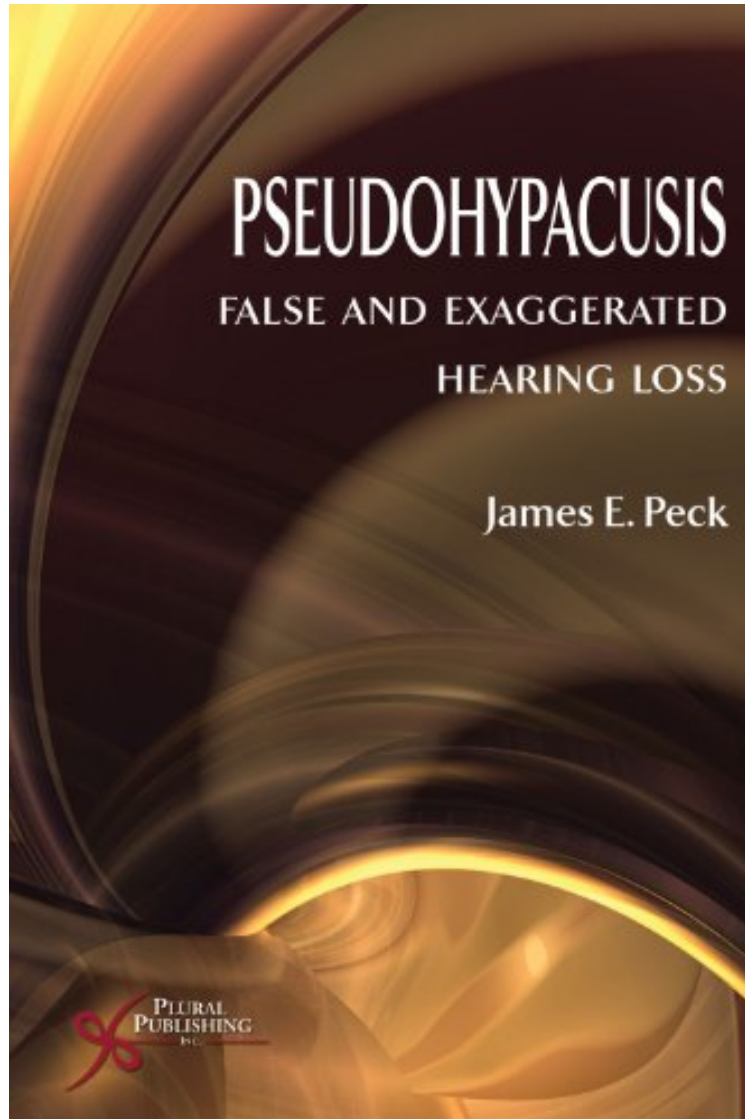


(Free download) Pseudohypacusis: False and Exaggerated Hearing Loss

Pseudohypacusis: False and Exaggerated Hearing Loss

James E. Peck

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James E. Peck : Pseudohypacusis: False and Exaggerated Hearing Loss before purchasing it in order to gage whether or not it would be worth my time, and all praised Pseudohypacusis: False and Exaggerated Hearing Loss:

There is presently no other book devoted solely to pseudohypacusis or false and exaggerated hearing loss despite its continued significance in audiological caseload. This book provides a single, comprehensive source of information on pseudohypacusis and is a must-have for audiologists and otolaryngologists, as well as a useful tool for psychologists,

physicians, and others involved with or seeking information about false claims of sensory impairment, specifically hearing.

As Dr. Frederick N. Martin notes in the Foreword, there is no other book that examines the issue of feigned or exaggerated hearing loss (HL) in such depth. In *Pseudohypacusis False and Exaggerated Hearing Loss*, Dr. Peck provides a comprehensive review and analysis of the literature on the identification, management, and psychological issues pertaining to false and exaggerated hearing loss (FEHL) and does so in a manner that is well organized and easy to read. He also presents many of his own valuable techniques and insights for assessment and management gained from 40-plus years as a clinician, teacher, and researcher. . . . All audiologists will find it to be a valuable addition to their library whether they spend their lives in the clinic, the classroom, the laboratory, or all three. --John Lutolf in *Ear Hearing*, July/Aug 2012 (Vol 33, Issue 4) This is an easy reading 206 page paperback (followed by no fewer than 14 pages of references). Inevitably the text reflects US practice, but I was surprised at how easily the lessons do cross the pond. As the Foreword states, Non Organic Hearing Loss (my term), generally will rate a chapter in most audiology text books, but this does seem to be, as claimed, the first book devoted to the subject. ... The opening chapter on Terminology is very thought provoking. I had never appreciated the subtle distinctions between malingering and factitious or between faking and feigning. Correcting any misuse in a courtroom can surely only enhance one's expert credentials.... Later chapters take the reader through the first suspicions, conventional audiometry, behavioural testing and, of course, all those objective measures so beloved of neurophysiologists. A chapter on legal-forensic aspects provides generic advice for the expert witness in any country's legal system. The tips for testimony are, alone, worth the price of the book. --Liam Flood, FRCS, FRCO, *Journal of Laryngology Otology* (2014) [This book] provides an understanding of possible patient paradigms for individuals who present with [false or exaggerated hearing loss]. The case studies are simplified and get their points across. There is also discussion about the roles of age, sex, and financial compensation that may influence FEHL. The explanations of special behavioral testing, such as the Stenger test, are described in a step-by-step manner. The chapters are concise and easy to navigate, which makes this a great introduction or reference for audiologists or ear, nose, and throat practices. --Mahindra A. Ramdhanie, AuD, *Annals of Otology, Rhinology, and Laryngology*, (2015) [T]he only book available that is dedicated entirely to this clinical population. The author provides a complete review of the topic from terminology to psychological aspects that can be associated with FEHL. . . . The tone and readability are consistent across chapters, including the chapters on legal aspects and objective measures that were first-authored by guest contributors. Each chapter begins with an outline and ends with a well-written summary. . . . this book was an easy read on a difficult topic. It is relevant for several stages of a graduate audiology curriculum, for the practicing clinician who may be changing to a new job with a higher occurrence of FEHL and may need a refresher, or for the clinician who feels the need for a different perspective on this population. --Kim Schairer, Department of Audiology, James H Quillen VA Medical Center, *International Journal of Audiology* (2012) About the Author James E. Peck, PhD, is Associate Professor Emeritus in the Department of Otolaryngology and Communicative Sciences at the University of Mississippi Medical Center.