Cost-Outcome Methods for Mental Health

by William A. Hargreaves, Martha Shumway, Teh-wei Hu, and Brian Cuffel; San Diego, Academic Press, 1998, 242 pages, $69.95

William H. Fisher, Ph.D.

If indeed politics makes strange bedfellows, so too does the coevolution of policy environments and research disciplines generate novel interdisciplinary collaborations. A generation ago, most economists and psychologists likely would have been hard put to identify areas of common interest. The notion that one could measure the outcomes of mental health treatments with enough precision for cost-effectiveness analysis likely would have found few subscribers among economists; likewise, many psychologists would have been repelled by the idea that psychotherapy could or should be evaluated in terms of its costs and outcomes.

But growing interest in the psychometrics of outcome measurement has led to the development of well-validated and reliable tools for assessing the effects of various treatment modalities. At the same time, health economists have begun grappling with the complex issues of public and private financing of mental health care, spawning a new area of research interest and giving rise to a generation of economists who focus on mental health.

As these trends within economics and psychology were gaining momentum, an emphasis on cost-effectiveness, not altogether welcomed by many providers, began to emerge in mental health policy. What some providers considered a shotgun marriage of psychology and economics in the emerging policy environment created a new and interesting field of intellectual endeavor that will become a staple of the evaluation of mental health service systems.

From this point on, public and private insurers' demands that providers demonstrate cost-effectiveness require that clinicians, managers, and policy makers become conversant with the melded concepts and lexicons of this new evaluative perspective. Until now this familiarization process has been hampered by the lack of a literature that brings these concepts together in a cogent manner accessible to all the relevant disciplines and actors. In *Cost-Outcome Methods for Mental Health*, Hargreaves, Shumway, Hu, and Cuffel, a multidisciplinary group whose members have been among the pioneers in mental health cost and outcome research, make a solid contribution toward filling this gap.

The authors say that their book is designed as a graduate or postdoctoral text, but it appears that they also envisioned several other distinct audiences. One would be decision makers with no training in evaluation research, outcome measurement, or cost-effectiveness analysis. Another audience would consist of individuals with knowledge of psychology and outcome measurement but little background in economics, and vice versa. Yet another would be individuals with some background in both areas who nevertheless could benefit from examples of how they merge. A final group would be more sophisticated researchers looking for references to research studies and information on various forms of outcome measurement.

The needs of all of these groups are well met in this book. Beginning with an overview of cost-outcome research in mental health, the authors provide a synopsis of standard evaluative research designs and issues. Following are several useful chapters describing relevant economic concepts and problems in measuring service utilization and costs. Next, the "outcome" chapters offer an overview of basic outcome measurement concepts, methodological issues in using them, and appropriate measures for various outcome domains such as health status, quality of life, and public safety.

The final two chapters bring together economic and outcome measurement concepts. The first of the two discusses the statistical estimation of cost-effectiveness, while the last chapter outlines how cost-outcome data can be used to guide policy. A particularly attractive feature of the book is the presentation at the beginning of each chapter of real-world scenarios illustrating the issues to be addressed.

Cost-outcome research is a complex discipline. Reading this volume will not by itself allow one to embark on such research without additional training. It will, however, permit the uninitiated to participate in these efforts and to converse intelligently with researchers and evaluators engaged in such work. For others, it will provide a valuable reference guide to concepts, tools, and methodologies currently used in this emerging field.

Barbara Dickey, Ph.D.

Cost-Outcome Methods for Mental Health is a timely textbook that helps fill a yawning gap in mental health services research– a field that has produced so few published cost-outcomes studies that the authors resort to examples from medicine rather than mental health. Recognizing the elementary phase of development of the field, the authors wisely point out that their goal is to help readers learn a new vocabulary and become intelligent consumers of cost-outcome research findings. Although the book surely will expand the knowledge

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Two reviewers have provided commentary on Cost-Outcome Methods for Mental Health. *Dr. Fisher is associate professor of psychiatry at the University of Massachusetts Medical School in Worcester and associate director of public-sector research at the school's Center for Mental Health Services Research. Dr. Dickey is associate professor in the department of psychiatry of Harvard Medical School and director of mental health services research at McLean Hospital in Belmont, Massachusetts.*

base of experienced mental health services researchers as well, the authors acknowledge that planning and carrying out cost-outcome studies is likely to need the leadership of a health economist.

Besides chapters on measuring outcomes, determining service use, and estimating per-unit costs, Hargreaves and his colleagues provide very useful chapters on aspects of cost-outcome research that are often overlooked: measuring the fidelity of the "experimental" program, determining consumer preferences, and integrating findings from multiple studies of the same program. The section on consumer preferences includes an important discussion of quality-adjusted life years. The authors conclude that this approach, which has considerable appeal and which has been successfully used in medical cost-outcome studies, poses problems for mental health services researchers. They argue that the course and outcome of many mental illnesses are difficult to map onto the 0-to-1 scale required by this approach.

Despite its many virtues, the book falls short in several spots. The outcome measurement chapter is especially disappointing because of its narrow focus on clinician-perspective instruments and lack of discussion about the value of consumer-reported outcomes. Some additional information would be required if the book were to be used as a textbook for a graduate or postdoctoral course in mental health cost-outcome research, as the authors intend. For example, it would be helpful if the authors had included at least one complete study, a "worked example," to guide the reader through the details and illustrate just how research decisions are made in a real-world context. A glossary might also have been useful, given the expected readership. Finally, the authors often describe the nature of difficult decisions between two less-than-perfect solutions to methodological challenges, but they seldom make recommendations about the preferred choice.

Youth Violence: Prevention, Intervention, and Social Policy

edited by Daniel J. Flannery, Ph.D., and C. Ronald Huff, Ph.D.; Washington, D.C., American Psychiatric Press, 1999, 332 pages, $48.50

Carl C. Bell, M.D.

The books in the publisher's clinical practice series are designed to "give the mental health clinician a practical, clinical approach to psychiatric problems"– in this case, youth violence– and to provide up-to-date literature reviews and highlight current treatment strategies. Unfortunately, since the topic is a social problem rather than a clinical phenomenon, the reader has to extrapolate the information contained in the text to make it useful for clinical practice.

A major strength of the book is that the chapter authors uniformly assert that multicomponent prevention programs focusing on the social ecology of at-risk children and families are the best bets for prevention and intervention rather than society's current criminal justice response, which is an inadequate control strategy. In addition, psychotherapy and intensive casework programs are found to be ineffective for youth violence, and biomedical approaches have not produced effectiveness.

The chapters also reveal the complex interdependence between aggression, victimization, exposure to violence, perpetration, and the development of other psychiatric disorders. There appears to be a consensus that integrated, systematic, long-term approaches that include multiple disciplines and intervene at multiple levels are the core strategies necessary to create change.

Useful correlations are made between combat veterans' and children's exposure to violence. Army principles of prevention and treatment of "battle fatigue" are outlined, with applications for children exposed to violence. One chapter condemns the "gendered habits" of researchers that have caused girls' involvement with gangs to be neglected, sexualized, or oversimplified and concludes that traditional models of law enforcement, which guide policy for boys, are inappropriate for girls.

Differences in philosophy between advocates of gun control from a public health perspective and those who cite criminological studies supporting the protective value of firearms are presented with the caveat that even gun control opponents agree that firearms should not be available to children and adolescents. Parental criminality, maltreatment, parenting practices, and family relationship characteristics are adequately explored as causes of youth violence.

The editors appropriately note that even though neurobiology plays a role in causing violence, violence is also a form of learned behavior, and, accordingly, families have a role in preventing youth violence. Thus youths taught social competence and problem-solving skills will obtain the ex-

In this section . . .

Two health services researchers comment on a new book in a developing field, cost-outcome research in mental health. Writing about a book on youth violence, Dr. Carl Bell commends contributors' advocacy of prevention programs focusing on the social ecology of children and families at risk. Dr. William Vogel reviews four books, with a variety of formats, on treating couples and families. Other books include a guide to group work with women trauma survivors, a collection of papers on intensive outpatient treatment for addictions, and a first-person account of anorexia and bulimia.

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pertise necessary to resolve conflicts and avoid violence. The editors suggest that clinicians need to know the potential impact of exposure to violence and victimization on neurodevelopmental pathways that affect children's behavior. Further, by recognizing warning signs of risk factors, clinicians can reduce future victimization or reduce the chance that victimized children will perpetrate violence.

Clinicians are admonished that just focusing on reducing risk or managing aggressive behavior will not be as effective as an intervention strategy that enhances social competence. Further, though we may not be able to change violent neighborhoods, by involving families we can change home environments and social networks. Social policy to reduce violence should strengthen support for families, neighborhoods, and communities and prevent youth from joining gangs. Finally, investment in rigorous evaluation of policy and program initiatives must be enhanced.

All of the authors are experts in the field. What makes their contributions valuable is that they have all done basic empirical research on violence among youth and are able to merge scientific thought with the practical realities of working with violent youth.

Treating Couples and Families

Case Studies in Couple and Family Therapy: Systemic and Cognitive Perspectives *edited by Frank M. Dattilio; New York City, Guilford Press, 1998, 486 pages, $44*

Essential Skills in Family Therapy: From the First Interview to Termination *by JoEllen Patterson, Lee Williams, Claudia Grauf-Grounds, and Larry Chamow; New York City, Guilford Press, 1998, 250 pages, $30*

Burnout in Families: The Systemic Costs of Caring *edited by Charles R. Figley, Ph.D.; Boca Raton, Florida, CRC Press, 1998, 228 pages, $39.95*

The Practical Practice of Marriage and Family Therapy: Things My Training Supervisor Never Told Me *by Mark Odell, Ph.D., and Charles E. Campbell, M.Ed.; Binghamton, New York, Haworth Press, 1998, 276 pages, $49.95 hardcover, $24.95 softcover*

William Vogel, Ph.D.

It is, unhappily, all too rare to find a book in the family and marriage therapy field that is, at the same time, well written, instructive and enlightening, and a great deal of pleasure to read. *Case Studies in Couple and Family Therapy* is such a book.

The editor, Dr. Dattilio, is a family therapist who espouses a cognitive-behavioral approach. He has invited advocates of 17 different theoretical approaches to contribute a chapter to the book. Each chapter follows the same formula.

First, the authors present their particular theoretical point of view. Second, they present a case that incorporates their particular theoretical and methodological ideas. Dattilio intersperses each presentation with critiques, from the cognitive-behavioral point of view, of what is taking place. Finally, the authors of the chapter respond to Dattilio's critique.

Among the theoretical systems represented are the cognitive-behavioral, behavioral, structural, strategic, contextual, symbolic-experiential, solution-focused, transgenerational, cross-cultural, feminist, and psychoanalytic. The case presentations of the majority, but not all, of the writers are faithful to the theories and methodologies they represent; that is, their methods and narratives generally follow the system to which they declare allegiance.

Some of the chapter authors are well known; others are less so. Nevertheless, the quality of the writing is almost uniformly exceptional. It is unusual to find a book with so many authors that maintains such a high standard of excellence.

The cases are of interest and the exchange of views is instructive, and sometimes surprising. For example, to quote from Fred Sander's reply to Dattilio's critique of Sander's presentation on psychoanalytic couple therapy: "Dr. Dattilio and I apparently agree . . . that the psychoanalytic and cognitive-behavioral approaches are antithetical. . . . After reading his largely positive comments, I began to wonder whether I was more of a behaviorist and/or he more analytic than I thought!"

The book reminds me of a classic study carried out some 50 years ago in Carl Rogers' laboratory in which Rogers concluded that there is a very considerable similarity among experienced therapists of very different theoretical schools in the actual methods and techniques they employ; the differences lie less in their methods than in the ideas and language they use to characterize and describe their work.

Case Studies in Couple and Family Therapy: Systemic and Cognitive Perspectives is a book well worth the purchase. I recommend it to all mental health professionals.

Essential Skills in Family Therapy is a well-written primer, designed as a text for the beginning family therapist. The book does what it sets out to do, and does it very well. The authors deal, carefully and systematically, with the principal issues that novices face. They include chapters on the challenges for beginners (managing one's own anxiety, issues of confidence, obsessing about one's clinical work); what to do before the initial interview; the initial interview; assessment; developing treatment plans; working with couples, families, and children; getting "unstuck" in therapy; and termination.

I especially appreciate the style and

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quality of the writing. It is collegial and never patronizing; a danger to which these authors never fall prey is that of "talking down" to the new student.

I highly recommend *Essential Skills in Family Therapy* as a primer for the new therapist and the new student. I have seen introductory texts I liked as well, but none I thought to be superior to this one.

Charles R. Figley, professor in a marriage and family therapy training program at Florida State University, is the editor of *Burnout in Families,* which is the first in a book series called Innovations in Psychology.

Dr. Figley is well known for his studies of posttraumatic stress disorder and of the effects of stress, especially the impact of stressors on families. He defines family burnout as "the breakdown of the family members' collective commitment to each other and a refusal to work together in harmony as a function of some crisis or traumatic event or series of crises or events that leave members emotionally exhausted and disillusioned."

The book consists of eight chapters by different contributors. It provides a comprehensive and exhaustive, almost encyclopedic, series of reviews of the literature covering the effects of the complete range of stressors on families as a whole and on categories of family members in particular– for example, on sons, daughters, husbands, wives, and parents. Among the stressors studied are accidents, illness, death, substance abuse, natural disasters, war, the Holocaust, concentration camp experiences, kidnapping, fatigue, rape, homicide, extramarital affairs, child abuse, spousal abuse, sexual abuse, and many others. Treatment programs are extensively discussed.

Burnout in Families is well written and scholarly. It will be valuable as a resource work for the scholar and researcher in family studies, and for clinicians who want to acquaint themselves with the impact of specific stressors on family members and on classes of family members.

The authors of *The Practical Practice of Marriage and Family Therapy: Things My Training Supervisor Never Told Me* present it as a manual to introduce beginning therapists to the "nuts-and-bolts sorts of problems endemic to the *practice* [emphasis theirs] of family therapy in the real world." It has 18 chapters dealing with every conceivable aspect of practice in the field.

The intention is to communicate to the beginner things that are essential to know but were not taught in school. However, that is what the book does not do. A major problem is that many, if not most, of the topics the authors discuss were, or should have been, taught, and thoroughly learned, in any accredited program– for example, case formulation, engaging families in therapy, case management, and dealing with value conflicts and dual-relationship issues.

A second major problem is that in the attempt to cover every conceivable aspect of practice in 276 pages, too many issues that should be dealt with in some depth are treated superficially. For example, there is a section on "firing clients," such as those who don't pay their bills. The discussion gives no indication that "firing clients" is a dangerous legal minefield that, unless very carefully done, might well involve a practitioner in a malpractice suit for abandonment. Once you have accepted a patient under your care, you are legally responsible for that person's necessary care, and you cannot terminate treatment without making provision for continuation of necessary care by someone other than yourself.

To be fair, the book is meant for the beginner. As someone who has been 40 years in the field, it is difficult for me to read *Practical Practice* with a beginner's eye; certainly, the acid test would be how valuable a beginner finds it.

Trauma Recovery and Empowerment: A Clinician's Guide for Working With Women in Groups

by Maxine Harris, Ph.D., and the Community Connections Trauma Work Group; New York City, Free Press, 1998, 413 pages, $32.95

Anne C. Bauer, M.D.

I wish that when I was the new clinical director for an inpatient treatment program for women, I had a guide such as Maxine Harris' *Trauma Recovery and Empowerment.* This easy-to-use volume offers a practical, step-by-step psychoeducational approach to leading a group for traumatized women.

What makes this guide so user friendly is that it is the product of a collective effort by numerous clinicians and participants associated over five years with women's groups at Community Connections, a private, not-for-profit mental health clinic in downtown Washington, D.C. The impetus for developing a group intervention for traumatized women is stated by the authors: "Like so many others, we found that we could not effectively deliver the services we were mandated to provide without addressing the often overwhelming histories of physical and sexual abuse that our clients have suffered and survived."

Adding to the uniqueness of the group intervention described in this book is that it was designed by and for some of the most disenfranchised, disabled women treated in the public mental health system. Most of the epidemiological research and literature on treatment of trauma-related mental illness is not about recipients of public mental health services. Therefore, this approach, which is designed to be used with traumatized women who are in a variety of settings and who may be homeless, incarcer-

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ated, dually diagnosed, or psychotic, is valuable to any clinician who works with such women.

Although the authors indicate that *Trauma Recovery and Empowerment* was written for practicing clinicians, they consciously avoid the use of diagnostic and treatment-related language. They write that the trauma survivors in their groups usually did not view their abuse, past or present, as their primary problem. In addition, the authors imply that the women rarely thought of their problems as *DSM-IV* diagnoses, even though many of them were long-time users of public mental health services. They typically thought of themselves as "sad, bad, or mad."

The book is usefully organized into sections corresponding to a phase-oriented approach to trauma recovery work that has been well described in the literature on treatment of trauma-related psychiatric disorders. Part 1 focuses on topics of self-empowerment. Each topic is intended for a weekly 75-minute group. A rationale for each topic is provided, drawn from an understanding of the impact of trauma on self-development and theories of women's psychological development such as the self-in-relation model. Goals, agenda, exercises, and even leader's notes for each session are offered.

Topics for sessions in part 2 of the group work involve participants' taking a closer look at their personal history and the impact of abuse. Included is a session for exploring whether participants had experienced abuse in mental health treatment settings when secluded and restrained, overmedicated, treated like an object, or even sexually exploited. Parts 3 and 4 build strategies for safety and continued self-growth and end with closing rituals for the group work. Additional sections describe how the groups can be modified for male trauma survivors, incarcerated women, women with severe mental illness, and those who are abusive.

This guide to working with trauma survivors is filled with common sense and practical tools and is based on a solid theoretical framework. What is missing is any significant discussion of what is meant by recovery and any data on outcomes from the group intervention. Given the caliber of the Community Connections clinical group, one hopes that further work on the subject of *Trauma Recovery and Empowerment* is forthcoming.

Intensive Outpatient Treatment for the Addictions

edited by Edward Gottheil, M.D., Ph.D.; Binghamton, New York, Haworth Medical Press, 1997, 100 pages, $39.95

Mark C. Radosta, L.I.C.S.W.

Intensive outpatient treatment has not been universally recognized, let alone always reimbursed, as a legitimate treatment approach for addicted individuals. But change is afoot according to Dr. Gottheil, the editor of this brief collection of research studies related to the modality.

The beginnings of intensive outpatient treatment for the addictions are closely linked with the explosive growth in the early 1980s of cocaine addiction, which was then largely a white, middle-class affliction and now wracks our inner cities. With the federal government tallying up its wins and losses in the war on drugs and consequently shifting its policy focus away from interdiction and imprisonment and toward prevention and treatment, intensive outpatient treatment is being viewed as an innovative, measurably effective, and cost-efficient alternative for chemically dependent individuals.

Furthermore, as a result of competition spurred by managed care, intensive outpatient treatment has filled a niche created by potent market forces seeking to achieve a balance between cost-efficiency and clinical efficacy. Intensive outpatient treatment does so by broadening the continuum-of-care model that attempts to match specific levels of treatment with the patient's particular treatment needs. Basically, it provides managed care with a viable alternative to costlier, and perhaps unnecessary, inpatient stays. The traditional 28-day inpatient program is now rarer than hens' teeth; however, if the higher, inpatient level of care is clinically indicated, stays can be shortened now that the patient can be stepped down to a highly structured outpatient program where he or she can be closely followed.

Another key rationale for recommending intensive outpatient treatment to addicts, according to Gottheil, is that the traditional weekly outpatient visit allows too much time for temptation, vacillation, and relapse. He feels that early dropout rates from treatment will be reduced by scheduling more frequent visits, which will promote earlier engagement and nurture a commitment to continue in the program. Thus the gap between too much and too little treatment is presumably filled to the satisfaction of payers.

This collection, also published as issue number 2 of the *Journal of Addictive Diseases* in 1997, contains two "editorials" and six papers, four of which were presented at a 1995 symposium of the American Society of Addiction Medicine. Five of the papers are research studies that include data on the effectiveness of the modality and other pertinent issues. One study examines characteristics of cocaine addicts prone to pretreatment and early-treatment dropout and those who remain in treatment. Another study, coauthored by addictions research maven Thomas McLellan, one of the developers of the widely used Addiction Severity Index, compares outcomes of intensive and traditional outpatient treatment, as does another study in this collection.

Both these studies, interestingly

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enough, found no significant difference in outcomes between the two modalities. In addition, McLellan and associates found that outpatients in traditional treatment were more likely than their counterparts in intensive treatment to receive services addressing psychiatric, medical, employment, and social problems. Thus recipients of traditional outpatient treatment had better social functioning at follow-up, as evidenced by increased attendance at work, higher earnings, and fewer family and social conflicts.

This book would be of limited value to clinicians looking for a descriptive guide for setting up an intensive outpatient treatment program, as it does not discuss essential program elements or treatment issues. But researchers may find the sophisticated study methodologies of interest and may use the book as an impetus for future investigation of the modality.

The Center for Substance Abuse Treatment of the Department of Health and Human Services offers a free monograph on intensive outpatient treatment (1) as part of its extensive Treatment Improvement Protocol (TIP) series. It comprehensively describes the range of services and service components included in such programs.

Reference

1. Nagy PD (ed): Intensive Outpatient Treatment for Alcohol and Other Drug Abuse. Treatment Improvement Protocol series 8. Rockville, Md, Center for Substance Abuse Treatment, 1994

Wasted: A Memoir of Anorexia and Bulimia

by Marya Hornbacher; New York City, HarperFlamingo (HarperCollins), 1998, 298 pages, $23

Davina Miller, M.S.W., L.I.C.S.W.

After years of lying and denial, 24-year-old Marya Hornbacher has written a remarkably candid autobiography that is compelling both for its content and for the quality of the writing. This is really a story of what it is like to live through horrendous mental illness, although the form the symptoms take are anorexia and bulimia. I was reminded of other powerful memoirs of mental illness, such as *Darkness Visible* by William Styron (1) and Kay Redfield Jamison's book (2) on her bipolar disorder, *An Unquiet Mind*.

Ms. Hornbacher describes her life as the only child of two unhappy people who are as puzzled and confused by her as she is herself. She began bingeing and purging at age nine. The agony of her life continues into an adolescence characterized by excessive drug and alcohol abuse and sexual acting out, as well as every kind of eating-disordered behavior. She describes herself at 16 as "a girl trying hard to die."

The book includes graphic and horrifying descriptions of three periods in Ms. Hornbacher's life when her eating disorder gets so out of control that it looks as though she may die. After the last episode, weighing 52 pounds, she was given a week to live. Before she finally got help, she had been attending college in Washington, D.C., and working as a reporter. Her account of how paralyzed those around her were as she deteriorated in front of their eyes is accurate and well done. She also includes an interesting analysis of the difference between more proactive forms of suicide and the "suicide/torture–self-murder of anorexia."

Contemporary thought about eating disorders increasingly acknowledges the underlying function of anxiety in their etiology. I was frequently struck by its role in Ms. Hornbacher's tortured life, yet anxiety is one of the few diagnoses she was never given. Nor does she seem aware how often what she is portraying is what we would probably now label as generalized anxiety disorder. She was school phobic as a small child; she checked frequently for monsters; and she states, "When I woke, there was always panic."

Wasted has much that is admirable. It is an extremely powerful depiction of the reality of living with a mental illness so potent that the very being is devastated. Ms. Hornbacher's attempts to explore the complexities of her illness do not spare her parents, but neither are they demonized. It seems to me she makes an unusually even-handed effort to understand her parents' part in her difficulties, and she eventually ends up acknowledging there is love between them. The author has been an avid reader since childhood and is a writer by profession, so the book is well written, with an extensive and interestingly diverse bibliography.

The book does not end with any epiphany, but with a much more realistic kind of fizzling out after her last dreadful collapse. By the time Ms. Hornbacher is writing the book, she is eating, weighs about double what she once did, and is married in what is clearly a loving relationship. Yet eating is still not something that can be taken for granted, and she worries about the dreadful toll her illness has taken on her.

Along the road, she has tried to write about what made a difference, such as being found and loved by an 11-year-old boy, who was even needier than she was, and eventually, reluctantly, caring for him in return. "I began to piece my life together, stitch together memories into a patchwork quilt that made a chaotic sort of sense," she says. The book is a remarkable narrative that would be of interest to anyone working in the field of mental illness, especially with eating disorders.

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