AD/HD after Pediatric TBI Forensic Cases,” did not really define “secondary AD/HD” or provide research relevant to differentiating it from pre-injury AD/HD or indicating its prevalence, characteristics, and likely concomitants. Case histories presented were only by experts hired by one side (plaintiff or defense) and failed to include neuropsychological test data. There are several sections about the role of the child psychiatrist in forensic evaluations and the relationship between the expert witness and legal counsel that appear to belong elsewhere in the book.

Medical malpractice cases, covered in Chapter 13, are frequently referred to pediatric neuropsychologists for assessment of “damages,” the neurocognitive sequelae of the brain injury sustained, as differentiated from the “liability,” determination of whether a physician’s negligence caused the injury. The chapter includes a number of cautions about the process of pediatric neuropsychological assessment under these circumstances and examples of cross-examination that are very instructive.
The final chapter in this section is an excellent discussion of the issues and procedures for conducting pediatric neuropsychological evaluations of children with academic problems seeking services from public schools. Several examples are included, with test results, interpretation, and outcome. The test batteries, however, did not include standardized teacher rating forms (e.g., Achenbach Teacher Report Form, Behavior Rating Scale for Children-2, teacher version or Connors-3, Teacher Form), which is a significant omission if a neuropsychologist is intent on remaining impartial, rather than relying solely on parents’ descriptions of a child’s school problems.

Section 3 includes forms and checklists that will be extremely helpful to the beginning forensic pediatric neuropsychologist, although most will need some modifications to suit individual practitioners. The consent forms are very complete (although some sentences seem more relevant to adult than pediatric evaluations) and should be reviewed by practitioners providing evaluations in this context.

In summation, the editors of this book did a good job of tying the chapters together by providing cross-references to other relevant chapters when appropriate. The topics chosen were comprehensive and relevant. Although some chapters call for additional research, I would like to have seen more suggested guidance for the future of this rapidly growing field. This is a very useful reference book for seasoned pediatric forensic neuropsychologists and an invaluable guide for new practitioners and students.

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doi:10.1093/arclin/act033
Advance Access publication on 23 May 2013
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This volume provides a unique, comprehensive, multifaceted perspective on hallucinations. The editors have brought together an international cast of authors to provide 27 chapters, organized into 5 parts. Part I covers the “basics,” including details of history, epidemiological data including base rates of hallucinatory experiences in the healthy population, and assessment methods. Part II deals with “cognitive models” of hallucinations, with emphases on “top-down” versus “bottom-up” models, the roles of speech, language, memory, and monitoring processes. Part III examines neurobiological and computational models, with an emphasis on developmental and genetic mechanisms, along with animal models linked to hallucinogenic drugs. Part IV explores the emerging literature that is interrogating the mechanisms of hallucinations using neuroimaging, and includes studies of EEG, MEG, structural and functional MRI, and connectivity studies. Part V looks at therapeutic strategies, spanning psychotherapy, psychopharmacology, and neuromodulatory methods including transcranial magnetic stimulation.

This abbreviated summary makes clear that few stones have been unturned in an effort to provide not only breadth but also depth of coverage, and scholars will find here ample representation of the majority of theoretical views on this intriguing topic. An advantage over the few monographs that address hallucinatory behavior is that this edited volume surfaces multiple contrasting and occasionally competing views, thus enriching the coverage of the topic and helping readers see more clearly where the experts lack concordance of opinion.

Among many interesting theoretical topics raised is the centrality (or lack thereof) that auditory verbal hallucinations (AVHs) enjoy with respect to the diagnosis of schizophrenia. Multiple chapters cover the widespread occurrence of AVH in healthy people (“voice hearers”) and other neurological and neuropsychiatric syndromes, highlighting the dimensional rather than categorical nature of hallucinatory experience. A related intriguing bit of evidence is provided by David and Rapoport (Chapter 12), who, in describing their childhood onset schizophrenia (COS) studies, highlight results showing how IQ is related to the breadth of hallucinatory experiences. Specifically, highest IQ was found in COS patients who had only visual hallucinations, lower IQ was found in those who also had either somatic or olfactory hallucinations, and lowest IQ was found in those who had hallucinations spanning all three modalities. Other contributions further highlight the