

## Correctional Psychiatry: Practice Guidelines and Strategies

edited by Ole J. Thienhaus, M.D., M.B.A., and Melissa Piasecki, M.D.;  
Kingston, New Jersey, Civic Research Institute, 2007, 532 pages, \$135.95

Kenneth L. Appelbaum, M.D.

The stature and academic foundations of correctional psychiatry have advanced by leaps and bounds in recent years. Accredited forensic psychiatry fellowship programs must provide correctional rotations, and forensic boards test for knowledge in this area. Also, a growing group of medical schools provide mental health services to jail and prison systems. Unprecedented numbers of clinical experts, scholars, and researchers have also been entering the field of correctional psychiatry and contributing to the expanding literature. *Correctional Psychiatry: Practice Guidelines and Strategies* adds to the literature an overview that will appeal to both neophytes and experts in this field.

The editors have pulled together many experienced and thoughtful scholars in this field. The chapters, in general, have clear and accessible writing and relevance to all professional disciplines that work in correctional mental health.

Twenty chapters, organized into four parts and authored by 28 contributors, cover a wide range of topics. The three chapters in part 1 address historical, structural, and liability considerations. Part 2 consists of nine chapters focused on treatment and management of specific problems. These problems include sleep disorders, intoxication and withdrawal, suicide risk, self-injurious behaviors, hunger strikes, malingering, chemical dependence, countertransference, and reentry programs. Part 3, with six chapters, considers the needs of special populations, such as juveniles, inmates with intellectual disabilities, women, geriatric patients, sex offenders, and inmates in segre-

gated housing. The last chapters, which appear in part 4, examine ethics and research in correctional settings.

Despite the breadth and depth of issues covered, some important topics receive scant attention. Correctional mental health administrators will not find a comprehensive review of the organizational structure and essential components of an effective program. Accreditation standards, such as those promulgated by the National Commission on Correctional Health Care, are mentioned only in passing. A few of the many well-written chapters touch upon the acculturation of correctional psychiatrists and the challenges they face. For example, the chapter on correctional structure examines the potential development of malignant staff attitudes. That chapter and the chap-

ter on segregated housing acknowledge the drawbacks of cell-front interviews. The chapter on boundaries analyzes confidentiality limitations and the problem of dual agency. Correctional health care providers, however, can develop complacency with questionable standards of practice because of the tremendous pressure to accommodate. A detailed exploration of this tendency to habituate and a discussion of the place for appropriate advocacy would have been welcome additions to *Correctional Psychiatry*. The editors acknowledge some of these limitations in their introduction and plan a second volume that will address these and other uncovered issues.

Given the complexity of issues in correctional psychiatry, the editors have done a commendable job in selecting relevant topics and thoughtful contributors. The resulting text would be a welcome and useful addition to the library of anyone who practices in the field of correctional mental health.

## The Art and Science of Child Custody Evaluations

by Jonathan W. Gould and David A. Martindale;  
New York, Guilford Press, 2007, 450 pages, \$40

Joseph C. McGill, M.S.W.

In the preface of *The Art and Science of Child Custody Evaluations*, the authors note that the practice, scholarship, and research pertaining to child custody evaluations are in their adolescence. They note that the purpose of the volume is to define this adolescent stage and detail needed areas of growth and future development. In many regards, the authors succeed extremely well.

The book is divided into four parts, comprising 14 chapters. Part 1 offers an introduction in which the relationship between law and psychology is described, and it clearly differentiates for the reader the significant differences between forensic and clinical evaluative activities. The authors serve as eloquent advocates that all

such evaluations should be conducted as forensic activities. The authors review the standards for these activities, as promulgated by the American Psychological Association and the Association of Family and Conciliation Courts.

Part 2 orients the reader to ethical issues and the methodology of conducting custody evaluations. It proceeds into a discussion of conducting forensically sound interviews of children. Part 3 addresses factors commonly assessed while conducting custody evaluations. These factors in-

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clude child development, parenting, and family structure and dynamics. Part 4 addresses many of the factors or issues frequently found in families participating in these evaluations, including child sexual abuse, domestic violence, and child alienation. In this section, the authors provide the reader with a broad overview of social science research pertaining to these issues, and they offer an abundance of references and assessment measures the evaluator may find helpful. The authors conclude the book by encouraging evaluators to maintain high standards in record keeping, in appropriate use of assessment measures, and in the production of the report.

Overall, the book is a thorough overview of the present developmental stage of child custody evaluations.

However, like adolescence, it is in some sections thoughtful, well organized, and comprehensive and at other times confusing and disjointed. The authors demonstrate their comprehensive knowledge of the research associated with many of the issues and factors commonly evaluated. These sections are the better-organized and thoroughly detailed chapters. However, this reviewer found the first part of the book confusing, disjointed, and repetitive as the authors struggled to meet the needs of both novices and experienced custody evaluators. Nonetheless, *The Art and Science of Child Custody Evaluations* serves as a valuable resource to the skilled professional while offering a thorough overview to those considering entering the family forensic field.

has, according to the authors, “now sufficiently matured to require investigators to derive novel and theoretically sound questions, exercise good scholarship, choose the best methodologies, and collect data according to the highest ethical standards.” The authors highlight three comparative approaches for estimating the effects of disasters. First, “severely exposed groups are sometimes compared with less severely or unexposed groups and differences between them are attributed to the disaster.” A second comparative approach is to include pre-disaster mental health status in the study design, creating a one-group pretest-posttest design. A third way of estimating the effects of disasters is by employing both premeasures and comparison groups to strengthen the studies.

One chapter highlights “qualitative approaches to studying the effects of disasters,” drawing from sociology and anthropology, which have used these methods to examine the behavior of individuals, groups, and organizations. Qualitative methods are used for identification, description, and explanation generation in contrast with quantitative methods, which are for explanation testing and control. A well-known method for collection of qualitative data is the use of ethnographic field work and focus groups.

The sections addressing children and families seem too limited given the extent and terrible consequences of disasters for children worldwide. The authors touch on design, reporting child abuse, consent for research (assent is also relevant here), and the principle that "future research be conducted from within a sound developmental, cultural, and ecological framework." The section on the uniformed services addresses issues such as gaining entry, confidentiality, participation of the spouse and family in research, and the importance of becoming familiar with this culture to gain trust. The issue of trust is again present in a chapter on conducting research in minority communities. The authors make strong cases for the inadequacy of existing research in these populations and how minority

## Methods for Disaster Mental Health Research

*edited by Fran H. Norris, Sandro Galea, Matthew J. Friedman, and Patricia J. Watson; New York, Guilford Press, 2006, 326 pages, \$43*

**Frederick J. Stoddard Jr., M.D.**

The book *Methods for Disaster Mental Health Research* is a unique contribution to the disaster mental health literature. It presents definitions and concepts and reviews research on the consequences of disaster. It describes the fundamentals of research methods and how to formulate questions and discusses ethical issues. The third section addresses sampling and data collection, with chapters on telephone-based methods, Web-based methods, child studies, and quantitative approaches. A fourth section on planning policy and service delivery explains surveillance and monitoring, the “precepts, pragmatics and politics” of such research, evidence-based treatments, and strategies for training clinicians after large-scale disasters. The book concludes with a special-topics section that addresses children, the uniformed services, minorities, interna-

tional research, and challenges for the future. Two appendices describe disasters mentioned in the text and how to search the traumatic stress literature.

The authors explain that a disaster is not synonymous with trauma but rather is a category of trauma. Disasters have an acute onset and are time limited, thus differentiating them from wars, epidemics, and mass displacements. The consequences of disasters include acute stress disorder, posttraumatic stress disorder, dissociative responses, depression, and rather interestingly "death anxiety, phobias, and panic disorder" with useful mention that "panic attacks are highly predictive of subsequent consequences." The authors point out that in some samples there is an increased use of alcohol, drugs, or cigarettes, but not in all studies. They also point out that the mental health providers themselves are vulnerable to disaster-related stress (for example, post-Hurricane Katrina).

Research on disaster consequences

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ing of the mechanisms underlying psychological reactions as they emerge over time in the wake of disasters. It is hoped that understanding will better inform evidence-based interventions and improve outcomes.

Overall, this book should be read by mental health professionals who seek clearly written, timely, and authoritative presentations on disaster research methodology.

Finally, there is a brief section for law-enforcement professionals that gives recommendations regarding search of the offender's property and sex offender profiles.

Although the book is quite comprehensive and detailed in many respects, it is also repetitive at times and could be more concisely written. Also, disappointingly, there are numerous grammatical and typographical errors, which were distracting at times and detracted from the content of the book. Overall, the author succeeds in portraying the similarities between physical abusers and sexual offenders. However, it would have been helpful to recommend suggestions for bringing the fields closer together.

by Scott Allen Johnson; New York, Taylor and Francis, 2006, 443 pages, \$94.95

**Margaret Balya, M.D.**

The book *Physical Abusers and Sexual Offenders: Forensic and Clinical Strategies* is intended to be an educational text for professionals to use while assessing, investigating, and treating physical abusers and sexual offenders. In addition, the author aims to clarify how the areas of physical abuse and sexual offense are quite similar and should be brought together into one field for purposes of assessment and treatment. Scott Allen Johnson is a forensic psychologist who is nationally and internationally recognized for his research and work in the areas of domestic and relationship violence and sexual offenses. He has conducted over 850 forensic assessments for the state of Minnesota. He has also published several books, chapters, and professional materials in the field.

The book is divided into five sections, with 57 chapters. Topics covered include the offending cycle, characteristics of physical and sexual offenders, interviewing strategies, treatment issues, and investigation strategies for law enforcement, probation, and parole officers.

In the first section, the offending cycle is explored, beginning with psychological forces, coercion, and

abuse. A description of the various forms of control is repetitive at times but informative. A 14-stage cycle is discussed at length, with “behaviors, emotions, and self-talk” for each stage discussed. In one chapter, there are exercises for the perpetrator to complete concerning these parts of the cycle. This portion is somewhat confusing to the reader because only at the end of the chapter is it revealed that it is intended for the perpetrator, whereas the rest of the book is intended for professionals.

The next section, characteristics of physical and sexual offenders, describes the similarities between these types of perpetrators and the various typologies of offenders. This section also covers topics such as female batterers, domestic abuse, child abuse, and the role of drugs and alcohol in abuse. Section 3 covers interviewing strategies and approaches. Also covered in this section are topics such as detecting deception, diagnosis, and use of collateral information in completing an evaluation. Treatment issues are discussed in section 4. There is brief mention of pharmacotherapy, with most of the focus on the effectiveness of group and cognitive-behavioral therapy. Also, areas such as interacting with the parents of the offender, interviewing the victim, and dealing with offender complaints are addressed.

# Inside Anorexia: The Experiences of Girls and Their Families

by Christine Halse, Anne Honey,  
and Desiree Boughtwood; New  
York, Jessica Kingsley Publishing,  
2007, 224 pages, \$19.95

**Kimberly Mastis, M.D.**

From the first medical description of anorexia nervosa in 1689 by Richard Morton — first coined by Sir William Gull in the 19th century — our understanding of anorexia nervosa has significantly advanced. It has progressed from the historical perspective that its symptoms can be explained merely by a “nervous loss of appetite.” Despite our more advanced modern perspective, complexities of this illness continue to mystify, and its exact causes continue to elude us. The result often leaves patients and families in the wake of this devastating illness feeling without clear answers, alone, and at times unheard.

*Inside Anorexia* compiles the stories of eight adolescent girls and their families who are currently struggling with

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anorexia nervosa. The book's purpose is to highlight that "the unique experiences and circumstances of individuals are the starting point for any discussion of anorexia amongst teenage girls and their families." It reminds us that the experience of anorexia, like all mental illness, is different for each individual, and an individualized approach is necessary to begin to understand and to manage such as a multifaceted condition.

The book poignantly follows the accounts of the teenage girls, siblings, mothers, and fathers as they attempt to make meaning of and come to terms with anorexia in real time, rather than from a post recovery perspective. The structure of the book is unique in that the family biographies are the scaffold upon which pertinent information and issues about anorexia are presented. The authors use text boxes in each story to present an overview of current knowledge about anorexia across a wide range of disciplines. Such topics include the physical effects of anorexia and starvation, the effect of anorexia on family members, the influence of family on treatment, education and prevention, social and cultural studies, as well as original research findings from the authors.

Christine Halse, Ph.D., is an associate professor in education and chief investigator of the Australian Research Council project, Multiple Perspectives of Eating Disorder in Girls, at the University of Western Sydney, Australia. Anne Honey, Ph.D., has a background in mental health research and occupational therapy and is senior researcher with the same project, at the University of Western Sydney. Desiree Boughtwood, Ph.D., is a counselor whose doctoral thesis, titled "Anorexia Nervosa in the Clinic," examined teenage girls' experiences of hospitalization for anorexia nervosa.

*Inside Anorexia* has general reader appeal and is an easy read from start to finish. The book is of particular interest to anyone at the beginning stages of learning about the complexities of this disease. It may also offer support and some illumination to patients and families who are at the beginning of their journey with this illness. ' "

## **The Symptom Is Not the Whole Story: Psychoanalysis for Non-psychoanalysts**

by Daniel Arazo; New York, Other Press, 2006, 272 pages, \$27

**Julia Matthews, Ph.D., M.D.**

As a teacher active in training medical students and psychiatric residents, I value any resource that brings psychoanalytic thinking alive and makes it accessible to those who work outside the specialized field of psychoanalysis. The central message of *The Symptom Is Not the Whole Story: Psychoanalysis for Non-psychoanalysts* is that psychological symptoms, and frequently physical symptoms, have significant meaning. I share the author's view that "[t]he essence of the psychoanalytic perspective is to see beyond the seen, to understand more than what is evident, and to decode the meaning behind the metaphors of our existence." I also fully subscribe to the book's premise that psychoanalytic perspectives enrich a clinician's understanding of human behavior and add an invaluable depth to diagnosis and treatment within the mental health field. As the author, Daniel Arazo, writes, "To help people change; the clinician must know how to listen to the client's unconscious and symptom metaphorical request for help. To consider the symptom as an isolated reality deprives the patient of the help she needs."

However, the author's idiosyncratic understandings and misunderstandings of basic concepts within psychoanalysis limit the value of this book as an introduction to the field. To give an example, Arazo states, "the id and the ego are engaged in a constant struggle for control of the ego, the individual"; and later, "When a normal person engages in impulsive shopping, reckless driving, excessive drinking or eating, his id is active and has taken over." Such

statements are not mere simplifications. They create a caricature of psychoanalytic understanding of "structures" within the mind, equating these with literal "personality parts." The author's misunderstanding of Freudian thought is nowhere more obvious than in his description of the superego as "a spiritual or non-physical 'agency' above instinct and culture." Similarly, Arazo demonstrates a fundamental misunderstanding of the concept of instincts and drives when he describes the love or eros drive and aggression or thanatos drive as competing tendencies and further describes eros as "the energy of life, present in humans and manifested in the best of human nature, like culture, art, science, compassion, heroism, forgiveness, and caring, as well as in the entire universe, from the magnificent majesty of galaxies hundreds of thousands of light years away to the millions of infinitesimally small subatomic components in our own bodies." Building from these ideas, Arazo suggests that a goal of therapy is "to increase Eros and diminish Thanatos," and that the patient learns in therapy that "by allowing her ego to side with Eros, she agrees with the superego and rejects the excessive demands of the id."

I could go on listing the peculiar notions and recommendations contained in this book, the questionable equation of weekly insight-oriented psychotherapy and psychoanalysis, the recommended routine use of hypnosis, the explicit emphasis on the use of suggestion, the active direction of the patient's associations, and so on. The bottom line is that I was excited about this book until I read it. Although it contains some interesting and provocative perspectives, I cannot recommend it as an exposition of psychoanalytic understandings. ' "

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## Growing Up With Autism: Working With School-Age Children and Adolescents

edited by Robin L. Gabriels and Dina E. Hill;  
New York, Guilford Press, 2007, 302 pages, \$34

Clara C. Park

Books like this one, consisting of many chapters, most of them with more than one author, inevitably vary in their usefulness according to the interests and experience of individual readers. Those readers should be aware, however, that *Growing Up With Autism* has an unusual focus, but a welcome one: it concentrates on a population that is, in the tactful language of one chapter, “less able.” The majority of children growing up with autism may have a degree of retardation; some may never talk at all. Yet published research has focused on the high-functioning or Asperger’s children, while the more severe impairments go unaddressed. There are many children, adolescents, and even adults to who must be taught joint attention, functional communication skills, and everything that seems obvious but is far from obvious. This book is full of suggestions about how this can be done.

Some chapters, of course, are more useful than others, and not every chapter title communicates its usefulness. So the table of contents may be only a beginning; readers should be ready to explore the subheads, conveniently printed in boldface, for further guidance.

In general, the more examples and brief case histories, the more helpful the chapter will be to the teachers and caregivers who are increasingly called upon to work with this challenging population. The title of chapter 6, “Assistive Technology as an Aid in Reducing Social Impairments in Autism,” may not seem particularly attractive, but it’s a chapter crammed with unexpected and practical suggestions for intervention. The chap-

ters on autism and the law are particularly helpful. Chapter 13, “Criminal Justice and the Law,” proclaims its focus by its title, as chapter 7 does, “Advocating for Services: Legal Issues Confronting Parents and Guardians.” But an over-general title like that of chapter 8, “Family Resources During the School-Age Years,” may conceal valuable material on legal issues as well. This chapter points out that families contemplating a move to another state should ask not only about available services but about waiting

lists for those services—they may be very long.

In the same chapter, readers can find a table listing “Departments Responsible for the Administration of Developmental Disabilities Programs in the 50 U.S. States.” The table, however, requires careful reading; autism is nowhere mentioned, though retardation and aging appear prominently. What parent, teacher, or caregiver looking for services for a severely autistic child would think to find them under such titles as New Mexico’s Department of Health, or Pennsylvania’s Department of Public Welfare, or Arizona’s Department of Economic Security?

But whatever the caveats, readers concerned with autism will find this a useful book to add to their shelves.

## Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and Settings

edited by Linda A. Dimeff and Kelly Koerner;  
New York, Guilford Press, 2007, 363 pages, \$42

Patrick Runnels, M.D.

*Dialectical Behavior Therapy in Clinical Practice* is, first and foremost, about dialectical behavior therapy, or DBT, implementation. For those who have had little or no prior exposure to DBT and are primarily interested in learning more about this practice, this book is not an ideal starting place. It is, quite pointedly, aimed toward individuals who are either considering or in a position to influence the establishment of a DBT program. And for its intended audience, this is an excellent resource.

Editors Linda A. Dimeff and Kelly Koerner have devoted their careers in large part to studying and promoting DBT implementation. They have assembled a collection of chapters outlining the potential use for and challenges of implementing DBT across a variety of settings and populations. These settings and populations include outpatient private practice, community-based organizations, inpatient units, prisons, assertive com-

munity treatment teams, adolescents and families, individuals with eating and substance abuse disorders, and individuals with comorbid axis I disorders. Each chapter is written by individuals who have extensive firsthand experience implementing and operating DBT successfully in the setting about which they are writing—and the experience shows.

The chapters all follow the same basic format, beginning with limited but compelling evidence highlighting the potential effectiveness of DBT for the target setting or population and moving on to describe how one might augment DBT or go about implementing DBT in a given setting or with a particular population. Within this structure, authors weave in case examples, common pitfalls, and ad-

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vice on how best to proceed. Additionally, most chapters include detailed tables, specialized diary cards, and algorithms for module and group adaptations that have been used in successful adaptations.

I must disclose here that I didn't attempt to implement a DBT program as part of this review—obviously, the true effectiveness of this book can be measured only by those who use the book to do so. Here I can only estimate that the information contained in each of the specific chapters provides an excellent template for individuals aiming to adapt DBT to their particular situation, and I imagine that the supplemental materials referenced in each chapter are likely to enhance any such efforts. Of all the chapters, only the one that focuses on

family treatment seems to require such supplementation.

Most members of the target audience will be interested primarily in the chapters that address their specific needs; indeed, only those who work broadly with program implementation are likely to benefit greatly from reading the entire book. However, I did gain individual nuggets of wisdom from every chapter and encourage those who read it to venture beyond the material focused on just one setting or population. On a final note, I hope this book finds practitioners who have imagined the benefits of having more DBT programs but have never considered starting one. It might just provide the spark needed to transform inspiration into action.

pursuing every lead, she was determined to write the best book possible. She was at times overly aggressive and off-putting, pushing herself ahead with a somewhat grandiose ambition that caused some to see her as a shameless self-promoter. However, most were glad to view her as a genius with superhuman energy and the usual quirks and eccentricities that accompany exceptional creativity.

There were many reasons that Chang never received the help that might have saved her life, not the least of which was that she hid her bouts of depression very well. Chang was as wedded to the image of herself as perfect as were many around her. Being an Asian American, she was also prey when it came to psychiatric illness to the four Ss: stigma, shame, silence, and secrecy. A group of Asian-American social workers in a discussion after Chang's death noted that the four Ss make accurate diagnosis in the Asian-American community more difficult and stressful for all concerned.

Regrettably, Chang's professional success prevented almost everyone from seeing her mental illness clearly. She was prolific and brilliant, and many who profited from her success saw her eccentricities as the inevitable quirk of genius. She also wrote about painful and traumatizing subject matter, and some were willing to see her more troubling responses as following naturally from vicarious traumas that would have affected any caring researcher. The hormone treatments that she took in an effort to become pregnant were seen as the primary cause of her mood swings, which further hid her true disorder.

In the end, Kamen's is a cautionary tale, alerting all of us who work in mental health, as well as those of us who don't, to pay attention to behaviors that seem too exaggerated, too intense, and too far out of the ordinary. If those close to her had been willing to see the struggling woman behind the perfect façade, perhaps Iris Chang's story would not have ended so tragically. '

## Finding Iris Chang: Friendship, Ambition, and the Loss of an Extraordinary Mind

*by Paula Kamen; Cambridge, Massachusetts,  
Da Capo Press, 2007, 304 pages, \$26*

**Maxine Harris, Ph.D.**

**I**ris Chang, author of the landmark book *The Rape of Nanking*, was a brilliant journalist and a prize-winning author. In her book, *Finding Iris Chang: Friendship, Ambition, and the Loss of an Extraordinary Mind*, Paula Kamen tries to understand the seemingly unexpected suicide of this remarkable woman. Kamen, herself an author and journalist, was also a close friend of Chang's, and her personal relationship to her subject colors her efforts in ways that are at times touching and poignant and at times naive and overinvolved.

Chang, an outspoken political figure who wrote passionately about the atrocities committed against the Chinese by the Japanese during World

War II, had achieved iconic status in the Chinese-American community and was much admired and perhaps envied by many fellow journalists. Tragically, her brilliance and her special status caused almost everyone to overlook what to the clinically sophisticated reader will emerge almost immediately in the narrative, a spiraling out-of-control bipolar illness.

The book invites an interesting consideration of just what constitutes mental illness. When does one cross the line from eccentricity to serious mental illness? When Chang was up all night for days, increasingly paranoid and searching for increasingly bigger guns with which to successfully kill herself, there was no question that she was in the grip of a powerful illness that ended with her suicide. But for years before that, when Chang was working all hours, talking incessantly to friends on the phone,

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