

In Recovery: The Making of Mental Health Policy

by Nora Jacobson; Nashville, Tennessee, Vanderbilt University Press, 2004, 208 pages, \$24.95 softcover

Crystal R. Blyler, Ph.D.

Nora Jacobson opens her book by describing the creation of the Commission on Mental Health. "With his signature on an executive order . . . (he) established the . . . Commission on Mental Health, a body to be made up of 'representatives from government, the mental health professions, the public and private sector and individuals who have an interest in the future direction of mental health care.' . . . Citing a need to 'closely examine the present mental health care delivery system and how said system should evolve into the twenty-first century,' . . . the Commission was to undertake a review of the . . . treatment and support services, its organizational arrangements, and its financing mechanisms, and, within a year, make recommendations that would restructure them into a coordinated system with an emphasis on prevention, stigma reduction, consumer outcomes, treatment effectiveness, efficiency, and accountability."

Dr. Jacobsen then adds the focus of the commission. "The philosophical cornerstone of the commission's recommendations was the adoption of 'the concept of recovery, that is, the successful integration of a mental disorder into a consumer's life, as the key tenet of the redesigned mental health system.'"

My initial reaction in reading the opening chapter of *In Recovery* was a sense of deflation. For the past year, I have been working with the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services to transform the nation's mental health systems in keeping with the goals laid out in the 2003 final report of the President's New Freedom Commission on Mental Health

(1). Although the goals of the report are noble and worthy of aggressive pursuit, I have come to understand that transformation is supposed to create something new, both within the states and across the nation. The above quotes, however, refer not to the President's Commission but to a Blue Ribbon Commission on Mental Health convened by former Governor Tommy Thompson in Wisconsin in 1996, thereby revealing that everything old is new again.

People who are familiar with the nation's current transformation efforts will immediately recognize the similarities between the instructions and goals of Wisconsin's redesign efforts and those of the President's Commission. How much, one might ask, was the outcome of the New Freedom Commission, which was convened and completed when Tommy Thompson was serving as the Secretary of the Department of Health and Human Services, predetermined by the way events unfolded in Wisconsin under his leadership?

This question serves as an initial hook for *In Recovery*, and the wealth of substantive information and kaleidoscopic perspectives contained in subsequent chapters generates increasing excitement as the history unfolds.

As a post-doctoral fellow in the University of Wisconsin's Mental Health Services Research Training Program, Dr. Jacobsen's sociological study focuses on the definition and implications of recovery-oriented mental health systems. As a result of her systematic observations, she has written a textbook that reads like a novel and provides an in-depth understanding of the history of recovery concepts, along with detailed descriptions of how such concepts can be implemented meaningfully across mental health systems. *In Recovery* is a must-read for all students of and participants in the transformation of mental health systems in the 21st century.

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Policy Challenges in Modern Health Care

edited by David Mechanic, Lynn B. Rogut, David C. Colby, and James R. Knickman; Piscataway, New Jersey, Rutgers University Press, 2005, 276 pages, \$23.95 softcover

Suzanne Wagner, M.S., L.M.S.W.

Although the United States spends \$1.6 trillion a year on health care, 46 million Americans lack health insurance, issues of race and class still result in significant disparities in health outcomes, and 100,000 lives could be saved each year if not for medical errors. *Policy Challenges in Modern Health Care*, a collection of 16 essays by recipients of the Robert Wood Johnson (RWJ) Foundation's Investigator Awards in Health Policy Research, includes a rich selection of articles that shed light on these and other complex issues. The authors

discuss numerous changes within the health care system and in public health strategies, offering recommendations that focus on improving equity and quality of care and health in general.

The editors include articles written by researchers in public policy, health economics, sociology, and other fields as well as those by physicians, nurses, attorneys, and a for-

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mer journalist turned public health researcher. Edited by David Mechanic, who directs the RWJ Investigator Program and has written extensively on health care policy, and Lynn Rogut, David Colby, and James Knickman of the RWJ Foundation, the book will be of particular interest to policy makers, health care administrators, public health officials, and advocates.

The book is divided into four sections and opens with a series of articles that set and explore the larger context of health care policy, with an emphasis on the cultural, moral, political, and economic forces that shape the system. In the second section, the authors address factors to reduce disparities in health care access and outcomes. The orientation in the U.S. toward changing individual behavior to improve health outcomes is challenged by compelling data that suggest the greatest advances are achieved by efforts to increase socioeconomic status and use public health approaches coupled with strategies aimed at individual risk factors. The two articles in the section that address gun control and the obesity epidemic are particularly noteworthy.

Quality in health care is the focus of the third section that explains why, despite the immense investment of resources in care, the system has still not adopted quality assurance mechanisms that could dramatically reduce medical errors and preventable deaths and injuries. The culture of the medical profession, the malpractice environment, insurance coverage limits, and a breakdown in coordination of care because of specialization are cited as major obstacles to ensuring high-quality care. The authors provide numerous recommendations for improving quality, including achieving standards for adequate nurse-to-patient ratios and computerized medical record keeping. The final section picks up on themes from the section on disparities and discusses specific approaches to increase fairness in access to care. The book's last article, which includes excellent case examples, describes a public planning process for developing lim-

its on health care coverage that are acceptable to the majority.

In general, the articles in *Policy Challenges in Modern Health Care* are thought provoking, well researched and well written, and provide both valuable and viable suggestions for im-

proving health and health care in this country. Given the diversity of subject matter, some articles will have more appeal than others, depending on the reader, but the book is a comprehensive collection that is a must read for health care policy makers.

Improving Mental Health Care: A Guide to Measurement-Based Quality Improvement

by Richard C. Hermann, M.D., M.S.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 697 pages, \$79

Lloyd I. Sederer, M.D.

Brace yourself. This is not a book for a casual reader who wants Cliffs Notes on performance measurement (PM) and quality improvement (QI). This is a master guide that is unparalleled in its clarity, uniformity, and conciseness, despite being 697 pages long. We need it.

PM and QI are methods administrators, consumers, advocates, payers, accreditors, and clinicians—in the case of health care, including mental health care—use to identify and change the structure and process of just about anything in order to improve outcomes and safety and to reduce unwelcome and untoward events. QI can also reduce variability in service delivery and outcome and improve conformance with evidence-based practices. It is not research because its goal is to produce change—and improvement—not to demonstrate correlation between intervention and outcome.

Curiously, QI has not been consistently demonstrated to be effective. Instead, studies show “pockets of improvement.” Should we be promoting its widespread use with a limited or variable evidence base? Yes, Richard Hermann, the book's author, argues—and I agree. QI has great face validity, and it works a lot better when organizations adopt it as a value, train their staff, structure it into

standard operations, work in teams, are innovative, and know how to identify what key processes of care and outcomes are important to them. It works much better when external performance goals are set by payers and oversight groups, when there are financial incentives, and when results are compared with those of other providers. The problem, it seems to me, is not QI; the problem is creating a better environment for mental health care and letting QI rise with that tide.

This text is drawn from research that Dr. Hermann has done over the years at the Center for Quality Assessment and Improvement in Mental Health at Tufts and at previous positions that have made him one of the premier spokespersons in this complex and necessary field. The book has two parts: five chapters on the conceptual basis for mental health PM and QI followed by a compendium of 275 process measures for mental health and substance abuse services. The five conceptual chapters are thick with information but carefully done so to avoid denseness and confusion. Chapter 4 is an excellent summary of how to compare and interpret results and the best summary I have seen about standards, means, norms, and benchmarks. Chapter 5 is a frank discussion about the effectiveness of QI itself. We are provided with information about how QI can serve our consumers and providers well if we create, and operate under, the right circumstances. Although QI is essen-

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tial, the author warns us that it is no panacea for the many ailments that affect health care. I thought that Chapter 3 would have benefited from a more how-to approach for measurement selection, such as who and what you want to measure, for what purpose, for what audiences, with what materials and resources.

The second section is the best short handbook of measures we have: 275 of them each presented in one to two pages with a standard format that summarizes the measure, gives its specifications, depicts who developed it for what constituents, presents its evidence base—levels A, B, and C from the Agency for Healthcare Research and Quality—and provides a glimpse into its use. There are seven indices, organized into topics such as

population, treatment, and quality domain. I tried an exercise in which I used the text to help me summarize the evidence base for public mental health alcohol and substance abuse interventions. I then discovered how useful the text could be in an effort to create a compelling case for what services my agency should advocate for and support.

Dr. Hermann comments that mental health PM and QI is a young and developing field. We have him and his able colleagues to thank for providing the field with a text that will hopefully produce a growth sport. I hope this book will be widely and properly used as a resource and guide as we all continue to make mental health care safer, more client and family responsive, and more effective.

points out that it is probably best not to rely on any one of these methods because the more methods that are used the more defensible the conclusions made from them will be.

As new concepts are introduced in the book, the appropriate part of Scriven's Key Evaluation Checklist is revisited. Both the chapters on the determining of importance and merit have very interesting ways of ranking and organizing these factors and providing ideas of ways in which evaluation data can be communicated to participants and other interested parties. At the end of each chapter is a list of additional vocabulary, some additional selected readings that could be used to supplement a graduate course, and brief exercises that provoke further thinking about the decision making involved in program evaluation.

Evaluation Methodology Basics is yet another excellent book from Sage. This would be a good book to use for a graduate-level course in evaluation techniques or as a template for anyone who is new to the techniques of program evaluation.

Evaluation Methodology Basics: The Nuts and Bolts of Sound Evaluation

E. Jane Davidson, Ph.D.; Thousand Oaks, Sage Publications, 2005, 280 pages, \$37.95 softcover

Annette M. Matthews, M.D.

With the rise of evidence-based medicine practices in mental health, a greater and greater need for both practitioners and administrators to understand and apply evaluation procedures will also arise. *Evaluation Methodology Basics* is a concise monograph from Sage Publications dedicated to teaching the basic concepts and techniques of program evaluation.

E. Jane Davidson is a former associate director of the Evaluation Center at Western Michigan University. She has published extensively in the literature on program evaluation. She bases her methods heavily on the work of other well-known authors in the field of evaluation, including Michael Scriven, Carol Weiss, and Michael Quinn Patton.

This book takes a nuts-and-bolts approach to program evaluation. It begins with several introductory chapters that describe a framework into which

evaluations can be organized. The underlying framework that is used is Scriven's Key Evaluation Checklist. It also defines many of the basic concepts about what types of judgments and conclusions can be made during an evaluation and how to proceed systematically in making those choices.

To this end, several potentially sensitive topics are discussed. Dr. Davidson notes that "evaluation" contains the word "value" and that there is overt and covert value determination throughout an evaluation process.

Dr. Davidson has an extensive chapter on strategies that can be used to determine the importance of a particular component of an evaluation. Strategies for determining importance include having stakeholders vote on importance, drawing on the knowledge of selected stakeholders, using evidence from the literature, using specialist judgment, using evidence from the needs or values assessments, and using program theory and evidence of causal relationships. She

The Torture Debate in America

*edited by Karen J. Greenberg;
Cambridge, United Kingdom,
Cambridge University Press, 2006,
432 pages, \$18.99 softcover*

Jeffrey S. Janofsky, M.D.

This volume presents the policy debate over torture that has taken place since the revelation of American mistreatment of prisoners in Iraq, Afghanistan, and elsewhere. Twenty essays, written primarily by attorneys and legal scholars, discuss from a variety of perspectives the legal arguments and the practical implications of our current Administration's policy on torture and coercive interrogation methods. Relevant government documents, including the

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now infamous Bybee-Gonzales "Torture Memo," are reproduced.

Apart from our general interest as citizens, why should psychiatrists read this book? After all both the American Medical Association and the American Psychiatric Association ethics guidelines prohibit physicians' participation in torture (1,2). Bybee, in the Torture Memo, argued that for purely mental pain or suffering to amount to torture it "must result in significant psychological harm of significant duration, such as lasting for months or even years." Bybee further argued that to constitute torture, mental pain or suffering must either be from threats of imminent death, threats of the infliction of the kind of pain that would amount to physical torture, or the use of drugs or other procedures "designed to deeply disrupt the senses or fundamentally alter a subject's personality." Whether one agrees with Bybee's limited definition of mental torture, and I do not, the question for us as mental health care providers is what our ethical limitations are when dealing with coercion or physical and psychologically harmful interrogation practices that do not meet criteria for torture.

Although this book does not directly address the issue, others have reported that physicians and psycholo-

gists have advised military personnel on coercive interrogation tactics (3,4). The data and opinions provided by this book's authors will help inform the debate now going on in our professions over mental health practitioners' participation in intelligence interrogations (5-7).

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After an initial chapter discusses psychiatric consultation in today's health care environment, the authors go on to give a very practical overview of the mental status exam. The eight subsequent chapters describe the epidemiology, risk factors, clinical characteristics, differential diagnosis, treatment, and management of a variety of major disorders. Delirium, dementia, depression, mania, anxiety, somatoform and related disorders, and substance-related disorders are covered concisely. The remaining chapters cover important topics such as pharmacological issues, violence and aggression, pain and analgesics, personality, response to illness and medical psychotherapy, medicolegal issues, suicidality, and geriatric psychiatry. The book concludes by briefly describing special psychosomatic medicine settings and situations such as pregnancy, burns, cancer, neurology, and organ transplantation. Every chapter includes references and suggested additional reading.

This book certainly has considerable strengths. Its scope covers virtually all issues encountered on a regular basis by the consultation-liaison psychiatrist—all in a volume small enough to slip into a lab coat pocket. It presents a very practical approach to the assessment of patients with psychiatric symptoms in the general medical setting. Several chapters should be required reading for medical students and residents rotating on a consultation-liaison service. For example, the chapter "Medicolegal Issues in Consultation" is particularly thoughtful and well written.

However, I have concerns about the overall adequacy of this concise guide as a primary resource. The book is somewhat inconsistent in quality when it comes to issues surrounding treatment. A well-organized table outlining evidence-based guidelines for the treatment of delirium with haloperidol is a good and succinct resource when the busy clinician needs to quickly grasp information. However, one of the problems was the unreferenced statement "catatonia is treated by increasing neuroleptic medication" and

Clinical Manual of Psychosomatic Medicine: A Guide to Consultation-Liaison Psychiatry

by Michael G. Wise, M.D., and James Rundell, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 352 pages, \$42.95 softcover

Lisa S. Seyfried, M.D.

Psychosomatic medicine is the subspecialty field of psychiatry that concerns itself with the psychiatric care of patients with complex medical, surgical, obstetrical, and neurological conditions. Given the vast array of issues facing the clinician engaged in consultation-liaison work, a concise, portable reference text would

be quite useful. The *Clinical Manual of Psychosomatic Medicine* aims to be such a resource.

Authored by two experienced, academic consultation-liaison psychiatrists, Michael Wise and James Rundell, the book is essentially the fourth edition of their text, the *Concise Guide to Consultation-Liaison Psychiatry*. This new edition is organized in a clear and straightforward manner covering in brief detail the most important areas of psychosomatic medicine.

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electroconvulsive therapy. In fact, the treatment of catatonia requires avoidance of neuroleptics and the use of benzodiazepines or electroconvulsive therapy (1).

This text will certainly help medical students and residents understand the basics of psychosomatic medicine; I am not sure it is comprehensive enough to be useful on rounds, a problem that is common to handbooks. For this reason, it is rapidly becoming common practice to have ready online, wireless access to large

bodies of quickly searchable books and reference materials that are constantly being updated. When electronic resources are unavailable I recommend the *Clinical Manual of Psychosomatic Medicine* as a succinct, portable reference for trainees with an interest in the field.

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Medical and Psychiatric Comorbidity Over the Course of Life

edited by William W. Eaton, Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 320 pages, \$65.00

Meghan Kolodziej, M.D.

Life course epidemiology is a field that looks at the coexistence of two or more conditions, including both medical and psychiatric illness, over the course of an individual's life. Looking at comorbidity can lead to clues about the etiology or pathogenesis of a disease, its natural history, and even possible treatments or disease prevention. In *Medical and Psychiatric Comorbidity Over the Course of Life*, William Eaton, chair of the Department of Mental Health at Johns Hopkins Bloomberg School of Public Health, has selected presentations from the 2004 American Psychopathological Association annual meeting to educate the reader on recent advances in the study of psychiatric epidemiology.

Sections from the book on epidemiology, risk factors, mood disorders, emotions and health, and schizophrenia use specific examples from presentations to illustrate how understanding of psychopathology can be enhanced by looking at it from an etiological perspective. To give an example of the breadth of topics covered, a study of fetal origins of schizophrenia is used to discuss different types of

cohort studies. The idea that genes may produce different diseases at distinct stages in life is explored in a study that used genome scans to test the hypothesis that there may be a phenotype of panic disorder associated with interstitial cystitis. The use of databases such as the Danish Psychiatric Case Register is examined in looking at medical illness and mortality in schizophrenia.

Readers of *Medical and Psychiatric Comorbidity Over the Course of Life* will find chapters written by experts at the top of their fields about current research. Background information is provided on the study of life course comorbidity. Although two conditions may occur at different times in an individual's life, there may be a relationship between them; the practical scientific work behind clarifying the specifics of these often complicated relationships is the work of comorbidity studies. Important epidemiological topics are introduced, such as the etiologically relevant period when risk factors for diseases have appeared but diagnoses have not yet been made. Several clear and concisely written chapters review well-studied areas of medical psychiatry, such as the association between mood disorders and heart disease, and suggest new av-

enues of investigation that may clarify the relationship of disorders to one another, such as the relationship of depression to osteoporosis.

Although it uses examples from current areas of research to illustrate principles of life course epidemiology, this book does not try to be a comprehensive textbook on epidemiology or on medical psychiatry. At times the book seems fragmented, lacking cohesion between concepts and chapters. I found myself wishing for a clearer objective across the length of the book. Although many of the concepts introduced in the book piqued my interest, I felt frustrated that I was not going to receive more than a taste of each individual topic.

Overall, this is an informative and thought-provoking book which would be enjoyed by psychiatrists, psychologists, and mental health professionals with an interest in public health, psychosomatic medicine, or behavioral medicine.

Biopsychosocial Medicine: An Integrated Approach to Understanding Illness

edited by Peter White; New York, Oxford University Press, 2005, 272 pages, \$145

Bernard Vaccaro, M.D.

The book *Biopsychosocial Medicine* is a series of papers given at a conference on the biopsychosocial model that was supported by the Novartis Foundation and One Health, a nonprofit company designed to promote a health care system based on the biopsychosocial model.

The conference organizers took on one of the major predicaments of modern medicine. The biomedical model has made great strides in helping us understand and elucidate genetic underpinnings and biological mechanisms of many diseases, yet it fails to adequately explain the con-

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nection between illness and disability, objective medical findings, the patients' experience of illness, and their quality of life. The conference was organized to explore the biopsychosocial model and discuss whether or not it brings anything more to the understanding of illness, disability, and behavior change.

Conference attendees presented a number of papers, and each presentation was followed by a discussion of equal duration to explore the questions at hand. After a history of the model's origin is given in a reprint of George Engel's landmark 1977 paper, the papers explore theoretical underpinnings and etiological issues, the social and psychological factors related to illness, and whether they are remediable or not. Further papers discuss the problem of theories that may be explanatory and the problems of confound and bias.

I particularly enjoyed the paper on and the discussion of theoretical underpinnings, which attempts to get at the core issues in the biopsychosocial model, namely the mind-body problem. Helge Malmgren proposes a computer analogy—the difference between hardware and software—as one way of approaching the mind-body problem and the biopsychosocial model. The chapters “Remediable or Preventable Social Factors in the Etiology and Prognosis of Medical Disorders” and “Remediable or Preventable Psychological Factors in the Etiology and Prognosis of Medical Disorders” are thought provoking. These two chapters are a reminder of how social standing and stresses in the social environment influence health outcomes.

The chapter by Michael Von Korf, “Fear and Depression as Remediable Causes of Disability in Common Medical Conditions in Primary Care,” uses back pain as a common medical condition and explores how recognizing and treating depression and addressing the fear and avoidance concerns of patients can lead to decreased disability.

The book attempts a critical look at the biopsychosocial model 28 years after Engel first put it forth, and the

various papers review a large number of studies on how the model has been helpful and how it has failed. The authors make a strong case that the biomedical model does not adequately explain or intervene in a patient's illness behavior, particularly in those cases where pathology does not correlate with disability. They also provide evidence for the power of the biopsychosocial model to allow physicians to intervene and help the individual patient change his or her at-risk behaviors.

Consultation-liaison psychiatrists, now in the field of psychosomatic

medicine, who work on the interface of medicine and psychiatry, and primary care physicians, who are on the front lines of changing patient behavior and evaluating the patient with unexplained symptoms, would find this book helpful. I can't help but wonder whether individuals more involved in policy making—in health care management, insurance, or government—would find the book thought provoking and enlightening because a good percentage of health care dollars are spent on unexplained medical symptoms and disability.

Schizophrenia Into Later Life: Treatment, Research, and Policy

edited by Carl I. Cohen; Arlington, Virginia, American Psychiatric Publishing, Inc., 2003, 344 pages, \$48.95 softcover

S. Charles Schulz, M.D.

The editor of *Schizophrenia Into Later Life* succinctly illustrates the significance of this topic by noting in his introduction that 2 percent of the elderly population suffers from a chronic mental illness and that over the next 30 years this number will double. He then states that our health and social service systems “may be ill prepared to deal with them.” For those of us working with patients who suffer from schizophrenia, our patients are getting older. For those of us working in geriatric psychiatry, public-sector psychiatry, and consultation-liaison psychiatry, this volume describes and discusses important issues related to the population of seriously mentally ill patients headed our way.

This book is a collection of 16 chapters on older people with schizophrenia that are divided into five parts that cover epidemiology and background, biology and medical aspects, gender and sociocultural issues, treatment and service issues, and future directions. The chapters are well written by highly knowledgeable

authors in their respective areas. The chapters are well formatted and quite readable.

A major strength of this book is the breadth of the topics covered. Interesting and imaginative chapters that range from “Biological Changes in Older Adults With Schizophrenia” to “Mental Health Policy and Financing of Services for Older Adults With Severe Mental Illness” are assembled in a single volume and provoke substantial thought about the specific niches of care for these special patients. In addition, a major strength of this book is the mixture of chapters on specific issues about the illness schizophrenia and its treatments along with policy discussions. Thus the reader will have the opportunity to be informed about new medications as well as the systems or lack thereof in which to deliver the care.

Possible weaknesses of this book lie not with the authors but with the relatively small amount of empirical research performed with elderly patients with schizophrenia. Frequently, authors note that they are extrapolating findings in the general population of patients with schizophrenia to the elderly population. If anything,

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the book provides a wake-up call to our field that a complex group of patients with mental, cognitive, and medical problems whose caregivers may be elderly and whose reimbursements are confusing will be challenging us soon.

This valuable volume provides specific and timely information for clinicians and people in leadership or planning positions. Examples of interest include a discussion of how an analysis of follow-up studies may allow the field to determine factors associated with better outcomes among elderly patients with psychoses and a creative assessment of the interaction of the biology of aging and schizophrenia. Newer measures of cogni-

tive functioning that have been most valuable independently in aging studies and in schizophrenia studies are well described and assist in assessing the heterogeneity seen among these patients. Discussions of mental health policy bring important issues to the forefront—for example, the impact of lack of parity for Medicare patients.

In summary, *Schizophrenia Into Later Life* is creatively assembled to juxtapose up-to-date knowledge on the nature and treatment of schizophrenia in the elderly population. This information is integrated into thoughtful chapters on policies and social systems that are thought provoking and informative as our field prepares for the arrival of this group of patients.

Assessment, Treatment, and Prevention of Suicidal Behavior

edited by Robert I. Yufit and David Lester; Somerset, New Jersey, John Wiley and Sons, 2005, 482 pages, \$65

Douglas Jacobs, M.D.

Edited by two distinguished suicide scholars, *Assessment, Treatment, and Prevention of Suicidal Behavior* is a well-referenced and comprehensive book about the assessment of and psychotherapeutic approaches to the individual at risk for suicide. I found the title, though, to be somewhat misleading, because it is too broad for the book's content, which is focused on intervention and not prevention. Intervention is the domain of the clinician, and prevention is the domain of public health systems (1). In an era of psychopharmacology, it is certainly useful to have a book devoted to various psychotherapeutic approaches to the suicidal patient. As indicated by the American Psychiatric Association (APA) practice guideline on suicide (2), such interventions are a valuable component to a comprehensive treatment, having the potential to reduce the symptoms of psychiatric

disorders that are often associated with suicidal behavior.

For the clinician who wants to learn about various psychotherapeutic approaches, this book is useful. At the same time, it is important for clinicians to understand that recommendations come from case studies instead of controlled studies. Additionally, in terms of the treatment of suicidal behavior, it is important to acknowledge that combination treatment—psychotherapy and pharmacotherapy—is usually necessary. However, these issues should not detract from the usefulness of the approaches and vignettes referred to in the book, because psychotherapy is certainly one of the linchpins in the treatment of the suicidal person.

The chapter on no-suicide contracts is particularly helpful because it places no-suicide contracts into a useful clinical perspective, including appropriate limitations on their use. The APA practice guideline on suicide does not recommend suicide scales for routine clinical use, because of the large number of false positives and the unacceptable number of false negatives. In addition,

the APA guideline directly states that such scales “lack the predictive validity necessary for use in routine clinical practice. Therefore, suicide assessment scales may be used as aids to suicide assessment but should not be used as predictive instruments or as substitutes for a thorough clinical evaluation” (2). However, clinicians should be familiar with suicide scales because they provide insight into a variety of questions that can be used when conducting a suicide inquiry.

I recommend this book for therapists working with suicidal patients, but the buyer is advised to review the back jacket of the book as opposed to the title, which is more reflective of its contents.

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Controversial Therapies for Developmental Disabilities: Fad, Fashion, and Science in Professional Practice

edited by John W. Jacobson, Ph.D., Richard M. Foxx, Ph.D., and James A. Mulick, Ph.D.; Mahwah, New Jersey, Lawrence Erlbaum Associates, 2005, 528 pages, \$49.95 softcover

Audrey R. Newell, M.D., M.S.

Scholars know that they must present information in carefully measured, objective, academic prose. But sometimes, an academic has to let loose, chuck all the pretense of objectivity, and tell people what he or she really thinks. The contributors in this volume have done just that.

Thirty-two authors from the fields of psychology, law, and education have written 28 chapters on a variety

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of approaches to the treatment of children and adults with developmental disabilities. They point out logical inconsistencies in the use of mainstreaming as a panacea for all disabilities. Why, for example, would we expect a general education teacher or a second grade classmate to do a better job of teaching reading to a child who is cognitively impaired than a special education teacher who offers “the intensive, focused, relentless instruction that many children with disabilities require if they are able to make reasonable progress?” And how can they do that while still doing justice to the regular education curriculum?

Separate articles attack sensory integration therapy, facilitated communication, and the whole-language approach to teaching reading. Authors assert that there is no evidence that these therapies work. A chapter on person-centered planning describes the committee as a “Ouija Board” and the procedure as a mushy way of making both the patient and the planners on the team feel good about the process, despite the lack of measurable goals and evidence-based procedures to reach those goals.

One of the most informative chap-

ters was written by an attorney. Parents who want their children to receive the services of a professional skilled in applied behavior analysis can make two arguments in court: failure to use a scientifically proven treatment constitutes negligence, and it is malpractice for an organization to choose ideology over science in order to utilize methods that are still considered experimental without obtaining informed consent and advising parents about proven treatment methods.

Another interesting chapter describes the origin and appeal of some of the current fads. “The processes by which behavior analysis works are slow and methodical, difficult and expensive, empirical rather than values based, not at all as dramatic and fun as exotic machines and cheerful dolphins, and rarely result in claims of instant breakthroughs, miracles, or cures.”

The underlying assumption, repeated endlessly throughout the book, is that the methods of applied behavior analysis and similar carefully structured approaches with well-defined steps and measurable goals are far superior to any other treatment approaches. However, the au-

thors are guilty of the same sins for which they criticize others. They do not provide a description of applied behavior analysis and the evidence for its efficacy, let alone its superiority to other methods. The authors criticize the whole-language approach to teaching beginners to read but do not describe the evidence that phonics-based approaches are superior—even though there is an abundance of such evidence.

I enjoyed this book because I share many of the same biases and can imagine how cathartic it was for the authors to ventilate their frustrations. I now have new ways to articulate some of my views the next time I go to an Individual Education Program committee at a school. However, parents and professionals who are seeking to explain and justify the need for their child to receive the services of a skilled behavior analyst; structured, phonics-based reading instruction; or speech therapy with targeted practice of specific words, grammatical forms, and pragmatic rules need to come to the meeting with a detailed and specific description of the services their child needs and solid evidence to support their requests. This book does not give them that.

Additional Book Reviews Available Online

Reviews of three additional books are available as an online supplement to this month's book review section on the journal's Web site at ps.psychiatryonline.org:

- ◆ Tonia L. Nicholls, Ph.D., reviews *The Sociopath Next Door: The Ruthless Versus the Rest of Us* by Martha Stout
- ◆ Katherine M. Kalliel, Ed.D., reviews *The Twenty-Four Carat Buddha and Other Fables: Stories of Self-Discovery* by Maxine Harris
- ◆ Maxine Harris, Ph.D. reviews *Walking Heads: On the Secret Fantasy of Being an Exception* by Antonie Ladan