

## On Your Own Without a Net: The Transition to Adulthood for Vulnerable Populations

edited by E. Wayne Osgood, E. Michael Foster, Constance Flanagan, and Gretchen R. Ruth; Chicago, University of Chicago Press, 2005, 432 pages, \$40

Maryann Davis, Ph.D.

This volume describes research on adolescents in public systems, such as child welfare, juvenile justice, and mental health—vulnerable populations—as they mature into adulthood. The book couples the research with considerations of policies and programs that impact the population during the transition period. The purpose of the volume is to “spur policy makers, opinion leaders, and scholars to devote great attention to the issues facing vulnerable populations during the transition to adulthood.”

The book grew out of the previous work of the organizers of this volume, the John D. and Catherine T. MacArthur Foundation Research Network on Transition to Adulthood and Public Policy, much of which was published in the companion volume *On the Frontier of Adulthood: Theory, Research, and Public Policy*. That book highlighted the changes in the nature of the transition period during the past 30 years in the United States. In essence, it demonstrated that the transition in the general population has become increasingly complicated, extended, and disorganized compared with the orderly progression that was commonly completed by the age of 25 years among previous generations. They found that currently adult milestones were more typically achieved by age 30 or older; the orderly progression from family home to having one's own home, starting a family, and earning income was no longer linear; marketplace pressures demanded increasingly higher levels of education; and there was greater dependence on family for a safety net

and support throughout these years. Their research suggested that the vulnerable groups covered in this second volume may be at particular risk during the transition.

The book covers seven public system populations: foster care, juvenile justice, criminal justice, homeless, special education, mental health, and special health care needs and disabilities. Most populations have a chapter on research on the population and another chapter on related policies and programs. The aim of the research chapters is to describe in what areas of adult life young people are more or less successful, who fares better and who fares worse, and what accounts for those patterns. Each policy chapter aims to review programs, policies, and services that affect the population and the effectiveness, adequacy, and gaps in regard to service delivery. Readers interested in a specific population can generally read the paired chapters on that group and get a sense of what is typically needed for a successful transition; how the target population measures up; the role of family, community, and systems; how policies have shaped current services; and the strengths and weaknesses of those services.

If the editors' intent is to provide comprehensive knowledge about each group and how to improve systems to serve them better, there would be a volume on each. However, the clear intent of this volume is to demonstrate the basic point that with the recent changes in the nature of the transition period, all of these vulnerable groups are in fact struggling to achieve minimally successful adult-hoods, and our policies and service systems are woefully unprepared to assist them in an effective manner. This will be a tremendous burden to our society if we do not act quickly to

recognize the increasing needs for support later into adulthood for these groups.

Most authors of chapters in this book had to contend with a thin research base as a consequence of the underrecognition of the critical importance of the transition stage. Although there is often sufficient research describing adolescents in each population, there is typically little description of young adulthood or connections between adolescence and young adulthood. Authors are often left extrapolating from other populations or age groups, such as describing what is needed for any young person to assume adult roles, and factors that likely influence positive adult role assumption in the target population but without any direct evidence.

The most understudied aspect is program effectiveness. In almost every population, types of programs that successfully support the transition into adulthood, or common dimensions across different programs that are successful, have not been studied. Authors have to revert to either common sense or very broad concepts about what is needed. To this end, it is clear that in each population, and across vulnerable populations, much more research is needed to understand precisely how vulnerable young people move from adolescence to adulthood and what needs to be done and with whom to ensure greater success. That kind of research base would more richly inform needed policy change.

However, solid findings for every group in the seven public systems demonstrate that the concern by the volume organizers about these vulnerable populations was well founded. Each group generally struggles to attain adult role fulfillment: complete schooling, obtain rewarding work, have a stable domicile, maintain long-term romantic relations or marriage, and be a successful parent. Some groups struggle with some issues more than others. For example, youths in the justice systems have particularly low rates of high school completion and tremendously high rates of regular

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drug use, in addition to high rates of recidivism. Young people who are in foster care or homeless have particularly tenuous ties to family and therefore a highly limited safety net during young adulthood.

Out of all disability groups, youths with serious mental health conditions repeatedly fared the worst in terms of school performance and completion and trouble with the law. These are not mutually exclusive groups. The presence of mental health conditions was high across most groups, and involvement with juvenile or criminal justice and foster care was also common. Perhaps most commonly, almost every group was disproportionately from impoverished families. No chapter addressed populations served by Medicaid or Temporary Assistance for Needy Families.

The policy chapters are quite varied and largely reflect how much federal law, as opposed to state or local policies, has shaped practice. Some chapters provide general guidelines that should shape policies—for example, Phillip Lyons and Gary Melton on the mental health population—whereas others make concrete suggestions for existing policy—for example, Patience Haydock White and Leslie Galloway on young people with special health care needs. Themes that are shared include uniform difficulties posed by separate child and adult systems with disparate eligibilities and discontinuities in service provision. Because the transition age spans adult and child systems, it combines the shortcomings of both systems separately and together—noncoordinated care, competitive boundaries, and protection of resources.

Chapter highlights include the description of typical psychosocial development by He Len Chung and colleagues and their description of positive social environments that promote psychosocial maturity in preparation for adulthood. The policy chapter by Jeremy Travis and Christy Visser about prison populations consistently considers policy implications for helping younger adults in a nonrehabilitative system that is geared toward

the general adult offender. The policy chapter by White and Galloway lays out the complexities of funding the health care system, considers how that impacts the transition-age population, and proposes concrete changes for federal policy.

As a researcher in this field I found the book inspiring, and it provides many cross-fertilized ideas for future

research. As someone who works with practitioners and policy makers, I found that this book laid out the basic issues facing these vulnerable populations in logical and clearly compelling ways. If just a small portion of the ideas it offers were adopted, the lives of these young people and our communities would undoubtedly improve.

## The Many Faces of Depression in Children and Adolescents

edited by David Shaffer, F.R.C.Psych., and Bruce D. Waslick, M.D.: Arlington, Virginia, American Psychiatric Publishing, Inc., 2002, 206 pages, \$36.95.

Jonathan B. Singer, L.C.S.W.

The five chapters in *The Many Faces of Depression in Children and Adolescents* provide a review of the research as of 2001 on depression and youths and cover topics such as assessment, psychotherapy, pharmacotherapy, bipolar disorder, and suicide. In Chapter 1, we are reminded that children and adolescents could not be diagnosed as having depression until the publication of the *DSM-III* in 1980. This volume, the 21st in the *Review of Psychiatry* series, is a testament to how much has been learned in the past 25 years and how little is yet known about depression among youths.

Chapter 1 provides an overview of the diagnosis, epidemiology, etiology, natural history, and clinical course of depression. Chapters 2 and 5 overlap somewhat. Chapter 2 reviews psychotherapy for depression and suicide, whereas chapter 5 provides a more detailed review of suicide, including epidemiology, clinical manifestations, underlying etiological risk, prevention, assessment, and treatment. The fact that the authors of chapters 2 and 5 review many of the same studies points to how little research is available in the area. The limited research leads the authors of both chapters to conclude that the

most efficacious treatment for suicidal youths is dialectical behavior therapy. They present practical information on suicide assessment and treatment, including a model for how suicides occur and how they can be prevented. The most significant limitation of these chapters can be blamed on the passage of time. Neither chapter includes the 2005 Food and Drug Administration's warnings about selective serotonin reuptake inhibitors and suicide among youths or information from the Campbell or Cochrane Collaborations' systemic reviews.

Chapter 3 reviews the use of pharmacotherapy in acute-phase treatment and continuation and maintenance therapies, as well as the use of pharmacotherapy in the treatment of resistant major depressive disorder. Chapter 4 is a review of research on bipolar disorder, including epidemiology, comorbidity, obstetrical complications, genetics, assessment, and treatment.

This volume is clearly intended for professionals rather than parents or consumers. The language is similar to that found in journal articles and assumes that the reader is familiar with professional terminology. This volume serves as a resource for grant writers, administrators, educators, and researchers who need quick access to the key findings and concepts from research literature. It also serves as a primer for clinicians or primary care

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providers who are unfamiliar with depression and youths. For example, chapter 3 would be useful for non-medical clinicians—such as social workers and counselors—who are expected to understand the basic mechanisms behind depression-related medication. Although the series editors suggested that the stress-diathesis model is central to our understanding of depression, only chapter 5 includes a discussion of stress, and “stress” was not included as an index term.

Although information on the back cover suggests that this book is a must-have for clinicians and the series is characterized as a how-to, the research focus and lack of practical information make this more of a what-is volume. For example, al-

though the efficacy of three therapies is discussed in detail, there is no instruction on how to implement these treatments. Two of the chapters conclude with implications for research, rather than practice. Perhaps this is to be expected, though. The authors do a valiant job of presenting what little research is available and make whatever clinical pronouncements the limited data will support. The fact that chapters 1, 2, and 5 contain overlapping information suggests that there are fewer faces of depression than is suggested by the title. This volume is a valuable reference for what we know and a palpable reminder that we are only beginning to understand depression among youths.

some very helpful suggestions for families about how they should respond to self-injury in their children. More specifically, he recommends that parents react nonjudgmentally and dispassionately to self-injury and avoid the more typical responses of hysteria, anger, frustration, and condemnation. He also dispels a number of myths about self-injury, such as that it is found only with borderline personality disorder or among people who have been physically or sexually abused.

The limitations of the book have to do with its recommended treatment strategies. Too frequently they are only briefly explained. For example, cognitive restructuring is discussed in a mere two pages. The discussion of meditation—employed as a self-soothing technique—is two paragraphs long, and his review of mindfulness merits only another two paragraphs. These profound topics require extensive discussion if they are going to be raised.

Another concern, albeit a smaller one, is the author's attempt to use adolescent jargon or slang throughout the text. For example, he refers to a recommended quiet room space as “the chilling out room” and to group therapy that teaches self-soothing skills as “stress busters.” Although I agree with Selekmán's motivation to connect with teens at their own level, using their language in a written text is likely to sound hopelessly outdated soon thereafter.

If you are a family clinician who has a clear direction in providing treatment, Selekmán's work can be useful in offering some new ideas for creative work in therapy. If you prefer to work from an evidence-based practice framework, with clearly defined treatment protocols, then you may want to wait for the book on dialectical behavior therapy by Miller and colleagues when it appears in late 2006.

## References

1. Miller AL, Linehan MM, Rathus JH: Dialectical Behavior Therapy With Suicidal Adolescents. New York, Guilford, 2006
2. Walsh, BW: Treating Self-Injury: A Practical Guide. New York, Guilford, 2006

## Working With Self-Harming Adolescents: A Collaborative Strengths-Based Therapy Approach

by Matthew W. Selekmán, M.S.W., L.C.S.W.; New York, W. W. Norton, 2006, 223 pages. \$21.95, softcover

Barent Walsh, Ph.D.

This book is a reissue of Matthew Selekmán's 2002 work, entitled *Living on the Razor's Edge: Solution-Oriented Brief Family Therapy With Self-Harming Adolescents*. The content for the two versions appears to be very similar, but the references have been updated for the 2006 volume.

Although the literature on self-injury is massive, relatively little has been written about the family treatment of adolescent self-injurers. Selekmán's work is the only book-length contribution to date; Miller, Linehan, and Rathus's book on dialectical behavior therapy with adolescents and families will be published in late 2006 (1). I have also written a chapter on the family treatment of self-injury (2).

Selekmán employs a “solution-oriented brief family therapy” approach in treating self-injury. His assessment uses what he calls a “multisystemic . . . framework that takes into considera-

tion the complex interplay between the adolescent, family, peer-group, larger-system, cultural, gender, community, and societal factors in the development and maintenance of self-harming behavior.” As this description suggests, his multisystemic framework is very inclusive in the scope of its targets.

Selekmán's treatment approach is highly eclectic. His recommended therapeutic interventions range from cognitive restructuring, relaxation training, mindfulness, and visualization to “family sculpting and choreography,” “Native-American storytelling,” and “shamanic healing methods.” He also employs such diverse techniques as “family vision quests,” “the imaginary feelings x-ray machine,” “soul work,” and the “family collage mural.”

Overall, Selekmán's book has a rather evenly balanced scorecard of strengths and weaknesses. The strengths of this work are that the author clearly differentiates self-injury from suicide and that he conveys

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## What Do Mothers Want? Developmental Perspectives, Clinical Challenges

edited by Sheila Feig Brown; Mahwah, New Jersey, Analytic Press, Inc., 2005, 304 pages, \$49.95

Nikki Lively, M.A., L.C.S.W.

In a cultural context in which we are confronted with multiple schools of thought on parenting and in which child rearing receives close, public scrutiny, *What Do Mothers Want?* edited by Sheila Feig Brown, is a unique contribution furthering these—and beginning new—dialogues. The book provides food for thought for clinicians serving women, couples, and families who are struggling to make meaning from their lived experiences and life choices around family. This book is the second volume in a series of four published by the Analytic Press entitled *Psychoanalysis in a New Key*, and it is a compilation of chapters adapted by the contributors from their panel discussions and workshops at a recent conference, which this book was named after. The book aims to address current gaps in psychoanalytic theory as it relates to women and family and encourages careful consideration of the question, “What do mothers want?”

The book largely succeeds in providing much-needed discussions on often marginalized topics about the development of mothers’ love and attachment to their children, motivation to care for and protect their children, and the salient roles of partners and extended family members in “mothering” both the mother and her children. In addition, contributors address the ambivalence of many women around the decision to parent as well as issues that may be triggered in women and couples facing infertility. In terms of theory, perhaps the most valuable contributions are those that look at the constellations of family outside the narratives of heterosexual norms and that challenge tradi-

tional ideas of who a mother is that have historically been taken for granted in case conceptualizations and treatment.

The chapters are inconsistent at times in terms of writing style and compatibility with the overarching question of the volume. A small portion of the contributions read like a keynote address or an editorial with no clear thesis and are questionable as to their relevance and value in adding new ideas and perspectives to the discussion of mothers. This might be attributed to the origins of this

compilation as conference presentations and is perhaps a side effect of the difficulty of adapting the spoken to the written word. Despite its occasional inconsistencies, *What Do Mothers Want?* is an interesting read and a valuable contribution to psychoanalytic theory that is likely to be beneficial for mental health professionals providing direct service, supervising clinicians, or teaching on the topic of women’s mental health. It provides not so much an answer to its question but an exploration of the various intersections women encounter over the life span with respect to their identities and choices around family. The book also looks at how clinicians can begin to understand these developmental challenges and provides guidance in negotiating and addressing them.

## Child Trauma Handbook: A Guide for Helping Trauma-Exposed Children and Adolescents

by Ricky Greenwald; Binghamton, New York, Haworth Press, 2005, 342 pages, \$39.95 softcover

Cheryll Bowers-Stephens, M.D., M.B.A.

The publication of Ricky Greenwald’s *Child Trauma Handbook* is timely in the aftermath of Hurricane Katrina. Certainly, the scores of children and adolescents directly impacted by this horrific event will benefit from the treatment model presented in this book. Dr. Greenwald, a clinical psychologist, has translated his 20 years of experience into a practical guide for mental health practitioners from diverse professional disciplines and therapeutic orientations. He first distinguishes trauma-informed treatment from routine treatment: “Trauma informed treatment is distinguished in part by the way standard interventions are informed by, and organized around, trauma theory.”

This handbook explores the stages of trauma-informed treatment in a step-by-step phase model framework. Readers of this book will gain an understanding of the theory, therapeutic relationship, self-care, and entire course of treatment. In addition,

Greenwald focuses on milieu treatment to teach therapists how to help parents, teachers, childcare workers, and youth counselors intervene with youths who have been exposed to trauma. More specifically, he discusses the theory underlying the development of posttraumatic symptoms, as well as the concepts of resiliency, vulnerability, and survival orientation.

In order to benefit from this book one needs to be an experienced child and adolescent therapist who is familiar with structured and motivational interviewing, cognitive-behavioral interventions, parent and skills training, and play therapy. Specific guidance is given in taking a trauma history, developing a trauma-informed case formulation, and developing a treatment contract or plan. Particular attention is given to case management and

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working with parents, teachers, and other significant people in the child's life to help him or her feel safe and to promote recovery. Further, evidenced-based techniques for skills and strength building and trauma resolution are thoroughly presented. The facilitation of addressing the trauma memories in a way that is healing and not countertherapeutic is most critical in any trauma treatment model. Greenwald comprehensively outlines a practical, client-centered approach to mastering this most difficult task.

In summary, Greenwald's *Child Trauma Handbook* is strongly recommended to child and adolescent therapists interested in sharpening their skills in treating trauma-exposed youths. His fascinating, integrated approach should be part of every child and adolescent therapist's treatment repertoire. Children and their families who have been exposed to broad reaching traumas, such as Hurricane Katrina, will benefit greatly by this book. Greenwald deserves praise for a significant contribution to the child and adolescent treatment literature.

while encouraging the reader with hope that further correctional reform will continue so that safety and security can be ensured in a more humane fashion.

The penultimate chapter offers an understanding to outpatient management of offenders. The authors explain mental health courts, court ordered medication management, and management of insanity acquittees within the community. The final chapter reviews the legal aspects of correctional mental health and is a perfect ending to this clinical guide. Constitutional rights surrounding mental health treatment and prevention are discussed under specific topics such as right to treatment, confidentiality, and right to refuse treatment.

As an educational tool this is an excellent clinical guide. The book has chapters that end with highlighted key points, discussion of relevant landmark cases, as well as tables and clinical case vignettes that assist the reader in achieving a richer and fuller understanding of important issues.

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## **Handbook of Correctional Mental Health**

*edited by Charles L. Scott, M.D., and Joan B. Gerbasi, J.D., M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2005, 340 pages, \$54*

**Angela M. Vuotto, D.O.**

Mental health providers face significant challenges in providing care to underserved and misunderstood patient populations. Populations in correctional settings present particular challenges.

*Handbook of Correctional Mental Health* is the collaborative effort of experts in the fields of mental health and the law. Thought provoking and intellectually stimulating, this text is a guide to professionals at any level of expertise who are interested in correctional mental health. The opening chapters explain the language used in correctional mental health—such as distinctions between jails and prisons and between misdemeanor crimes and felony crimes—as well as the theories of punishment and inmate classification.

The book has a smooth transition from definitions and theories of correctional mental health to the psychosocial dynamics encountered within the correctional culture. Ken L. Appelbaum thoroughly explores the practice of psychiatry within such a culture. The authors provide a detailed review of mental health assessment, screening, and referral. In this

section the authors also explore the use of unaided clinical violence risk assessment, actuarial violence risk assessment instruments, and risk assessments based on professional judgment.

Individual chapters on suicide, psychopharmacology, and malingering in correctional facilities help identify key points pertinent to successful treatment outcomes in the correctional environment. The book covers therapeutic interventions, such as dialectical behavior therapy, cognitive-behavioral therapy, group therapy, and recreational therapy. The authors provide tables organizing the group therapies and desired treatment outcomes to assist the reader in developing a solid understanding of such interventions.

This clinical guide has a section on special populations of inmates, such as female offenders and those with developmental disabilities. This section offers a solid understanding of clinical and political atmospheres surrounding the delivery of mental health care to such special populations.

Maximum and super-maximum security settings for people with mental illnesses are introduced in a delicate manner. The authors discuss the harsh realities found in such settings

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## **Textbook of Forensic Psychiatry**

*edited by Robert I. Simon, M.D., and Liza H. Gold, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2004, 624 pages, \$84*

**Renee Sorrentino, M.D.**

The stated goals of the *Textbook of Forensic Psychiatry* are to provide the basic information that general clinicians need to discharge forensic obligations in a competent manner and to help clinicians recognize that certain areas of forensic practice require the skills of a forensic specialist. This textbook is geared toward general clinicians who become involved in forensic work in addition to forensic specialists who want to expand their level of expert-

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ise. Each chapter provides practical guidelines to help clinicians structure their approach to each subject as well as suggested readings for those who want to further explore a given subject. The authors of the chapters are acknowledged clinical, as well as forensic, experts.

The book is divided into four sections: Introduction to Forensic Psychiatry, Civil Litigation, Criminal Justice, and Special Topics. The introductory section focuses on the distinction between clinical and forensic practice and the implication of these differences. The second and third sections provide practical guidelines for performing various forensic evaluations. The last section on special top-

ics includes chapters on malingering, children and adolescents, personal violence, prediction instruments, and forensic psychological testing.

The textbook is well organized and clearly written. Each chapter is organized around case vignettes and includes a review of key concepts, practical guidelines, and references for further reading. The glossary of legal terms and the legal case index are valuable references.

I recommend this book to general psychiatrists who become involved in forensic assessments, forensic psychiatrists who wish to expand their knowledge base, and residents and fellows who have an interest in forensic psychiatry.

percent, but lethal outcome in up to 30 percent of cases more likely pertains to neuroleptic malignant syndrome, also a side effect of this drug. On the whole this book explains law, legal concepts, and the reasoning behind the legal decisions in a comprehensive and clear voice. The section on violent crime and criminals is especially interesting, and the research cited is up to date and relevant. The issue of community notification and postincarceration commitment of sex offenders to psychiatric hospitals is timely, and a thoughtful discussion is included. A large section on juvenile legal issues concludes this book with a comprehensive and detailed discussion of juvenile law, juvenile capital punishment, child abuse, and custody.

In summary, I would recommend this book to clinicians interested in legal concepts and precedents, as well as to those interested in the study of law and mental health issues. Lawyers not familiar with mental health law might also find this book's presentation of case law, discussions of rulings, and background information interesting.

## Law and Mental Health: A Case-Based Approach

by Robert G. Meyer, Ph.D., and Christopher M. Weaver, Ph.D.; New York, Guilford Press, 2005, 394 pages, \$45

Margaret Bolton, M.D.

The authors of *Law and Mental Health* are forensic psychologists obviously skilled in teaching. This enjoyable book is divided into sections that explain legal concepts that are relevant for clinicians and forensic professionals too. The authors write about the legal concepts in an easy-to-understand and friendly fashion. The stories behind the legal cases provide vivid backdrops for the complex legal concepts presented. This format provides the reader with background information, in-depth accounts of some important legal decisions, legal precedents, and the authors' reasoning as it pertains to clinical practice and the practice of forensic assessments.

This book is organized in sections that cover issues from basic courtroom procedures and legal precedents to forensic evaluations as well as civil rights, violence, and juvenile legal issues. Basic legal concepts are presented in the introduction. Under the section on legal precedents, informed

consent, duty to warn, and confidentiality are covered in a way that is informative to everyday clinical practice and forensic professionals. The next section focuses on tasks related to forensic assessment, such as competency, the insanity defense, commitment, and hypnosis, and is thorough and helpful. The section on commitment is comprehensive; however, it did not cite the *Lessard v. Schmidt* decision, which is commonly thought to be the high-water mark in the due process rights of individuals in civil commitment proceedings. The inserts identified as "Where Are They Now?" are especially interesting. These sections go beyond the case summaries to give the rest of the story about what happened to the individuals involved in the cases after the rulings.

In the civil rights section under the prisoner's right to treatment, a footnote explaining side effects of fluphenazine, an antipsychotic medication, suggests that tardive dyskinesia is fatal in up to 30 percent of cases. The incidence of tardive dyskinesia is likely higher than estimated in the past and may be up to 15 to 30

## Psychological Injuries: Forensic Assessment, Treatment, and Law

by William J. Koch, Ph.D., Kevin S. Douglas, Ph.D., Tonia L. Nicholls, Ph.D., and Melanie L. O'Neill; New York, Oxford University Press, 2006, 336 pages, \$39.95

Margery Gans, Ed.D.

The Canadian authors of this volume—a psychiatrist, psychologist, and two researchers—seek to illuminate issues related to the forensic assessment of psychological injuries. They review the history of injury law in Britain and America and the evolution of claims from those made solely for physical injury to those made for psychological dam-

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age, which is less easy to determine and measure. The book is well written and should be accessible to lawyers, psychologists, and other professionals with a basic knowledge of clinical and forensic practice.

The increase in claims for psychological damage has depended heavily on the diagnosis of posttraumatic stress disorder (PTSD). The authors explore this diagnosis, a post-World War II concept that has become increasingly sophisticated and complex. They review screening methods designed to diagnose and assess PTSD, their strengths and limitations, and their applicability to different populations. They address malingering and review research on the course, prevalence, treatment, and prevention of PTSD, and then present cases that link clinical and forensic concerns.

Two of the book's strengths are the focus on the experience of minorities and the emphasis on clinical issues. The authors stress that research outcomes for groups need to be applied carefully to individual clients or unstudied communities. Research may not ask the questions that are salient to particular subgroups. For example, the higher incidence of PTSD among women may be related to oversimple definitions of trauma in specific measures. Also, women may experience assault differently from men because of the implicit sexual threat that may accompany physical assault, the greater likelihood of physical injury, and their greater vulnerability to adult and childhood sexual assault. Their experience has not necessarily been captured in research.

Regarding minorities, the authors point out that dichotomizing the population into white and nonwhite provides almost no information about the complex subcultures in the United States today. Each of these cultures may have its own individual understanding and experience of what is traumatic and how posttraumatic stress is expressed. Being a minority and facing racism may in itself be a potentially traumatic experience, and the adversarial court sys-

tem may exacerbate posttraumatic symptoms, especially for anyone not in the mainstream.

The authors also address evaluator bias and assumptions—heuristics—that can skew an evaluation and the general lack of familiarity most clinicians have with recent research on PTSD. Practice lags behind empirical findings, and clinicians are urged to use a structured assessment with empirically tested tools. Finally, the book anticipates future trends in in-

jury assessment and how psychology and the law may interact and identifies areas for research.

In sum, this book is thoughtful and thorough. The authors review the field, balancing their faith in empirically grounded research with healthy skepticism. They remind us that our biases, heuristics, and the client's subjective experiences must always remain in awareness as we become educated in the most up-to-date techniques.

## Trial Consulting

by Amy J. Posey and Lawrence S. Wrightsman; New York, Oxford University Press, 2005, 288 pages, \$39.95

Ginger Lerner-Wren

Amy Posey and Lawrence Wrightsman's book, *Trial Consulting*, takes a comprehensive and provocative look at the field of trial consulting in the United States. In a book rich in data and details surrounding the most critical phases of trial practice, Posey and Wrightsman rip open the mystique surrounding this profession and raise some important issues as to the direction in which it should move.

One of the primary overarching themes of *Trial Consulting* is related to the message that if this profession is going to be viewed as credible and relevant in a social science context, there must be both research performed and evidence shared. The authors tell of a field bursting in popularity wherein most high-level law firms would not think of trying a case without the benefit or utilization of a trial consultant in some form. The authors raise a great question as to just how one defines the role, functions, and expertise of people currently in the field.

Trial consulting is a service mostly provided to the wealthy, and the book not so subtly makes the case that consumers must beware. Who one is retaining, with what experience, and with what degree of success is almost

impossible to corroborate or document. Confidentiality and secrecy surrounding this field persist. Trial consultants are often self-proclaimed, and what elements qualify a person as competent in the field and how a law firm accurately assesses credentials are open questions.

The field has no regulations. A fairly loose but growing professional association has no professional standards of membership or ethics code. The range of disciplines of practitioners in the field is vast. Consultants include lawyers, psychologists, marketers, and anyone professing some expertise to offer.

The authors do an excellent job of outlining major areas where trial consulting is most often used. From mock trials to change in venue polling to witness preparation, any law student in trial advocacy or trial attorney will benefit from the wealth of facts and research provided in this book.

The most fascinating parts of the book relate to jury selection and deliberations and discussions of the use of trial consultants in some of this country's most high-profile cases. The descriptions of the failure of proper witness preparation in the historic Triangle Shirtwaist trial of 1911 and of the first use of psychologists as trial consultants in the Harrisburg Sev-

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en trial in 1972 are exciting reads. *Trial Consulting* reveals firsthand how well-intended trial strategies—such as jury sequestration in the O.J. Simpson trial—actually had an overt negative impact on jurors.

This book is multidimensional and

valuable to a wide audience, from forensic experts to law students, attorneys, and judges. *Trial Consulting* is an eye-opener that reminds us that the field of trial consulting is still evolving and that for now the consumer should beware.

managers—will find this book to be a thorough review of the literature and research supporting the use of mobile crisis home treatment as a treatment option as well as a kind of how-to manual for setting up and operating a service of this kind.

Mobile crisis home treatment is compared and contrasted with other available treatment modalities, such as inpatient psychiatric hospitalization, assertive community treatment, and outreach services. Seven teams delivering mobile crisis home treatment in the U.S., Canada, and Britain are described, which offers an international perspective. In a particularly useful review, the author discusses the use of mobile crisis home treatment for several common psychiatric diagnoses—including depression, schizophrenia, borderline personality disorder, mania, first-episode psychosis, and severe postpartum depression—and illuminates this discussion with numerous detailed case examples. The chapter on setting up and operating a mobile crisis home treatment service is a must for anyone considering, starting, or running such a service. The author utilizes sidebars to discuss areas of related interest, thereby highlighting these areas for interested readers as well as for those who do not wish for a diversion from the content at hand.

## Home Treatment for Acute Mental Disorders: An Alternative to Hospitalization

by David S. Heath, M.B., F.R.C.P.C.; New York, Routledge, Taylor, and Francis, 2004, 328 pages, \$76

Kathleen A. Clegg, M.D.

The interest in effective, compassionate, and cost-effective mental health care and the interest in community-based alternatives to psychiatric hospitalization have risen among mental health providers, policy makers, clients, and their families.

*Home Treatment for Acute Mental Disorders*, by David Heath, is a text that will appeal to readers from a variety of disciplines in mental health care, as well as to clients and their family members interested in increasing their fund of knowledge about available treatment options.

Heath is a psychiatric consultant to the Hazelglen Outreach Mental Health Service, a mobile crisis home treatment service in Ontario, Canada, and has “seen the benefits of mobile crisis home treatment for patients and their families first hand since 1989.” In his book, Heath argues that “short-term, mobile, intensive treatment in the patient’s home with staff available 24 hours a day is emerging as the most versatile and effective alternative to hospital and is applicable to a broad range of patients with acute mental disorders who would otherwise need admission.”

Mental health administrators, policy makers, and direct service practitioners—such as psychiatrists, psychiatric nurses, social workers, and case

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## Additional Book Reviews Available Online

Reviews of five additional books are available as an online supplement to this month’s book review section on the journal’s Web site at [ps.psychiatryonline.org](http://ps.psychiatryonline.org):

- ◆ Jonathan B. Singer, L.C.S.W., reviews *Parent Management Training* by Alan E. Kazdin
- ◆ Duncan MacCourt, J.D., M.D., reviews *Hidden Victims* by Susan F. Sharp
- ◆ Timothy B. Sullivan, M.D., reviews *Into the Silent Land* by Paul Broks and *Breaking the Spell* by Daniel C. Dennett
- ◆ Isis V. Marrero, M.D., and Fabian M. Saleh, M.D., review *Preventing Sexual Violence* by John Q. LaFond