

Mood Disorders: Clinical Management and Research Issues

edited by Eric J. L. Griez, Carlo Faravelli, David Nutt, and Joseph Zohar; Somerset, New Jersey, John Wiley and Sons, 2005, 562 pages, \$200

Eric G. Smith, M.D., M.P.H.

Chelsea S. Wogslan, B.A.

This volume balances exciting promise with frustrating limitations as it seeks to survey the landscape of mood disorder research through many lenses. The book's scope is ambitious, ranging from the expected discussions of medication and psychotherapy treatment, epidemiology, and genetics to a welcome and eclectic mix of chapters on brain stimulation, subthreshold disorders, sleep findings, novel drug targets, and clinical trial design.

The book is an outgrowth of the "European Programme in Affective Neuroscience"; all but five of the book's 37 authors are from outside the United States. As a result, many chapters benefit from contrasting European and U.S. approaches to mood disorder conceptualization and diagnosis. The chapters on genetics and neuroimaging are simply the clearest summaries of these often opaque fields that we have read, and each includes particularly valuable discussions of the limitations in the existing research. The chapters on epidemiology, unipolar depression, and comorbid anxiety and depression provide some fresh insights into these well-trodden territories.

However, the admirable aims of the book are not equaled by its presentation. Perplexing choices are evident, such as the decision to allot twice the number of pages to a chapter on subthreshold mood disorders as the chapter on bipolar disorder. From the first page of the introduction, it is clear that some authors, and perhaps the editor, conceived of this book as a volume about depression rather than mood disorders. The entire discussion of the treat-

ment of mania in a volume of over 500 pages occurs in less than two paragraphs. Other topics, such as the neurobiology of mania, are simply not covered. Many readers will also notice a number of lesser distractions, such as inconsistencies across chapters in structure and the density of technical language. Certain chapters also suffer from stunningly poor line editing.

This book has some exceptional elements and a refreshingly broad scope, making the unevenness disappointing. The manual is strongest as a

review of current research issues and as a guide to the conceptualization of research questions, but it is weaker as a guide to clinical management. We would give the book an A for scope, a B for thoroughness in the treatment of what it covers, a C for coverage of the clinical management of depression, and a D for coverage of the clinical management of mania.

To readers willing to overlook the inconsistencies and awkward language, this book would be a valuable acquisition for specialists in mood disorder research and for academic libraries. Neuroscientists and students looking for succinct but comprehensive summaries of many aspects of mood disorder science—especially related to depression—will find this text to be a worthwhile, practical resource. ♦

Depression and Personality: Conceptual and Clinical Challenges

edited by Michael Rosenbluth, M.D., Sidney H. Kennedy, M.D., and R. Michael Bagby, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 343 pages softcover, \$39.95

Margery Gans, Ed.D.

The editors of this volume, who are much published in this field, have collected articles that address the relationship between personality disorders, axis II diagnoses, and depression. The book addresses the diagnostic and methodological issues that affect the study of this relationship. These issues include, but are not limited to, terminology and definitions, data collection, gaps in the research, and treatment implications. The book will be valuable to prescribers, treating clinicians, and researchers.

The book is divided into two sections: Conceptual Issues and Treatment Implications. First, we get a history of the idea of personality, starting with the medieval conception of humors. The rest of the book reminds us that personality is a historical construct and does not have one definition, and neither does depression. For instance, some models of person-

ality are "categorical"; that is, they postulate a fixed personality made up of more or less consistent features and traits. In this model, a personality disorder represents a categorical deviation from a healthy personality. Other models suggest a dimensional approach, that is, personality disorders exist along a spectrum of personality types and exaggerate traits that constitute all of our personalities.

Depression also appears in a variety of forms: dysthymia, major depressive disorder, bipolar I and II, and the possibility—though not formalized in *DSM IV-TR*—of a depressive personality disorder. Depression ranges from mild to severe, from transient to chronic or recurrent. Not all researchers are studying the same things.

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Data collection is complicated. For example, it is difficult to differentiate sometimes among the symptoms of depression, the consequences of being depressed, and a personality disorder. The patient may not be a reliable reporter. How does a researcher know what the patient was like before depression and who is a reliable source of information? We don't know yet whether mood disorders and depression are independent of one another or whether they interact, reinforce, and permanently influence one another.

The section on treatment likewise raises important questions. Personality disorders seem to exacerbate depression and negatively influence treatment outcomes. Yet the book demonstrates how this generalization is open to interpretation and analysis. If we know how different personality disorders interact with depression and whether they affect treatment

seeking, compliance, or the therapeutic alliance, we may be able to intervene. The authors encourage therapeutic optimism.

The book does a good job of presenting the provisional quality of what we know and asking salient questions. The chapters on adolescents and elderly patients especially highlight areas for further research. Psychopharmacology at times eclipses the role of other treatment modalities, but cognitive-behavioral treatments and some illuminating case studies are also given attention. A chapter that addressed the situational and cultural influences and biases that color our notions of personality, personality disorder, and depression would have offered a wider context in which to consider the issues. These are minor complaints, and the references are numerous so any reader can find further resources. The questions raised are as interesting as the results found. ♦

mood stabilizers or antipsychotics, and genetics are barely discussed, and electroconvulsive therapy is not mentioned at all. Given the severity of these syndromes, especially postpartum psychosis, it would seem prudent to give them more attention. However, two valuable lists address the assessment of suicide risk and the need for hospitalization.

Depression in New Mothers focuses throughout on issues of breast feeding and also on trauma and PTSD, sometimes in ways not directly associated with postpartum depression. These two areas are clearly of special interest to the author, and the emphasis causes the book to seem unbalanced. In a similar regard, there seemed to be a bias toward herbal remedies, "alternative" therapies, diet, and supplements in excess of the evidence supporting their efficacy in postpartum depression.

An especially interesting topic covered in the book, which may be often overlooked, is the psychological impact of "negative birth experiences." Factors such as losing a sense of control over the labor and delivery process, being traumatized physically by invasive procedures, feeling unsupported, and feeling like a failure can all lead to depression and may even lead to PTSD. All of these, obviously, can then impact parenting.

Overall, I found the book to be disorganized to read, sometimes jumping around to different topics, going off on tangents, describing studies in a confusing manner, and listing studies that do not directly apply to the topic at hand. Some of the interventions, such as "community-based care" and "preventive intervention," are not well described, but the book does a good job of describing cognitive-behavioral therapy and interpersonal psychotherapy.

Depression in New Mothers meets its goal of raising awareness of perinatal depressive syndromes and discusses relevant social factors, but, from my perspective, the book does not comprehensively cover assessment and treatment strategies. ♦

Depression in New Mothers: Causes, Consequences, and Treatment Alternatives

by Kathleen A. Kendall-Tackett, Ph.D.; Binghamton, New York, Haworth Press, 2005, 255 pages, \$17.95

Lillian Mezey, M.D.

An update of Dr. Kendall-Tackett's first book, *Postpartum Depression* (1993), *Depression in New Mothers* addresses recent advances in the understanding of postpartum depression and its treatment. In the foreword, Jane Honikman states that "denial and ignorance are two of the barriers in recognizing and treating women suffering from perinatal mood disorders." Thus the purpose of the book, as articulated by Kendall-Tackett is, "You have before you an opportunity to make a real difference in the lives of mothers and babies. My goal is to equip you to do just that."

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Kendall-Tackett, a psychologist and a lactation consultant, divides this new book into several sections, each addressing myths surrounding postpartum depression: a review of the harmful effects of maternal depression, a discussion of causes and risks for development of postpartum depression, and assessment and treatment of the syndrome. The book seems directed toward nonphysician practitioners—such as nurses, social workers, midwives, and lactation consultants—who interact with perinatal women. The information about diagnosis of depression and somatic treatments, including medications, is fairly rudimentary and seems most useful in helping to determine when to refer a woman for more extensive mental health assessment and treatment. Bipolar disorder, psychosis,

Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy

by Ellen Frank, Ph.D.; New York, Guilford Press, Inc., 2005, 212 pages, \$37

Scott Stuart, M.D.

The newest addition to the growing collection of interpersonal psychotherapy treatment (IPT) manuals is *Treating Bipolar Disorder*. In the tradition established by cognitive-behavioral therapy (CBT) researchers, IPT is being adapted to the treatment of a variety of psychiatric disorders. Ellen Frank has been at the vanguard of the empirical testing of various IPT models, including the use of IPT as a maintenance treatment and as an intervention for depressed patients with panic spectrum disorders.

Unlike other IPT textbooks, this text describes an intervention that is a deliberate hybrid of IPT and social rhythm therapy (IPSRT). The SRT component was developed by Frank's research group and rests on the premise that disruptions in social rhythm—for example, time of waking, sleep onset, and eating—lead vulnerable individuals to be at higher risk for onset of depression or mania. SRT relies heavily on activity scheduling and behavioral interventions and resembles the initial stages of CBT or behavior therapy. It is the use of these techniques with patients who have bipolar disorder that is novel.

The elements of IPT described in the manual mirror those in the standard IPT textbooks for depression. The interpersonal formulation and a focus on the problem areas of role transitions, interpersonal disputes, grief and loss, and interpersonal deficits or sensitivities form the foundation of the intervention. Frank has added another problem area labeled “grief for the lost healthy self,” which she describes as useful in assisting patients to cope

with the chronic life changes that often accompany severe bipolar disorder. Many wonderful case examples illustrate the use of IPT with these problem areas.

The unique aspect of IPSRT is the coupling of the general behavioral approach with IPT. This allows a sequential approach in which behavioral interventions are aimed at regulating social rhythms. This focus is maintained throughout, but as the patient's daily routine becomes more firmly established, treatment focuses on the interpersonal ramifications of bipolar disorder and works on recognizing and accepting the limitations imposed by the illness.

The book is a superb manual for beginning therapists and those with limited training. The intervention relies very heavily on the use of scales and self-report forms that are used both to monitor the patient's concrete behavior and as behavioral interventions. These are reproduced in the appendix and are a resource all clinicians will find useful. IPSRT also provides a clear structure that is of benefit both to difficult patients and to their therapists.

For the more experienced therapist, however, it is not entirely clear that IPSRT differs from interventions that a seasoned clinician might provide. The SRT component relies heavily on psychoeducation, on enhancing compliance with medication, on recognizing and avoiding stressors, and on straightforward behavioral interventions that should be in the armamentarium of all well-trained clinicians. Interventions directed toward the “loss of the healthy self” bear much similarity to acceptance and commitment therapy, with a focus on accepting the limitations imposed by bipolar illness and positive adaptation to them. Moreover, there is little empirical data supporting the specific elements of IPSRT, though there is a

wealth of clinical experience that undergirds it.

This should not be seen as criticism but as a reflection of the reality that all of the empirically validated psychotherapies are far more similar than different. It is also clear that adaptations such as IPSRT, which provide a structure for the application of good general psychotherapeutic techniques to specific populations and individual patients, are moving the field forward. ♦

Autopsy of a Suicidal Mind

by Edwin S. Shneidman; New York, Oxford University Press, 2004, 206 pages, \$19.95

Andrew E. Slaby, M.D., Ph.D.

People who die by suicide do not want to die. They want to end their pain. If there were another solution, they would seek it. Although most people who die by suicide are depressed at the time, it is despair more than depression that predicts who attempts suicide. Pessimism coupled with impulsivity limits envisioning alternatives to death.

Edwin Shneidman, considered by many to be the dean of suicidology and cofounder of the American Association of Suicidology, calls the pain felt by those who die by their own hand “psychache.” In this book, he craftily guides the reader through an extraordinary psychological autopsy of a sensitive, brilliant young man named Arthur, who is schooled in law and medicine and could find no enduring happiness in his work or personal relationships. Readers are provided with the suicide note Arthur left together with transcriptions of interviews with Arthur's parents, siblings, best friend, former wife, girlfriend, therapist, and psychiatrist.

Penetrating insights are provided by Shneidman and eight other eminent suicidologists in psychiatry, psy-

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chology, and sociology who served as consultants. The reader learns the many ways psychological autopsy data provide insights into the complex web of genetic, psychological, neurophysiological, and existential forces that interact to create a person who wishes to die despite obvious support from many who love him or her. Shneidman and his consultants exhibit exquisite sensitivity toward Arthur and the pained survivors who loved and cared for him as they critique what was done and what more may or may not have occurred.

All suicides are tragic even when one feels as bad as Arthur. He begins

his suicide note, "All I do is suffer . . . every moment is pain or numbness." Self-inflicted death provides reprieve from pain that, mercifully, few of us will ever know or have the capacity to feel in such depth. Suicide, however, also deprives forever those who survive of the unique creativity and talent that ironically seems coupled with such pain. It also raises the question of whether death was inevitable and what may have been done or not done to prevent it. Shneidman and his consultants provide some answers and, equally important, raise some questions for further scientific exploration. ♦

and without duplication. Tables and figures are used appropriately and complement the text. The references are up to date, and the book is complete with good references.

This timely and concise review about bipolar disorder is likely to attract a wide readership, though the primary audiences are psychiatrists and other clinicians working in the area of mood disorders, especially those involved in research. A relative area of weakness is the lack of a comprehensive review of psychosocial interventions targeting bipolar disorder. Similarly, issues of relapse prevention, access to services, and cultural aspects were not covered in as much detail. However, the book accomplishes its core task of presenting scientific and biologic knowledge about various forms of bipolar disorder. ♦

Bipolar Disorders: Mixed States, Rapid Cycling, and Atypical Forms

edited by Andreas Marneros and Frederick Goodwin; New York, Cambridge University Press, 2005, 406 pages, \$120.00

Mansoor Malik, M.D.

Since the description of main depressive insanity by Emil Kraepelin, bipolar disorder has been on the forefront of psychiatric research. But even after the recent advancements in knowledge about this illness, in many ways it remains a poorly understood disease. Despite all we know, this illness is often unrecognized or misdiagnosed and ineffectively or inappropriately treated.

One of the main reasons for this suboptimal treatment is the heterogeneity of the clinical presentation associated with bipolar disorder. Therefore, I welcome the publication of *Bipolar Disorders*. In this volume Dr. Marneros and Dr. Goodwin have compiled succinct and readable summaries about a wide range of topics pertaining to atypical affective disorders. The list of contributors from both sides of the Atlantic is impressive. Many are considered top experts in their area. In addition, the book also gives a unique European per-

spective on the development of ideas about bipolar disorder.

The book is divided into 17 chapters. The first chapter reviews the root and evolution of the concept of bipolar disorder since Hippocrates and traces it to modern times. Chapters 2 through 4 focus on the mixed and rapid-cycling forms of manic illness. Chapters 5 through 7 present very good summaries of current knowledge about the atypical forms of depression. Two excellent chapters discuss the unique problems of diagnosis and treatment of bipolar disorders in special populations, such as children and the elderly. A synopsis of genetic research in bipolar illness is also included.

The timely question about the use of atypical agents as monotherapy in the treatment of bipolar disorders is addressed at length in the two chapters that focus on treatment. Finally, the various issues in conducting clinical research on bipolar disorders are addressed in the last chapter.

On the whole, the book is well integrated and easy to read. The editors have made an impressive effort to ensure that the material flows naturally

Neuropsychiatric Assessment: Review of Psychiatry, Volume 23
edited by Stuart C. Yudofsky, M.D., and H. Florence Kim, M.D.; Arlington, Virginia, American Psychiatric Press, Inc., 2004, 228 pages, \$36.95 softcover

Sheldon Benjamin, M.D.
Jordan Eisenstock, M.D.

Stuart Yudofsky has produced some of the most clinically useful texts in neuropsychiatry, including the *American Psychiatric Publishing Textbook of Neuropsychiatry and Clinical Neurosciences*. In *Neuropsychiatric Assessment*, Dr. Yudofsky and Dr. Kim offer the reader the basic tools needed for neuropsychiatric evaluation: bedside neuropsychiatric examination and neuropsychological, electrophysiological, laboratory, and neuroimaging assessment.

Dr. Benjamin is associate professor of psychiatry and neurology, and Dr. Eisenstock is a resident in the Combined Neurology and Psychiatry Program, University of Massachusetts Medical School, Worcester.

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In Chapter 1, Fred Ovsiew presents a comprehensive version of his guide to the bedside neuropsychiatric and physical examination. The pearl-laden neurological examination he presents has been adapted for psychiatric patients with extensive coverage of neurobehaviorally relevant cognitive and neurological findings.

Chapter 2 is an introduction to neuropsychological testing by Glen Getz and Mark Lowell. The authors have done a thoughtful job of explaining to the psychiatric audience the definition of each domain of cognitive function, with examples of the most common tests relevant to that domain. Rather than offering a long and comprehensive list of possible neuropsychological instruments, the authors have carefully selected the most important tests to understand in each area.

Nashaat Boutros and Frederick Struve's chapter on neurophysiologic testing follows. In just a few pages they manage to explain the techniques of electroencephalography (EEG), evoked potentials, quantitative EEG brainmapping, and polysomnography. The bulk of the chapter is dedicated to a unique description of the electrophysiologic findings in seven key neuropsychiatric problems: impulsive aggression, cognitive decline, advanced dementia, acute confusion, attention dysfunction, rapid-cycling bipolar disorder, and panic attacks.

Chapter 4, written by the editors of the text, reviews the use of the hospital laboratory in neuropsychiatry. The chapter's core is an extensive table of lab tests and their relevance to neuropsychiatric conditions, one of the features that makes this text a useful "pocket guide" for trainees. A guide to useful laboratory tests is also included for seven common clinical problems: new-onset psychosis, mood disturbance, anxiety, altered mental status, cognitive decline and dementia, mild cognitive impairment, and substance abuse. The final chapter by Thomas Nordahl and Ruth Salo reviews current research on neuroimaging.

Unfortunately, for a book intended as a basic guide to neuropsychiatric assessment, the topics selected are reviews of neuroimaging research in schizophrenia, mood disorders, and obsessive-compulsive disorder rather than a basic guide to neuroimaging techniques used clinically. Excellent summaries of research into axis I disorders using MRI structural imaging, magnetic resonance spectroscopy, diffusion tensor imaging, and positron emission tomography (PET) are included. Although the chapter gives an excellent research overview, the reader will have to look elsewhere to determine which type of MRI to order in clinical evaluations or how and when to

order clinical PET and single-photon emission computed tomography studies.

This book is not an exhaustive reference and doesn't claim to be. Intended to be an update for practicing psychiatrists, it can also be a valuable guide for residents, primary care physicians, nurse practitioners, or others who routinely assess psychiatric patients. In the text's introduction, the editors conclude that the mind-brain dichotomy is no longer applicable. This book makes it clear that we now have the tools to transcend it. It's time to put the dichotomy behind us and become more proficient at neuropsychiatric assessment. ♦

Understanding and Treating Borderline Personality Disorder: A Guide for Professionals and Families

by John G. Gunderson, M.D., and Perry D. Hoffman, Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 192 pages, \$32.95 softcover

Maureen A. Kaplan, L.I.C.S.W.

In *Understanding and Treating Borderline Personality Disorder*, the editors, both experts in this psychiatric specialty, collect adaptations of papers presented at the first annual conference of the National Education Alliance for Borderline Personality Disorder, which was held in 2002. Their goal was to bring to the widest audience possible, lay and professional, the most current information on borderline personality disorder.

The book is divided into two parts. The first addresses epidemiology, pharmacology, and the latest approaches to treatment. The second is devoted to helping families of people with borderline personality disorder, whom the editors describe as often forgotten. To increase accessibility, technical terms that might be unfamiliar to nonprofessionals are in bold-face and defined at the end of each chapter. In addition, each chapter has a section titled "What Families Need to Know," which encapsulates the

salient points of the chapter for easy reference.

Part I covers diagnosis, treatment, and prognosis. The chapters are clearly written, covering such topics as psychotherapy and pharmacotherapy specifically aimed at borderline personality disorder, as well as the controversies regarding diagnosis and suicidal and self-injurious behavior implicated in the disorder. The most current research is referenced.

As a clinician who both manages a residential program for adolescent girls with borderline personality traits and treats those girls and their families, I found the second part of this book more provocative. For example, the chapter on family perspectives closes with the declaration directed to the family, "You did not cause this illness any more than your child chose to have it." This hardly resonates with my own observations, however. Indeed, the etiology of borderline personality disorder is varied and complex, with risk factors ranging from brain structure to child abuse.

The issue of unsatisfactory parent-

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ing is raised in the book's first part as a potential cause of the disorder and is glossed over in the second part. This is a disservice to the families that struggle with how they can best understand their role in the life of a loved one with borderline personality disorder. What is not discussed are ways for the therapist and the family to explore together and without blame the idiopathic course of the afflicted individual's disorder and how it traces back through his or her development, including the family's influence and interactions.

Another concern is that the book is aimed at families of higher than average economic and educational standing, with the means to pick and choose different individual and family treatments without financial worry.

The authors do not mention issues surrounding insurance, Medicaid, lack of resources in more rural areas, or lack of expertise on the parts of many practicing clinicians, who may not be familiar with the most recent outcome-based treatment.

These concerns notwithstanding, the book is a valuable resource replete with the most up-to-date information; it should be on the shelf of every clinician treating borderline personality disorder. As the editors note, "the work on borderline personality disorder is 20 to 30 years behind that of other major psychiatric disorders," making their ongoing dedication to borderline personality disorder—which crosses all races, socioeconomic classes, and cognitive abilities—admirable and significant. ♦

tuses with congenital aberrations, which is termed "fetal-wastage" in this text. Other major arguments are those considering the burdens—primarily the economic ones, which are the easiest to quantify—borne by both families and society as a result of intellectual disability, and those considering the quality of life of intellectually disabled individuals.

The next chapter deals with the issue of the "moral status" of people with intellectual disabilities. Moral status is defined as "a means of specifying those entities towards which we believe ourselves to have moral obligations" (1). In this chapter, the author highlights the how the ethical implications of preventive efforts are affected by the degree to which intellectually disabled individuals are considered to have moral status that is equivalent to that of the unimpaired.

Finally, in the concluding two chapters, the ethical principles developed in the preceding chapters are applied. First, the author considers them in the context of three diagnoses associated with intellectual disability: Down syndrome, fragile X syndrome, and aspartylglucosaminuria, an autosomal recessive lysosomal storage disease that is most common in Finland. Second, the author returns to the four cases presented at the beginning of the book, utilizing them to highlight the most salient points and his conclusions.

The book reads as more of an ethical and philosophical discussion than as a medical text or reference book. Overall, I found it to be very readable and thought provoking. The author does an exceptional job of breaking down and defining concepts as they come up, which made it feel quite accessible to someone with a medical and clinical, rather than philosophical, background. In addition to people who work primarily with people with intellectual disabilities, this book would likely be of interest to those who work in child mental health. ♦

Reference

1. Warren MA: *Moral Status. Obligations to Persons and Other Living Things*. Oxford, England, Clarendon Press, 1997

Preventing Intellectual Disability: Ethical and Clinical Issues

by Pekka Louhiala; Cambridge, United Kingdom, Cambridge University Press, 2004, 182 pages, \$60 softcover

Nathan P. Somers, M.D.

The book *Preventing Intellectual Disability* broadly examines the implications of modern medical techniques for the prevention of intellectual disability. In Western societies in the early 21st century, this primarily involves the prenatal identification, through genetic testing or other means, of affected—or potentially affected—fetuses and subsequent selective abortion. Pekka Louhiala, a pediatrician and trained philosopher, considers the important ethical questions arising from the expanding availability and modern-day use of such technology. In doing so, he employs selected discussion of clinical and epidemiological literature, reflection upon important historical considerations, and extensive philosophical dissection of the various assumptions and justifications related to the use of these techniques.

Dr. Somers is a child psychiatry fellow at the University of Massachusetts Medical School in Worcester.

The book begins with a presentation of four case scenarios. Each highlights different aspects of the complex issues arising from efforts to prevent intellectual disability. From there, a series of chapters covers the topics of the definition of intellectual disability, the epidemiology of intellectual disability, general issues in the prevention of intellectual disability, prenatal diagnosis and screening, and genetic counseling. These chapters set the groundwork for the following two chapters, which are to some degree less didactic in nature; rather, they focus much more on philosophical discussion.

First, the question of why intellectual disability should be prevented is considered, and the author critiques a handful of the major arguments in favor of prevention. Arguments include those made with eugenic goals—such as goals aimed at removing "abnormal" genes from the human genome—those asserting the medical abortion of such fetuses to be an extension of Nature's own proclivity to abort fe-

Handbook of Community-Based Clinical Practice

edited by Anita Lightburn and Phoebe Sessions; New York, Oxford University Press, 2005, 584 pages, \$65

Curtis N. Adams, Jr., M.D.

Calling the *Handbook of Community-Based Clinical Practice* a handbook is a stretch, given its 542 pages of text and references. Its four sections provide an introduction to community-based practices, essential elements of community-based practice, challenges for leaders in the community, and examples of programs that have been implemented. The last section is further subdivided into chapters on early intervention, school-based practice, services for children and families, and services for adults.

This volume has a different author for nearly every chapter, and this format is both a weakness and a strength. Some writers are more capable than others; one author created a single sentence that included 67 semicolons. This stream of consciousness was tedious. Relief came when a more skilled writer took over the writing of the chapter, and the clarity of the prose increased greatly. Negative editorial comments aimed at parents and individualism that appear in another chapter are not necessary in order to make the intended points.

The handbook's strengths are many. It gives a broad view of community practices from the level of the in-the-field therapist to that of a policy maker. Its candor regarding the many difficulties of creating and sustaining community programs is going to be useful to those who currently run programs and those who are considering starting community-based programs.

Despite the multiple authors, several important themes recur. Reducing isolation of patients and families is repeatedly underscored as an essential activity of a community-based service. Several chapters reinforce the idea that the approach to the people we treat must emphasize the discovery and development of the

strengths of the individual in crisis. Vital emphasis is placed on helping people get on with their lives, reminding them that they had lives before the crisis or illness, and encouraging them to return to those lives or some reasonable approximation. In short, treatment is a part of their life and is not their entire life.

Much of what alleviates the crisis has little to do with medication and the medical model and a lot to do with psychosocial interventions, and this point is well made. For physician readers, it may take time to get used to reading material that comes from a strengths-

based approach instead of a pathology-based, symptom-focused approach. Another useful theme is that treatment must occur where the patient is, not where it is convenient for those providing the treatment, and this is eloquently described in a well-written chapter called "Recovery Guides."

The handbook is at least two books: one is for the person who will pick and choose chapters based on his or her current needs. It's another book for a person who wants an overview of community practices over the past 30 years and how they have evolved. This book is a challenge to read from cover to cover, but it reveals a bounty of information when read that way. For people who are looking for a comprehensive text from which to teach important tenets of community care, this is your book. ♦

Making Medical Decisions for the Profoundly Mentally Disabled

by Norman L. Cantor; Cambridge, Massachusetts, The MIT Press, 2005, 296 pages, \$35

John E. Williams, M.D.

This book is the 15th in the *Basic Bioethics* series edited by Glenn McGee and Arthur Caplan. Norman Cantor, professor of law and justice at Rutgers University School of Law, contributes to this series by analyzing the legal and moral status of people with profound mental disabilities that prevent their exercise of medical self-determination. He focuses on the U.S. law that covers decisions made on behalf of profoundly disabled persons and, especially, what decision-making standards or criteria are applicable. By necessity, he also examines the ethical, moral, cultural, and political factors that apply to this special population and influence the application of these legal boundaries.

All professionals who serve this population are familiar with the enormous range of interests about which decisions have to be made by and for people with profound mental disabilities. These range from daily or mun-

dane decisions to lifestyle decisions, such as where to live or work, and life-altering medical decisions, such as whether or not to be a tissue and organ donor or a research subject and end-of-life decisions. The guiding principles for surrogate decision making are outlined in this book and help define its broad audience.

The first chapter looks at the concept of personhood for people who lack the capacities of reflection, communication, and interpersonal interaction that our culture commonly associates with rights-bearing people. This basic principle of personhood entitles profoundly disabled people to enjoy full protection of their interests in liberty (1). Paramount is the right

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of persons with a profound disability to have a surrogate make decisions for them. Another important aspect of personhood is the entitlement to respect for dignity. These concepts are discussed as a basis for the legal and moral rights of people with profound mental disability and how their consideration imposes significant protections against unconscionable exploitation of this population.

The balance of this book concentrates on serious medical and surgical decisions that affect the bodily integrity of people with profound disabilities. These include participation in medical research, abortion and sterilization, organ and tissue donation, and the withholding or withdrawal of life support. Surrogate decision making on these matters is examined not only in light of the above basic principles but also with regard to who is entitled to act as a surrogate decision maker, what standards should the surrogate should apply—substituted judgment, best interests, or some other standard—and the role

that human dignity plays in shaping the fate of a patient who has a profound medical disability.

Although this book is part of a series on basic bioethics, it is a well-referenced, scholarly work with copious notes and references contained in the last third of the volume for people interested in exploring further the foundations of the applicable legal concepts. This construction allows for a very readable style that students and clinicians will welcome. ♦

Cantor's book is a valuable reference not only for professionals who sit on institutional bioethics committees, but also for clinicians who serve people with profound mental disabilities and counsel their surrogate decision makers as they consider important medical issues. ♦

Reference

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city council members regarding the awarding of these grants. He looks at the racial composition of the community-based organizations that applied for grants and compares it to those of the organizations that were awarded grants.

Bonds's research concludes that the mayor had the ultimate position of power in the awarding of the grants, because the mayor also appointed the head of the oversight agency for the block grant program. The mayor also held veto power over any decision the council made regarding the grant programs. The presence of African-American council members had little impact as they did not vote as a racial block but as individuals. The African-American community that was involved in applying for grants was not particularly vocal about the negative actions of the city council toward the grants directly affecting their neighborhoods. This book exposes the reality of at least one urban area's experience with the political process of grant awards and the impact of racial issues on the awarding of these grants.

This book is not directly related to mental health issues. It may be useful to mental health professionals working within advocacy or community agencies as they attempt to secure funding for nonclinical services that would be beneficial to people of color living with mental disorders. Often times, clinicians have minimal knowledge regarding the political aspects of grant applications and subsequent awards or appropriations.

The author's background lends itself to such a review, because Bonds is an assistant professor in the Department of Educational Policy and Community Studies at the University of Wisconsin-Milwaukee. He is also a researcher, and his method of investigating funding streams is useful to readers of various professional backgrounds who are providing services that utilize public funds to community residents. He has also worked as a fiscal analyst for the city of Milwaukee in the past and is well acquainted with the inner workings of the Milwaukee city government. ♦

Race, Politics, and Community Development Funding: The Discolor of Money

by Michael Bonds, Ph.D.; Binghamton, New York, Haworth Press, 2004, 130 pages

Cassandra F. Newkirk, M.D.

This book seeks to address the issue of how much the racial makeup of politicians in a particular city influences the allocation of federal government funds targeted for underserved populations. The specific funding source is community-development block grants. These grants are to be used by community-based organizations to make capital and service improvements in their home communities. Part of the focus of the grants is not only to improve neighborhoods but also to have community members benefit by having access to the jobs that these grants would fund in the implementation of the proposed projects.

Dr. Newkirk, a forensic psychiatrist, lives in Belle Mead, New Jersey.

The book is based on well-researched data related to the funding of block grants in Milwaukee. It focuses on the years 1975 to 1997 and explores how federally funded block grants intended for impoverished neighborhoods were distributed—according to the racial makeup of the city's politicians and on the racial demographics of the community-based organizations that applied for those grants.

During the years included in the study, there was a marked increase in the number of African Americans elected to the city council in Milwaukee, which had oversight of the community block grants in question. Bonds reviews various records over time, including the voting patterns of