

## A Guide to Treatments That Work

edited by Peter E. Nathan, Ph.D., and Jack M. Gorman, M.D.; New York City, Oxford University Press, 1998, 594 pages, \$75

Jacob H. Jacoby, M.D., Ph.D.

As the jacket of *A Guide to Treatments That Work* indicates, this comprehensive volume (594 fine-print, double-column pages and tables) assembles a distinguished group of 61 psychiatrists and clinical psychologists to take stock "of current drug treatment and psychotherapeutic interventions to see which treatments actually work, which do not, and which still remain beyond the scope of our current knowledge." To accomplish this daunting and important task, "All available outcome and clinical trials are reviewed, and detailed specification of methods and procedures to ensure effective treatment for each major *DSM-IV* disorder is provided." The volume encompasses 28 chapters as well as a 12-page "Summary of Treatments That Work" presented at the beginning of the book.

The editors provide chapters for all of the *DSM-IV* categories that have known treatments. The pattern is to provide two chapters—one discussing pharmacologic treatment approaches and the other discussing nonpharmacologic or psychosocial treatment approaches—for disorders for which both types of therapies exist; some disorders are covered in only one chapter. The purpose of the chapters is to present the most rigorous, scientifically based evidence for the efficacy of treatments that is available.

As the editors point out in their enlightening introductory chapter, "It is clear that for some disorders there are treatments widely recognized by experienced clinicians to be useful that may not have been subjected to rigorous investigation." The aim of this book is "to be clear with

readers what treatments have been scientifically validated, what treatments are felt by a large number of experts to be valuable but have never been properly scientifically examined, and what treatments are known to be of little value."

The origins of the book are not without history and controversy, as is cogently noted in both the foreword and the afterword by Martin E. P. Seligman. Dr. Seligman was president of the American Psychological Association's division of clinical psychology in the mid-1990s when he created a task force to review well-done, controlled outcome studies and identify "treatments that work" (1). The history relates to a progression of outcome studies dating from Eysenck's 1952 landmark paper (2), "The Effects of Psychotherapy," in which no evidence of psychotherapy's effectiveness was noted, to more current and increasingly positive evaluations of both psychotherapy outcomes and the meth-

### In this section . . .

A guide to pharmacologic and psychotherapeutic "treatments that work" for major *DSM-IV* disorders—assembled through the contributions of several dozen psychiatrists and clinical psychologists—opens the book review section. While commending the book as an invaluable update, the reviewer cautions against placing too great a confidence in treatment guidelines. Among the other offerings this month are books covering clinical and legal issues related to two phenomena receiving much current attention: recollections of childhood sexual abuse and stalking.

odologic rigor used in their assessment. Today we are moving closer to recognizing which psychotherapeutic or pharmacologic approach is most effective for which person and in which treatment setting.

The controversy relates to the fear, beginning with the development of this book, that if it were an "official" document of the division, it might imply that the American Psychological Association endorsed its contents. We have seen the development of a level of confidence in treatment approaches that has now blossomed into "empirically supported treatment guidelines" published by the American Psychological Association (3) and "practice guidelines" published by the American Psychiatric Association—for instance, the American Psychiatric Association's guidelines for major depressive disorders in 1993 (4), for bipolar disorders in 1994 (5), and for substance use disorders in 1995 (6), followed by others. However, one should note that this level of confidence in guidelines may not always be warranted. They can stifle other therapeutic approaches less amenable to the research paradigms currently used, or they may be employed in a clinically restrictive way by contemporary care (that is, cost) managers.

Be that as it may, this book represents an invaluable update of contemporary psychotherapeutic, including psychopharmacologic, treatments of *DSM-IV* psychiatric disorders. It will be useful for both the academician and the practicing clinician and will be referred to frequently by its appreciative owner.

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5. American Psychiatric Association: Practice Guideline for Treatments of Patients With Bipolar Disorder. American Journal of

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6. American Psychiatric Association: Practice Guideline for the Treatment of Patients With Substance Use Disorders: Alcohol, Cocaine, Opioids. American Journal of Psychiatry 152(Nov suppl):1-59, 1995

## Recollections of Sexual Abuse: Treatment Principles and Guidelines

by Christine A. Courtois, Ph.D.; New York, W. W. Norton, 1999, 436 pages, \$45

Colin A. Ross, M.D.

Dr. Courtois has written an authoritative and comprehensive book on the legal and clinical aspects of trauma therapy, childhood sexual abuse, and recovered memory. The author was a member of the American Psychological Association's working group on the investigation of memories of childhood abuse and is the author of a landmark 1988 book, *Healing the Incest Wound* (1). She is eminently qualified to write on the subject matter of this volume.

Dr. Courtois reviews the history and sociology of the false-memory controversy, then summarizes the current research literature on amnesia for childhood sexual abuse. In a balanced fashion, she reviews and analyzes the arguments on both sides of the controversy.

The bulk of the book is devoted to treatment guidelines and standards of care. Dr. Courtois describes three generations of trauma treatment models, the first being more focused on abreaction and catharsis; the second on containment, safety, pacing, and grounding; and the third on complexities of memory and therapeutic neutrality. Each generation of model builds on and contains what went before. I would like to have seen more emphasis on attachment models of trauma therapy; otherwise this discussion is comprehensive.

The current consensus treatment model outlined by Dr. Courtois is a sound representation of the state of the field. Important lessons and cautions

have been incorporated from the false-memory side of the ideological war concerning recovered memory and trauma therapy. The book will be an important force in moving discussion toward a constructive middle ground and away from extreme polarization. It is clear that Dr. Courtois writes and practices from the perspective of the clinician treating individuals who recover memories. It is equally clear that she has listened carefully and thoughtfully to criticisms from skeptics.

The final chapter is the richest and most compelling. It contains ten case histories that communicate the complexity and variety of problems and presentations in the arena of recovered and continuous memory of childhood sexual abuse. No simple formula can cover all the permutations, and there can be no monolithic treatment plan.

Readers of the book, expert witnesses, and the public must understand that Dr. Courtois has written an authoritative, comprehensive, excellent book that is nevertheless not a piece of legislation. Her intention is to define an emerging consensus, not a final conclusion set in stone. *Recollections of Sexual Abuse: Treatment Principles and Guidelines* is important both for its content and for the intellectual processes it exemplifies, which are scholarship, dispassionate analysis, and good clinical judgment. The book is essential reading for anyone interested in the subject matter.

### Reference

1. Courtois CA: *Healing the Incest Wound: Adult Survivors in Therapy*. New York, Norton, 1988

## The Environment and Mental Health: A Guide for Clinicians

edited by Ante Lundberg; Mahwah, New Jersey, Lawrence Erlbaum Associates, 1998, 233 pages, \$59.95

Timothy Lacy, M.D.

In his introduction to this text, editor Lundberg states that the book "is designed to introduce the new field of environmental psychiatry, to illustrate its importance for clinical practice, and to serve as a practical guide." This is an ambitious task, especially considering that the field of environmental psychiatry is currently undefined. The editor includes an interestingly broad range of topics such as behavioral neurotoxicity, psychological response to trauma and disaster, risk perception and coping, environmental illness, the effects of the environment on mental health, nature and mental health, pet therapy, and ecopsychology.

Such a range of subjects led me to wonder whether environmental psychiatry is, in fact, a new field with a unified body of knowledge, or merely a collection of varied topics that share a common link with the environment. It was with hope for clarification that I read this book.

Like many edited books, this one suffers from inconsistency in the quality and scope of its chapters. A "guide for clinicians" should be pithy and clinically useful. While much helpful clinical information is contained in the book, I had to dig for it rather than having it readily accessible. Unfortunately, only one chapter in the text contains clinically useful tables.

In spite of these structural weaknesses, the text is informative, innovative, and helpful. It is well referenced throughout and has a useful index. The appendix contains a list of

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informative Web sites and toll-free telephone numbers where one can find useful environmental data.

*The Environment and Mental Health* is at its best when exploring the controversial syndromes that often frustrate clinicians. The contributors offer a balanced approach and consider all relevant data that are both supportive and unsupportive of so-called environmental illnesses—even though the difference between environmental illness and neurotoxin exposure remains unclear throughout the text.

One consistent theme is a call for physicians to question their own medical prejudice. The contributors argue that conditions such as environmental illness, Gulf War syndrome, and chemical sensitivity are frequently ignored or maligned by the medical and psychiatric professions out of bias rather than careful scientific scrutiny. They also correctly note the relative ignorance of most psychiatrists about behavioral neurotoxicology, which, they say, is barely mentioned in most psychiatric texts. Finally, the book cautiously ventures into political territory with its discussions of global warming, environmental racism, and biodiversity.

Although I remain unconvinced that environmental psychiatry is a separate field, the topics discussed in this introductory text deserve greater recognition by the mainstream mental health and medical communities. Such recognition would stimulate and facilitate high-quality research and help disseminate the resulting knowledge. Despite the structural weaknesses of this text, I found it refreshing and enjoyable. I recommend the book for all mental health professionals wishing to develop a special interest in the interaction between the environment and mental health. Public health students specializing in mental health would also greatly benefit from it, as would mental health clinicians working in veterans', military, or forensic settings.

Interactions between the environment and mental health are complicated and are poorly understood by most mental health practitioners. Clinicians must carefully consider all pertinent data when evaluating patients who may have environmentally induced illnesses. They can do so only when they are informed about the relevant environmental science. This book will prove valuable for clinicians faced with such challenges.

tion highlighting the central points made by the contributors.

A central theme is that madness or mental illness occurs in all cultures; it assumes different meanings in different cultural contexts. For example, in medieval Europe, madness was thought to be related to demonic possession and witchcraft, and treatments necessarily followed the prescriptions provided by the church. With the advent of modern science, the scientific paradigm became the dominant cultural framework, and madness was related to genetic, biochemical, psychological, and sociocultural anomalies. The power of medications to correct "chemical imbalance" and the availability of new diagnostic tools to help unlock the mystery of the brain gave rise to the dominance of a disease-centered psychiatry.

Castillo argues that psychiatry should adopt a broader perspective on mental disease, to include the totality of the thoughts, emotions, social context, and cultural identity of the individual. This point is well taken and resonates well with the sentiment of contemporary psychiatrists who adhere to Engel's biopsychosocial perspective on health and disease. The author rightly cites the exciting work of Kandel and Hawkins (1) documenting the effect of individual learning and memory storage on the changes in the neuronal structure of the brain. Because culture determines many aspects of learning, it is now possible to conceptualize a biocultural basis of mental disorders.

However, in Castillo's zeal for broadening a disease-centered psychiatry to a more holistic perspective he terms client-centered psychiatry, he glosses over some of the clinical realities psychiatrists face. For example, mentioning that numerous reports indicate that witchdoctors, shamans, and religious leaders are capable of getting good clinical results, he says, "It is not necessary to diagnose a 'possessed' patient with schizophrenia and provide medications to obtain a good outcome." This statement flies contrary to current scien-

## Meanings of Madness

edited by Richard J. Castillo, Ph.D.; Pacific Grove, California, Brooks/Cole Publishing Company, 1998, 287 pages, \$43.95 softcover

Albert C. Gaw, M.D.

*Meanings of Madness*, edited by medical anthropologist Richard Castillo, takes a look at mental illness from an anthropological viewpoint and attempts to provide a framework that is holistic and client centered. Using the broad perspective that is the hallmark of anthropology, the

book seeks to weave together theories and data from neurobiology, psychology, and the social and cultural sciences to make its points.

Twenty-three previously published articles by a coterie of multidisciplinary experts are compiled into 15 sections. Most of the articles are ethnographic or clinical case studies illustrating the influences of culture on various categories of mental illness and treatments. Also included are some theoretical and review articles as well as an epidemiological study. Each section begins with an introduc-

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tific data on the treatment of schizophrenia. I believe it is crucial to provide a differential diagnosis of various conditions that may mimic "possession" phenomenon (2). If the disorder turns out to be schizophrenia, the use of medications is essential, particularly in treating the acute phase of the illness.

The juxtaposition of the terms "patient" and "client" in the introductions to the sections is confusing. It may reflect the current power struggle between proponents of a biomedically oriented psychiatry and those advocating a more social approach. I believe this divisiveness is not necessary for those who adhere to a biopsychosocial approach.

The editor himself proposes a client-centered psychiatry, rather than a patient-centered psychiatry. I wonder whether, as a political-cultural statement, psychiatric medicine is

prepared to reverse its cultural tradition and substitute "client" for "patient." Would a Client's Bill of Rights be more humanizing and useful than a Patient's Bill of Rights?

Overall, this book is a nice addition to the increasing number of publications that remind us of the importance of considering cultural factors in patients' care. Each chapter is an excellent reference on the topic presented. For those who want to foster a greater theoretical understanding of culture and psychiatry, *Meanings of Madness* is a useful compendium.

### References

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2. Gaw AC, Ding Q, Levine RL, et al: The clinical characteristics of possession disorder among 20 Chinese patients in the Hebei Province of China. *Psychiatric Services* 49:360-365, 1998

many varied and proprietary professionals are circling for the same terrified, albeit juicy, celebrity and corporate bait. Perhaps this book's most profound achievement, then, is bringing together the top experts in every aspect of the field—mental health, law enforcement, criminal justice, private security, and academia—in a rational, coherent manner that eschews the territorial divisiveness that has been all too common in this field.

Particularly noteworthy are Dr. Meloy's introductory chapter, which provides an excellent overview; Deputy District Attorney Rhonda Saunders' chapter on "The Legal Perspective on Stalking," especially helpful for clinicians in understanding the limitations of criminal justice; and Dr. Glen Skoler's chapter on "The Archetypes and the Psychodynamics of Stalking." (Was Shakespeare a poet who loved too much, and what does he have in common with O.J. Simpson?) Still, it is another fine chapter, "The Stalking of Clinicians by Their Patients" by Drs. John Lion and Jeremy Herschler, that undoubtedly will be the first one that clinician readers of this book will turn to.

Given that mental health professionals neither are terribly adept at assessing dangerousness nor have received training in dealing with stalking, even though our profession renders us more prone to becoming victimized by this behavior (1), Dr. Meloy's book should be required reading for everyone in the field involved in direct patient care. As a much-needed crash course for the mental health community, perhaps it would better have been entitled *Everything You've Always Wanted to Know About Stalking But Were Afraid to Ask*. Because, as one study mentioned in the book points out, more than 50 percent of psychiatrists responding to a questionnaire had been stalked by a patient, this is a subject we can avoid no longer.

### Reference

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## The Psychology of Stalking: Clinical and Forensic Perspectives

edited by J. Reid Meloy, Ph.D.; San Diego, Academic Press, 1998, 327 pages, \$59.95

Doreen Orion, M.D.

Although a recent National Institute of Justice study found that 1.4 million Americans are stalked each year, lectures on stalking remain rare in mental health training programs. Only in the last decade has medical literature begun to earnestly examine the issue of obsessional attachments. The paucity of research has stemmed partly from the fact that stalking, per se, is not a diagnosis. In fact, the only psychiatric illness routinely associated with stalking, erotomania, remains relatively uncommon, although when it occurs in reference to the pursuit of the rich and famous—such as Brad Pitt, Madonna, and David Letterman—it is widely reported.

Edited by Reid Meloy, Ph.D., the

foremost forensic expert in the assessment of violent attachments (a phrase he coined), *The Psychology of Stalking* provides the mental health community with what may become the definitive textbook in this field.

Every aspect of stalking, from its ancient history to its most modern incarnation of cyberstalking, from the theoretical and psychodynamic to the practical assessment of dangerousness and criminal justice management, are thoroughly covered in this text. Even the ultimate progeny of any new syndrome, false victimization, is presented. But Dr. Meloy's book does more, adding finely nuanced layers of understanding to a discipline that until now has perhaps been most remarkable for its stridently opposing camps.

The field of threat assessment is rife with conflict, largely because so

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## **The Learning About Myself (LAMS) Program for At-Risk Parents: Learning From the Past—Changing the Future**

by Verna Rickard, B.S.W., L.S.W.; Binghamton, New York, Haworth Press, 1998, 195 pages, \$14.95 softcover

**Jonathan C. Clayfield, M.A., L.M.H.C.**

**T**he Learning About Myself (LAMS) program is a psychoeducational program that provides an excellent combination of didactic and experiential activities to help at-risk parents—that is, parents at risk of abusing or neglecting their children because they lack effective parenting, coping, housekeeping, and social skills—to learn the necessary life skills they need to be better parents. Instead of concentrating solely on improving parenting skills, the LAMS program focuses on the parent as a person, helping the person achieve greater self-esteem, a more positive and assertive attitude, better relationships with others, and more confidence to make changes in his or her life.

The book contains detailed information on how to set up and run a LAMS program, structured as 12 to 15 weekly group sessions of two and a half hours each. For each session the author lists the goals for the week, the materials needed to conduct the session, and detailed step-by-step instructions for all didactic and interactive activities, with suggested time allowances for each activity.

To keep participants interested and engaged, the program uses a combination of weekly affirmations, readings, exercises, role-plays, games, videos, craft activities, demonstrations, and guest speakers. Alternate activities and resources are offered, along with suggestions for finding resources in the reader's own area. Potential obstacles such as child care, transportation, and money for supplies are also addressed. Because

each week's curriculum can stand alone, there is the added flexibility of changing the order of the sessions without compromising the program's effectiveness.

A valuable feature is that the program can be used with persons who have difficulties with reading comprehension or writing, as all written materials are read aloud in the sessions. The program does an excellent job of using interactive activities to help participants make sense of often-complicated cognitive-behavioral concepts such as negative self-talk. A graduation certificate awarded on completion of the program helps participants feel a sense of accomplishment.

Because the weekly curriculum can be tailored to the needs of the group and is adaptable to all ages and both sexes, the program could work well in a variety of therapeutic settings—as a supplement to individual or group counseling, as part of adult or adolescent day treatment programs, or in a psychoeducational support program. It could be beneficial to parents and nonparents alike, helping individuals plan realistic education and employment goals, learn basic budgeting and homemaking skills and proper nutrition, and improve hygiene and appearance.

According to the author, group facilitators need only “a general understanding of basic social work or psychological principles and some life experience,” and thus the LAMS program does not have to be directed by a therapist. However, the facilitator has the ultimate responsibility of conveying the weekly curriculum in the most interesting way possible for the program to be effective, and for dropout rates to be low.

The LAMS program originated in the intensive family preservation unit of the Texas Department of Protective and Regulatory Services—Child

Protective Services in Fort Worth. The program was originally developed by Ms. Rickard to help mothers involved with child protective services. Ms. Rickard has been working with high-risk abusive and neglectful families since 1979, and her many years of experience are certainly reflected in this well-designed and thoughtful program.

## **Grading Health Care: The Science and Art of Developing Consumer Scorecards**

edited by Pamela P. Hanes and Merwyn R. Greenlick; Jossey-Bass Publishers, San Francisco, 1998, 166 pages, \$39.95

**Cheryl A. Ouimet, M.S.W.**

**I**f we are to grade health care in ways that are meaningful to consumers, we need to rely on measures that are relevant to them and tailored to address their specific health care concerns. This book describes the work of the Oregon Consumer Scorecard Consortium, whose goal was to develop a scorecard that would help consumers select a health plan. The book illustrates the challenges that arise in constructing a scorecard that meets individual consumers' needs for health care information while also being responsive to the needs of more powerful stakeholders involved in the scorecard process.

The consortium included consumers, researchers, policy makers, and representatives from health-insuring organizations, and the diverse interests of the group are reflected in this book. As a result, *Grading Health Care* goes beyond its stated purpose of including consumers' perspectives in developing scorecards to providing a broader-based discussion of the political, economic, and technical issues that influence the designing of consumer scorecards.

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Individual consumers and large-volume purchasers of health plans seek information about the quality of health care from different sources. Population-based performance measures and administrative policies or structures that health-insuring organizations and accrediting bodies generally rely on to assess the quality of care are not relevant to individual consumers. They prefer to get information about health care plans from others with similar needs. To obtain consumers' perspectives, the consortium relied on focus groups and literature reviews. These activities revealed that consumers consider patient satisfaction surveys one of the most helpful sources of information about service quality. Consumers also reported their preference for ready access to a knowledgeable person who can help interpret scorecard results.

Constructing a consumer scorecard is both an expensive and a time-intensive process. Consequently, the editors report, the consortium's original focus on developing a scorecard for individual consumers shifted over time to meeting the information needs of large-volume purchasers of health plans. The consortium's experience provides evidence that preferences for the type of information that

consumers want will continue to be overshadowed by the interests of more powerful stakeholders involved in the process.

What can be done to address this inevitable problem? Based on the guiding principle that consumers prefer information from others with similar needs, the establishment of consumer affairs departments within health care organizations would be one response. Such departments could help organizations construct patient satisfaction surveys that truly reflect consumers' interests as well as help consumers interpret scorecard results. Scorecards can be relevant only if they empower consumers to make informed decisions about their health care; providing information from other consumers is one of the most meaningful ways to achieve this goal.

Although the lessons learned by the Oregon Consumer Scorecard Consortium make an interesting story, the book does not provide specific guidance for designing scorecards for consumers with behavioral health care needs. Specialists in health care policy and research will find this book a useful resource, and one hopes they will be able to avoid some of the pitfalls of scorecard development encountered by those who have gone before them.

ter by Weeks and associates does the best job of developing recommendations from the research reported. As welcome as the research focus is, the chapters are somewhat laborious to read, although useful information is available in each.

The second section consists of three articles that illustrate the heterogeneity of women drug abusers. Again, the authors state that racial-ethnic factors must be understood if outreach, intervention, education, and treatment services are to be effective. Although women substance abusers as a whole tend to be stigmatized, stigma is expressed in different ways in different cultures. Wechsberg and Cavanaugh's article underscores the heterogeneity of women substance abusers and suggests that no one program or modality will be beneficial to all women.

Section 3 addresses sexually transmitted diseases and violence. Murphy and associates' paper, "Women and Violence: A Different Look," examines women as perpetrators as well as victims of violence. The recommendation that treatment programs need to address the problem of violence by women through skills training is very useful. Three research papers on the physician's role in assessing women, including pregnant women, for substance abuse constitute section 4. The findings reinforce previous reports of underdiagnosis of substance abuse by health care professionals.

In section 5, which examines treatment, Lockwood and associates successfully identify specific changes carried out in a prison-based therapeutic community model to make it more sensitive to and appropriate for women. Studies by Wexler and others and by Stevens and Patton examine the benefits of including children along with their mothers in treatment settings. These articles are helpful, as women often cite children as a barrier to gain access to treatment.

*Women and Substance Abuse: Gender Transparency* emphasizes several important points for understanding women and substance abuse. First, female substance abusers are a heterogeneous population. Second, they

## **Women and Substance Abuse: Gender Transparency**

*edited by Sally J. Stevens, Ph.D., and Harry K. Wexler, Ph.D.; Binghamton, New York, Haworth Press, 1998, 277 pages, \$59.95 hardcover, \$24.95 softcover*

## **Women, Drug Use, and HIV Infection**

*edited by Sally J. Stevens, Ph.D., Stephanie Tortu, Ph.D., and Susan L. Coyle, Ph.D.; Binghamton, New York, Haworth Medical Press, 1998, 237 pages, \$49.95 hardcover, \$19.95 softcover.*

**Patrice M. Muchowski, Sc.D.**

The perspective of both these books is refreshing, as general books on substance abuse provide little information on women's needs, and most books on women and substance abuse are not research focused.

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The first book, *Women and Substance Abuse: Gender Transparency*, consists of 15 research papers in five sections. Section 1 focuses on HIV risk behaviors and includes useful statistical information about substance abuse among women and HIV infection. The authors make the point that effective intervention programs must understand cultural needs. The chap-



continue to be at great risk for HIV infection despite increased media attention and community education. And finally, different strategies for engaging and retaining women in treatment need to be developed for different groups of women.

The book provides useful data for anyone who works with female substance abusers. However, it could have increased its value by analyzing the implications of the research studies and by developing recommendations for practitioners.

The second book, *Women, Drug Use, and HIV Infection*, comprises 13 research papers from a multisite project on HIV infection that was sponsored by the National Institute on Drug Abuse. The editors present an excellent overview of HIV prevalence among women drug users as well as major HIV risk factors for this group. The risk factors are divided into sex-related factors—unprotected sex, multiple sex partners, or sex with high-risk males—and drug-related factors, such as frequency of use and sharing of needles and other equipment. In addition, the authors have expanded the concept of risk to include individual, relational, social, environmental, and cultural factors, thus providing a working model for designing intervention programs for women.

The book is organized in sections on changing specific risk behaviors, descriptions of two intervention programs, contextual variables in women's risk behavior, and gender differences in HIV risk behavior. A final section discusses female prostitution and its impact.

One of the two papers in the behavior-change section indicates that a standardized two-session intervention significantly reduced sex-related and drug-related risk. The second paper describes an enhanced intervention program that also demonstrated positive results, but with the greatest gains for subjects with less risky behaviors.

Singer and associates offer a useful discussion of the relationship between risk perception and risk behaviors. They report findings from stud-

ies of other diseases that clients initiate behavior change only after seeing personal, serious risk. In their sample the authors noted a high rate of incongruence between the women's risk factors and their behaviors. The more isolated the women were, the greater the discrepancy was. On a positive note, women who perceived themselves at high risk lowered their risk. It would have been valuable if the authors had presented specific methods to help women personalize their risk.

Two papers address condom use. Fenaughty and associates suggest that to tailor interventions to promote condom use, practitioners must clarify the reasons that condoms are not used, such as fear of retaliation from one's partner, embarrassment, or inability to purchase them. Wood and associates add that a woman's beliefs about condom use constitute a positive or negative factor in enhancing use. Readers gain a greater perspective on the complexity of designing effective interventions to reduce sex-related risks.

In the section on contextual variables, Cattarello and associates note that a one-size-fits-all prevention message will not succeed. The size of the city in which the intervention is planned, the primary drugs used in that city, and women's immediate survival needs must be taken into account. Metsch and others examine the impact that a woman's living situation has on HIV risk.

An especially thought-provoking paper on the relationship between violence and HIV risk-taking behavior is presented by contributors He and colleagues. However, specific prevention methods for such at-risk women are not provided.

The rate of HIV infection among women continues to rise, and prevention methods developed for men are not applicable to most women. *Women, Drug Use, and HIV Infection* provides useful data and thought-provoking strategies. The authors state clearly that intervention efforts need to be targeted to both sex-related and drug-related risk behaviors.

Because all the chapters are re-

search papers, some readers may find them difficult to read. However, the majority present implications of their findings in the discussion section, offering much food for thought for practitioners. *Women, Drug Use, and HIV Infection* is a valuable resource for any practitioner working with women.

## MISCELLANY

### **What "Fair Housing" Means for People With Disabilities: A Guide for Consumers, Advocates, and Landlords**

*Bazelon Center for Mental Health Law, Washington, D.C., 1999, 48 pages*

The Bazelon Center offers a plain-language guide, intended for consumers and others, to how federal law bans housing discrimination because of physical or mental disability. Based on provisions of the Fair Housing Act, the Americans With Disabilities Act, and the Rehabilitation Act, the guide is organized by such topics as discrimination when applying for housing, discrimination during tenancy, requesting a reasonable accommodation, and what to do if the request is not granted. Also included is information on how to challenge discrimination, plus detailed notes for legal advocates. The booklet is available for \$4 plus \$2 shipping from the Bazelon Center's publications desk, 1101 15th Street, N.W., Suite 1212, Washington, D.C., 20005; fax, 202-223-0409; e-mail, [pubs@bazelon.org](mailto:pubs@bazelon.org).