

RESTOR 00041

Book Review

D.W. Ellis and A.I. Christensen (Eds.), *Neuropsychological Treatment after Brain Injury*, Kluwer, Boston, MA, 1989, 420 pp., US \$ 125.00, ISBN 0-7923-0014-9.

This book follows similar efforts to cover the burgeoning field of rehabilitation after traumatic brain injury (TBI). The editors' general introductory chapter contains some useful statistics and rather elementary generalizations. The summary of the pathology, management, and complications of TBI is concise and well-written, but has only two references, not allowing the interested reader to venture farther afield or to verify the statements. The neurology of behavioural syndromes after TBI has an emphasis on neuropsychiatry and neuropharmacology. The chapter of psychopharmacological agents is brief and somewhat incomplete. One would like to see a somewhat more critical evaluation of a few of the effective agents, such as carbamazepine or the antidepressants, and a more detailed discussion of their indications and side effects, rather than just short comments. However, this chapter is well referenced and further reading in depth can fill the gaps. Psychiatric perspectives of TBI are complex, but the examples in this chapter tended to present ill-defined explanations at a somewhat superficial level. Some of the conceptualization is aimed at facilitating therapy, but no evidence is presented to its efficacy. The description of therapies and some of the principles of interactions with patients and groups appear to be useful.

The promotion of 'Luria's methods' in neuropsychology has an almost evangelistic quality. Luria's description of the functional units in the brain is attractive, but it has been shown many times to be an invalid oversimplification. Luria's neuropsychological examination emphasizes individual flexibility and lack of quantitation. As such, it cannot be standardized and it depends a great deal on the skill and experience of the clinician who is using it. The method itself is presented only in generalities but the samples resemble other, more standardized tests. Luria's concepts of recovery and brain reorganization are mechanistic and based on the Pavlovian nomenclature of perceptual and cortical analyzers, and intra- and intersystemic compensation.

A classification of recovery and labelling of various forms of substitution is useful to the extent that it systematizes certain clinical phenomena. However, the physiological terminology is deceiving to some extent by creating the impression that the actual physiological processes of recovery are known.

The second half of the book describes actual rehabilitation programs. The chapter on inpatient rehabilitation is comprehensive and well organized, although some of it is a reiteration of the principles appearing in previous chapters. The residential treatment chapter also begins with TBI statistics, similar to several others before. The description is comprehensive and will be useful for those in such a setting.

The chapter on day programs describes a version of the analysis of ADL which they call 'activity pattern analysis', but no information is provided about scoring or reliability. This chapter only has one reference and it is more anecdotal than scientific. There is a review of psychotherapy with brain-injured patients, highlighting some of the controversies. There is some question whether the psychodynamic theory of personality is suitable for TBI. The author tries to defend the validity of this approach. Some of the references are based on peer-reviewed scientific work. Group treatment is described along with a study carried out by one of the authors. These results generally show a low correlation between extensive neuropsychological testing and interpersonal and intrapersonal measures. The group dynamics are illustrated by transcribed examples. Unfortunately objective outcome studies are lacking in this form of therapy as in others as well. Long-term family intervention seems to be an attractive, albeit expensive, proposition. There is no doubt that the family of TBI are affected deeply and are important for rehabilitation. Much of this work is anecdotal and descriptive, however. The chapter on the management of aggressive behavior following TBI examines a difficult area. Some useful concepts and treatment methods are set out. Some of these methods range from clever therapy scheduling to 'clock work orange' type of aversive conditioning.

The last section on profession and legal issues addresses some areas of compensation and the ethics

of providing treatment. The consumers of this new health market of rehabilitation of TBI are not only the patients but also organizations that are sources of reimbursement. The need to provide honest ethical treatment that does some good and not just a source of income remains a core problem that is difficult to regulate and standardize. Most people who set the standards are in the field themselves, a common problem for all of the professions. The provision of legal reports have become a lucrative business for some psychologists. This contributes to the spiralling costs of TBI, although not as much as the contingency fee system that U.S. attorneys were allowed to develop. Although there is a lot of interesting description about

the legal matters concerning TBI, the system is not critiqued at all.

Altogether I found this book interesting reading as will the majority of people in the field of TBI rehabilitation. Many of the important aspects of this area are highlighted, and even though the chapters are variable in quality, the information is often interesting and useful.

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