In the previous two chapters, I have reviewed recent literature in the three predominant areas of psychological injury presented in the book—Posttraumatic Stress Disorder (PTSD), chronic pain, and mild Traumatic Brain Injury (mTBI). Now I proceed to the conclusions about the review, describing an integrative model.

**Integrative Biopsychosocial Model of PTSD, Chronic Pain, and mTBI**

*Preamble*

Ogloff (2002) insists that psychology must develop a theoretical foundation in its work in the legal area, and that the search to understand causal relationships in this regard is cardinal. “Only by applying psychological theory to the law in an attempt to explain causal relationships between the law and human behavior will we be able to advocate valid legal reforms, and to finally have a meaningful impact on the law” (p. 20). The statement is directed to work on sexual harassment, in particular, and to jurisprudence, in general, but applies quite well to the subject matter of the current book.

In this chapter, I attempt to build an integrative model of causality in psychological injury, for PTSD, chronic pain, and mTBI. Typically, psychologists are trained to adopt a multifactorial perspective concerning causality, for example, through models such as the biopsychosocial one. However, the adversarial nature of the court system channels professional opinion toward simplistic, linear, unidimensional, and absolute answers to the complex questions of psychological causality, instead of toward a more integrative, biopsychosocial approach. In order to arrive at fair outcomes in its deliberations about psychological injury cases and tort claims, both the court and mental health professionals offering evidence to it
need a firm database derived from scientific research on the neurobiological and psychological mechanisms of the three conditions under review, on the one hand, and a more precise model of how the mechanisms lead to disorders involving the three areas, on the other hand. In addition, research should be undertaken to help specify long-term impairments, disabilities, and functional incapacities that derive from the three conditions. Moreover, a metamodel that englobes all three areas would help, making it easier to explain to the court the causality process when conditions related to these areas are involved.

**Assumptions**

Suls and Rothman (2004) describe well the biopsychosocial model for court purposes. They indicate that the biological, the psychological, and the social (along with macro variables, such as culture, SES, and ethnicity), are integrally involved in physical illness, and are interactive. They are nested and connected as subsystems. They are multiple, multilevel, and multivariate. They are reciprocal, feedback-linked, and correlated. They cascade in complex, systemic effects over time. Schultz, Joy, Cook, and Fraser (2005) and Schultz and Gatchel (2005a, 2005b, 2005c) describe the biopsychosocial model as hierarchical, dynamic, interactive, and integrated. It is about the whole person, and the impaired individual should be encouraged to be an active participant in managing her/his difficulties. Individuals bring to the mix their perceptions of the injury or event, and their cognitions about the recovery or lack of recovery, as well as their preinjury or preevent status, vulnerabilities, and risks.

In the following, I attempt to parse this general description of the biopsychosocial model into its basic tenets.

(a) All behavioral and psychological phenomena are considered multidetermined or complexly determined; that is, multiple sources interact to causally influence behavior. Causation rarely is linear (A causes B); more than likely, a set of factors consisting of variables related to the past (e.g., vulnerabilities), present (e.g., a traumatic event, a closed head injury), and future (e.g., interrupted goals) coalesce synergistically to facilitate psychological symptom initiation, exacerbation, maintenance, and stabilization.

(b) Psychologists recognize the intimate connection between mind and body. Although the separation of the physical and the psychological is a common heuristic, it does not take into account their essential unity.

(c) Psychologists recognize the superordinate system governing mind and body, that influencing only one part of the system toward the better may not be enough to have a positive effect. For example, psychologists recognize that after trauma, attempts at rehabilitating one problem area (reported pain) should be accompanied by attempts to address the others involved (e.g., psychosocial factors).

(d) Thus, in their assessments of individuals, psychologists take account of both biomedical and psychological influences, being wary of simplistic mind-body dualism or reductionism to a disease model. The disease model especially