

The Early Prevention Series

The Bear Who Lost His Sleep: A Story About Worrying Too Much

by Jessica Lamb-Shapiro; Plainview, New York, Childsworld/
Childsplay LLC, 2000, 53 pages, \$19.95 softcover

The Penguin Who Lost Her Cool:

A Story About Controlling Your Anger

by Marla Sobel; Plainview, New York, Childsworld/
Childsplay LLC, 2000, 59 pages, \$19.95 softcover

The Lion Who Lost His Roar: A Story About Facing Your Fears

by Marcia Shoshana Nass; Plainview, New York, Childsworld/
Childsplay LLC, 2000, 53 pages, \$19.95 softcover

The Hyena Who Lost Her Laugh: A Story About Changing Your Negative Thinking

by Jessica Lamb-Shapiro; Plainview, New York, Childsworld/
Childsplay LLC, 2000, 53 pages, \$19.95 softcover

Tootsie Sobkiewicz, L.C.S.W.

Each of the four books reviewed here tells the story of an animal that loses the very thing it is known for and—by receiving simple, direct advice—regains it. These books, which constitute the Childsworld/Childsplay “Early Prevention Series,” are designed to help young children learn about common emotional problems—worry, anger, fear, and negative thinking—while offering choices and logical consequences to life circumstances in which children may easily find themselves. The series is accompanied by four small plush dolls—a bear, a penguin, a lion, and a hyena—to further assist in opening communication with children.

In *The Bear Who Lost His Sleep*, Benjamin the Bear has both a “worry bear” and a “reasoning bear” inside his head. He learns that when he is worried, he can stop worrying by reasoning with himself. Benjamin’s story can teach children that just as a mind can create problems, it can also create solutions to problems.

In *The Penguin Who Lost Her Cool*, Penelope the Penguin teaches young readers that there are consequences to angry outbursts. Her story teaches

children that they can control their tempers with a variety of techniques, such as counting to ten, singing a song, and using positive self-talk.

In *The Lion Who Lost His Roar*, King Louie the Lion proves to children that even a brave lion has things that make him fearful. He shows children that everyone is afraid of something at some time and offers easily comprehensible ways of handling fear.

The final book in the series is *The Hyena Who Lost Her Laugh*, in which Hillary the Hyena tells young readers that when she is more optimistic and realistic in her thinking, she feels better and has more success. Her story teaches children the power and rewards of positive thinking.

These storybooks are a product of the authors’ research showing that many common psychological problems can be prevented if children are introduced to specific emotional, social, and behavioral skills when they are young. The books are essentially clinical tools that can allow children both to learn new skills and to build on their newly learned skills. In each book, children are repeatedly encouraged to practice their problem-solving skills. The books mirror the development of a positive self-image, which is crucial for children.

The fact that each book is accompanied by a plush toy makes these books a very powerful tool, because children

often assign magical powers to their toys. The combination of the storybook and the leading-character toy helps children to relate to the problems described in the book. The toys also provide comfort and reassurance and are especially useful in one-on-one settings. They allow for creative role playing, which is one of the best ways for young children to learn.

The “Early Prevention Series” can be used in a variety of settings by parents, teachers, and mental health professionals, all of whom are in a position to help children and earnestly search for ways to do just that. The lessons taught in each storybook are invaluable. Benjamin, Penelope, King Louie, and Hillary should be welcome guests in any home, classroom, or mental health agency.

Evaluating Competencies: Forensic Assessments and Instruments, Second Edition

by Thomas Grisso with Randy Borum, John F. Edens, Jennifer Moye, and Randy K. Otto; New York, Kluwer Academic/Plenum Publishers, 2003, 541 pages, \$125

Philip H. Witt, Ph.D.

When the first edition of Thomas Grisso’s *Evaluating Competencies: Forensic Assessments and Instruments* was published in 1986, the field of forensic psychology and psychiatry had a different landscape. Many traditional forensic mental health evaluations of that era included a review of records, an unstructured clinical interview, and individual personality and intelligence tests, such as the Minnesota Multiphasic Personality Inventory (MMPI), Rorschach testing, and the Wechsler intelligence scales. From

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these broad sources of information, forensic evaluators gave opinions about various criminal and civil psycholegal questions: Was the defendant competent to stand trial? Was the defendant insane or suffering from diminished mental capacity at the time of the offense? What was the litigant's competency to parent? Forensic experts typically rendered these opinions on the basis of their rough ideas of what issues were involved—"informed speculation," as Grisso termed it in the first edition of *Evaluating Competencies*.

In the first edition, Grisso presented and organized principles for forensic mental health evaluations, principles that have guided the field since that time. He recommended that forensic mental health evaluations be based on a careful analysis of the psycholegal issues involved in each legal proceeding and that empirically based forensic assessment instruments be developed to evaluate specific competencies and functional capacities. In a thoughtful analysis, Grisso articulated six components of legal competencies: functional, contextual, causal, interactive, judgmental, and dispositional. No one had previously described the components of each legal competency. Moreover, no one had proposed the idea—novel at the time, but in retrospect reasonable—that some situations demand higher levels of competency than others, depending on the complexity of the individual's legal situation.

Grisso's second major contribution to the first edition of *Evaluating Competencies* was organizing the forensic assessment instruments—a term he coined—that are used in six major forensic competence evaluation areas: competency to stand trial, waiver of rights to silence and legal counsel, absence of guilt by reason of insanity, parenting capacity (determination of child custody), guardianship and conservatorship, and competency to consent to treatment. (The exception here, which Grisso himself noted, is insanity, which cannot be viewed as a competency issue.) The instruments he reviewed in these areas were a combination of those that had been developed for general purposes and that had applicability in forensic evaluations, such as many

of the instruments used to assess parent-child relationships and the relatively few instruments that had been specifically developed to address forensic questions, such as the competence-to-stand-trial instruments developed by the Harvard Laboratory of Community Psychiatry in the 1970s.

Now, 15 years later, Grisso has written the second edition, with the assistance of four other prominent forensic psychologists. The second edition of *Evaluating Competencies* reflects the changes in the field that have occurred during the past 15 years. Although the second edition reviews the same six forensic evaluation areas, many of the specific instruments reviewed are new. The past decade has seen the development of many forensic assessment instruments designed to address specific forensic questions—particularly parenting capacity and guardianship and conservatorship evaluation instruments. This edition reviews these new forensic assessment instruments and omits many of the older general instruments that were reviewed in the first edition. The presentation of the instrument reviews remains unchanged: description, conceptual basis, psychometric development, construct validation,

predictive or classificatory utility, and potential for expressing person-environment congruency.

In the second edition of *Evaluating Competencies*, the six components of legal competencies have been collapsed into five, the contextual component having been folded into the functional component. Descriptions of the instruments that were included in the first edition and that are reviewed again in the second include much of Grisso's original text, even if technically these sections were written by one of the new authors, although the research has been brought up to date. In the introductory materials in each chapter, much of the text has been revised to reflect changes in the law or in psychological research and theory.

The first edition of this book was a classic, widely cited both for its analysis of forensic assessment instruments and for Grisso's integrative theory of forensic evaluation. With the second edition, *Evaluating Competencies* remains a classic. I expect that whenever a forensic psychologist or psychiatrist prepares for an advanced examination in this specialty, this book will—or should—be one of the first books reviewed.

Mastering Forensic Psychiatric Practice: Advanced Strategies for the Expert Witness

by Thomas G. Gutheil, M.D., and Robert I. Simon, M.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2002, 176 pages, \$30.95

Nancy J. Needell, M.D.

Although forensic psychiatry was once practiced by only a few specialists, more and more psychiatrists are becoming privately retained experts. These clinicians are the intended audience for what this book's authors, highly respected forensic psychiatrists, call "a conceptual successor" to their previous book, the now-classic *The Psychiatrist as Expert Witness* (1). By explaining the basic assumptions of the

legal process, comparing the process with the medical model, and drawing parallels with clinical practice, Drs. Gutheil and Simon clearly and concisely explicate the challenges faced by psychiatric experts working in the judicial system.

In many ways, *Mastering Forensic Psychiatric Practice: Advanced Strategies for the Expert Witness* is like the *Worst Case Scenario* books currently seen in bookstores across the nation. It outlines some of the more common pitfalls that can befall psychiatrists when they enter the courtroom. In addition to providing a context for poten-

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tial problems, the authors supply tried-and-true suggestions for the prevention and resolution of such problems.

The book is divided into six subject areas: the role of the expert witness in the legal system, practical business matters faced by forensic psychiatrists, potential disputes between forensic psychiatrists and attorneys, forensic countertransference, depositions and trials, and ethical issues. One of the book's assets is its three appendixes: "A Model Consent Form," "Model Fee Agreement Guidelines," and "Ethical Guidelines for the Practice of Forensic Psychiatry," created by the American Academy of Psychiatry and the Law. The first of these appendixes formalizes the difference between the treating psychiatrist and the forensic psychiatrist—a distinction that is frequently blurred by experts, attorneys, and the individuals being examined. The second appendix serves as a map for navigating the murky financial waters of forensics, offering a checklist of items to consider when contracting to be an expert.

However, perhaps the most important contribution of this slim volume is its attention to ethical dilemmas inherent in the practice of forensic psychiatry. In the last part of the book, as well as throughout the text, the authors address the various guises in which ethi-

cal problems can appear, in the hope that, as in clinical practice, early recognition will prevent later disaster. Never, though, is the information presented in a judgmental or preachy tone; instead, the issues are compared with those encountered in treatment settings.

If this book has a weakness, it is the section on expert psychiatric and psychological testimony for the courtroom. This chapter, adapted from an article cowritten by Dr. Gutheil for another publication, has a very different tone from the pleasing mixture of pragmatic and philosophical information prevalent in the rest of the book. It reads almost like a law text and at times is too detailed and esoteric for the beginning—or even experienced—psychiatric expert witness.

That, however, should not deter anyone who is considering dipping a professional toe into forensic waters from buying this book, reading it cover to cover, and then placing it within arm's reach on the nearest bookshelf. Like its predecessor, it is destined to be a must-have for any clinician engaged in the legal process.

Reference

1. Gutheil TG: *The Psychiatrist as Expert Witness*. Washington, DC, American Psychiatric Publishing, Inc, 1998

The Empathic Healer: An Endangered Species?

by Michael J. Bennett, M.D.; San Diego, Academic Press, 2001, 260 pages, \$29.50

Paul Chodoff, M.D.

The *Empathic Healer: An Endangered Species?* offers a wide-ranging exploration of the concept of empathy along with a vigorous advocacy of empathy as a possible healing poultice to soothe both the fractures between biologic and psychotherapeutic approaches to mental disorders and the many fissures in the current confusion of health care systems.

This is a rich book, and a short re-

view can only allude to its contents. The author, Michael J. Bennett, traces the history of empathy from its origin in aesthetics as *Einfühlung*—or "a feeling into"—to its present broad usage in health care, especially in the area of mental disorders. He traces the philosophic roots of empathy, particularly as exemplified in the struggle to find a monistic solution to the dualistic mind-body split. He finds encouragement in the new brain research, especially the concept of genetic plasticity, which allows for alteration of the brain circuits through

many influences, including relational and psychotherapeutic ones.

Bennett's main purpose is to find a pathway to the rescue of a health care system that has lost its heart and, in the case of mental disorders, has less and less room for psychotherapeutic treatment. He believes that the era of long-term dyadic psychotherapy is over and that managed care in some form or another is here to stay. Psychotherapists of the future, even though they will have an essential role if society is not going to descend into a totally biological and nonhumanistic treatment environment, must accept material changes in their methods and goals. The psychotherapist's role will be that of a treater, not a healer; one of a team of influences that will help patients toward healing. This role will be fulfilled by dealing with patients' illness—their suffering—rather than their objective disease. Therapy then becomes focal, rather than general—as in the psychoanalytic model—and is directed toward less ambitious ends. Empathic listening, both as a way of acquiring knowledge about the patient to assist with treatment and as treatment in itself, underlies all therapeutic transactions.

Bennett strongly maintains that regardless of inevitable changes in his or her role, the therapist—now a catalyst rather than an analyst—cannot be dispensed with if the patient is to be put on the path of healing. Probably influenced by his experience as a senior vice-president of a behavioral managed care company, Bennett forecasts a positive future for psychotherapy under the changed and limited condition he describes.

Certainly there will be readers who will see Bennett as Panglossian rather than realistically optimistic, especially the psychoanalytically minded, who will object to his rather dismissive view of their methods and goals. Bennett will not convince those who regard any version of managed care as anathema. In my opinion he uses empathy somewhat loosely, as a kind of philosopher's stone that will solve all our problems. However, he has presented us with a well-reasoned account of where we are and where we

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should be going in the field of psychotherapy.

The Empathic Healer is well organized and well written, with some apt phrases, such as the statement that a therapist should be "both ingenious and ingenuous." The text is amply

documented, offers relevant case vignettes, and is spiced by classical illustrations and literary quotations. I recommend it to all mental health care professionals, especially to those so-called "mindless" psychopharmacologists and "brainless" psychotherapists.

therapy and the educational system. Once again, the focus is on a system that often seeks out the services of psychiatrists but that is little able to receive or implement the requested services.

Overall, family therapists are likely to find *Family Systems/Family Therapy* an interesting and useful resource.

A Family-Focused Approach to Serious Mental Illness: Empirically Supported Interventions

by Diane T. Marsh, Ph.D.; Sarasota, Florida, Professional Resources Press, 2001, 110 pages, \$39.95

Family Systems/Family Therapy: Applications for Clinical Practice

edited by Joan D. Atwood; New York, Haworth Press, 2001, 164 pages, \$39.95

William Vogel, Ph.D.

Two books on family-focused therapy are reviewed here. The first, *A Family-Focused Approach to Serious Mental Illness: Empirically Supported Interventions*, is a much-needed handbook on this relatively neglected topic. This area has been of relatively little concern to mainstream family therapists, who have tended to focus on younger, less acutely ill populations. In all fairness, one reason for this omission is that persons with severe mental illness have, in the vast majority of cases, and for many reasons, become distanced and alienated from their families: they have rejected their families or their families have rejected them, or both.

The book's author, Diane T. Marsh, focuses on five evidence-based interventions: family consultation, support and advocacy groups, family education, family psychoeducation, and psychotherapy. She covers the gamut of professional concerns in this short, tightly arranged text. This book should be of interest to all clinicians who work with persons who have chronic and severe mental illness.

The second book, *Family Systems/Family Therapy: Applications for Clinical Practice*, was published simultaneously in the *Journal of Pre-*

vention and Intervention in the Community in 2001 (volume 21, number 1). This book advances the concept that family therapy is most effective when pursued within the framework of systems theory, with recognition of the roles of the major institutions that make up our society, such as the health care delivery system, the judicial system, and the educational system. The first three chapters document the failure of broader society to address the needs of women. The first of these chapters advances the formation of "women's centers that provide a 'one stop approach' to improve the health of women." Together, these three chapters document the gender bias in research, which results in women's needs being inadequately addressed by the health care community.

Two chapters address the special needs of our aging population and underscore the failure of our society to deal with the problems of the elderly in anything resembling comprehensive, integrated, easily available programs. Two articles discuss the problems of family therapists in functioning in the court system, something that we are increasingly called upon to do. It is obvious to those of us who deal with the legal system that the legal system is woefully unprepared to receive our contributions.

Another article deals with family

Love Stories: Sex Between Men Before Homosexuality

by Jonathan Ned Katz; Chicago, University of Chicago Press, 2001, 426 pages, \$35

Kenneth Ashley, M.D.

Love Stories: Sex Between Men Before Homosexuality provides the reader with a unique view of male relationships in the latter two-thirds of the 19th and early 20th century, primarily in the United States. Katz uses a variety of source documents, including diaries, journals, letters, newspaper articles, poems, and court cases to develop the numerous "stories" in this book. The insightful commentary assists the reader in understanding the nature of these relationships in the context of the culture of a particular time and place, in relation to our current conception of such relationships between men.

Because loving, intimate, affectionate relationships between men were already accepted in the 19th century, many men who were involved in sexual relationships with other men felt the need to develop a language, a conceptual system, and institutions to support and affirm such sexual relationships. This book does an excellent job of presenting the creation of such a language and systems. It also addresses the social milieu and its impact on such developments as well as some social issues prompted by the changes brought about by what can now be considered as the infant homosexual subculture.

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The book is divided into four parts, with part 1, "Searching for Words," illustrating some of the difficulties describing relationships between men with the language of the time. This section is slow going until its third chapter, "A Gentle Angel Entered," which introduces Walt Whitman and his writings.

Part 2, "Making Monsters," is very interesting, describing legal cases and issues involving sexual activity between men but also touching on the 19th-century beliefs separating spiritual romantic love from erotic, lustful love—an issue that remains with us today in some form. Part 3, "Coming Together, Coming to Terms," begins a discussion of the development of the language to describe loving sexual relationships between men by focusing—although not exclusively—on Walt Whitman's writings and relationships.

Part 4, "Going Public," describes the struggle of men who love men to develop supportive and affirming institutions, community, and some form of civil rights, chronicling the activities of

Walt Whitman, John Addington Symonds, and James Mills Peirce and including interchanges they had with each other.

The final chapter provides an excellent summary of the study of the history of sex between men and the need to locate that behavior in the context of a specific place and time.

Collecting extensive source material with thoughtful interpretation in the context of the culture of the time, Katz has written an extremely interesting and engaging book. He also chronicles aspects of the earliest communities of men loving or having sex with other men and describes what many would consider to be the beginnings of the current lesbian, gay, bisexual, and transgender community. I would recommend this book to anyone who is interested in issues of gender and sexuality, gay and lesbian studies, Walt Whitman, John Addington Symonds, or James Mills Peirce. The book also includes an extensive bibliography and footnotes for those interested in further study.

high rate of comorbidity of disorders, the instability of diagnoses over time, and the lack of treatment specificity.

There are many arguments against changing criteria: the potential for confusion, the need to change forms, problems for longitudinal research projects, and potential discredit of earlier versions of *DSM*. Moreover, the authors indicate some potential biases as understandable human urges to make changes—for example, individuals may improve their renown by having their own category formally recognized in *DSM-V*. These disadvantages could be reduced through built-in safeguards and will be balanced with the strong benefits that large changes might bring.

A chapter about nomenclature touches on potentially sensitive topics: the use of dimensions instead of categories, especially in the area of personality disorders; reductions of the gaps between *DSM* and *ICD*; and cross-cultural use of *DSM-V* in nonpsychiatric settings.

A chapter on neuroscience research aims for evolution in nosology on the basis of etiology of the psychiatric disorders as a *sine qua non* for more selective treatment and valid prognosis. Multimodal methods in combination with genetic research are expected to identify patterns of brain function linked to a specific genotype, called endophenotypes. A proposed multiaxial diagnosis logically follows the flow of a detailed presentation: axis I, genotype; axis II, neurobiological genotype; axis III, behavioral phenotype; axis IV, environmental modifiers and precipitants; and axis V, therapeutic target and response.

A chapter titled "Advances in Developmental Science and *DSM-V*" calls for a focus on identifying pathology, especially among children of preschool age, and on making better use of neuroscience resources to inform diagnosis and prevention trials.

The chapter on personality and relational disorders is particularly enticing, because it offers a dimensional model classification as an alternative to the categorical classification. Are there fundamental aspects of personality disorders that could not be represented by the dimensional model? It is up to

A Research Agenda for DSM-V

edited by David J. Kupfer, M.D., Michael B. First, M.D., and Darrel A. Regier, M.D., M.P.H.; Washington, D.C., American Psychiatric Publishing, Inc., 2002, 336 pages, \$36 softcover

Adrianna Neagoe, M.D.

This volume, intended to stimulate research and provide direction to the psychiatric community as it wends its way to *DSM-V*, will satisfy both the experienced and the early-career psychiatrist. Consisting of six "white papers" from an international panel of experts, *A Research Agenda for DSM-V* prods the reader to assess the reliability of existing diagnostic criteria and to consider carefully issues of etiological and pathophysiological mechanisms. Interestingly, most of the panelists were not closely involved in the development of *DSM-IV*. This book will stimulate research by bringing into play information about updated empirical databases, providing insight into

the process of integrating research findings from a classification system that is etiologically based rather than descriptive, and stimulating discussion at all levels, from residents in training seminars to working groups of research investigators around the world.

To date, the descriptive classification paradigm has allowed better communication among mental health care professionals, but frustrating limitations endure. The reader is invited to go beyond our current pattern of thinking in clusters of symptoms to attempt to integrate new information from global sources and a variety of technologies. The reader can reassess the assumption that current disorders are discrete entities that are not based on a valid etiopathogenic classification. The reader also notes the extremely

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future research to explore this question as well as “the longitudinal course of the personality dispositions, their biological mechanisms, their implications for the course and treatment of the general medical and other disorders.” The research agenda in this field is very rich and well structured, with proposed ideas for the personality traits and disorders as spectrum conditions of axis I and much, much more.

Regarding relational problems as merely risk factors in the course of established disorders may impede effective treatment. These problems could be severe enough to be regarded as disorders in their own right. The big problem is that if the focus is too broad—as, for example, in the case of racial issues—a much too vast area of social behaviors may become medicalized, and the management of such cases falls outside of psychiatry.

In the book's fifth chapter, the authors note that the Global Assessment of Functioning combines symptoms and functioning in one scale. Thus measuring functional impairment itself is inaccurate. Likewise, the requirement for impairment before a psychiatric diagnosis is assigned may impede early intervention. However, the dilemma is that given the limited resources and the need for equity regarding who gains access to services, the threshold for a specific condition to be considered a mental disorder should ultimately be determined by

the level of dysfunction.

Each of the five chapters includes cross-cultural considerations. Moreover, the book also includes a chapter on cross-cultural issues aimed at producing integration. Compact and less concrete, this chapter seems to be an ambitious attempt to deal with methodologic, curricular, and doctrinal problems. My own experience, both as a naive foreigner and as an early-career International Medical Graduate, is that there is an attitudinal problem as well. As Fadiman (1) points out, cross-cultural medicine can be a tricky business. By relying on the prevailing cultural milieu as the standard, one can all too easily obtain a distorted image of a person from another culture. In the same way that the recent Mars exploration failed because of problems converting inches to meters, any number of beliefs and practices may be misinterpreted. The chapter is called “Beyond the Funhouse Mirrors: Research Agenda on Culture and Psychiatric Diagnosis,” and it sounds like an invitation to participate in change.

For younger professionals in particular, *A Research Agenda for DSM-V* may yield a treasure trove of research topics.

Reference

1. Fadiman A: *The Spirit Catches You and You Fall Down*. New York, Farrar, Strauss & Giroux, 1998

Brief Counselling in Schools: Working With Young People From 11 to 18

by Dennis Lines; Thousand Oaks, California, Sage Publications, 2002, 210 pages, \$25.95 softcover

Maryann Davis, Ph.D.

This short book describes school counseling in the United Kingdom and gives some guidelines for providing brief counseling in school

settings. The author, Dennis Lines, is a school counselor in an English secondary school. He provides a history of the development of school counseling in the United Kingdom; a description of ethical, legal, and practical considerations; and an overview of adolescent psychosocial development before launching into brief counseling techniques for addressing common situa-

tions presented to school counselors.

Brief Counselling in Schools: Working With Young People From 11 to 18 suggests that school counseling differs significantly between the United Kingdom and the United States. In the United States, school counseling is more widely embraced and has existed with well-established guidelines for a longer period. Much of what shapes the author's views about brief counseling stems from the British secondary school environment, attitudes of school administrators and teachers toward the role of counselors, practical considerations of under-resourced counseling conditions, and legal and ethical guidelines in the United Kingdom, which are different from those in the United States.

Differences aside, the book offers many thoughtful guidelines for experienced school counselors in the United Kingdom and elsewhere who are interested in conducting brief therapy with students. Lines has attempted to broaden the skills of the experienced school counselor. References to various approaches and techniques are concise, with the assumption that readers already have a working knowledge.

A chapter on adolescent development is well written and includes wonderfully illustrative narratives. A chapter reviewing brief counseling provides the author's rationale for his integrated approach. Citing evidence that all psychotherapies are beneficial to clients, Lines frees himself to pick and choose among approaches that fit well with the demands of adolescents and with school settings and that suit his own leanings. This is not an evidence-based book—evidence of efficacy or effectiveness of the various approaches is not provided. Within this general framework, the remaining chapters focus on specific problems: depression and related problems, bullying, parental separation and stepparent conflict, loss and bereavement, sexuality, smoking and substance abuse, and “life meaning and spiritual emptiness.” Lines describes these topics as representing “the whole range of teenage difficulties.”

These are perhaps the kinds of problems seen in English schools, or by Lines himself, or problems that can be addressed with brief counseling. Vi-

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olence—whether peer violence, child abuse, or exposure to violence—is not addressed in this book, except in passing, which is unfortunate for school counselors in the United States. With the exception of the chapters on depression and substance use, the chapters of this book clearly focus on problem content rather than diagnostic content. Attention-deficit hyperactivity disorder, anxiety, and eating disorders are not covered.

However, in the chapters that are

offered, the focus on active, direct—yet humanistic—approaches is appealing. Some of the approaches, having been developed in the United Kingdom or Europe, may be less familiar to U.S. readers and may consequently be valued as “new.” Overall, *Brief Counselling in Schools* is an optimistic book, providing encouragement to counselors who do important work with students who face ever-growing challenges to their well-being and development.

havioral Health Care Systems Relating to Other Systems,” offer an ideal view of mutually complementary services forming a seamless continuum of care, without addressing the chaotic impact on care of benefit boundaries and the immense gaps that lie between private and public systems.

Joan Betzold's chapter on document management warns of the dangers of the computerized record and stresses the importance of linking information to patients wherever they go; however, its standard data set exceeds what most clinicians would find practical or cost-effective. Two chapters on reimbursement are helpful and clearly written, but the chapter by Allen S. Daniels and Karl W. Stukenberg—“Assessing Quality of Care”—while comprehensive, does not acknowledge the inefficiency and ineffectiveness of most current quality assessment methods. A chapter on consumerism promotes consumer empowerment without recognizing that underfunding makes empowerment moot.

The authors' administrative experience with and optimism about integrated delivery systems make this book useful and readable, but be warned: you will learn little about the dangers, drawbacks, and limitations of these systems by reading this book.

The Integrated Behavioral Health Continuum: Theory and Practice

edited by Laurel J. Kiser, Ph.D., M.B.A., Paul M. Lefkowitz, Ph.D., and Lawrence L. Kennedy, M.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2001, 321 pages, \$45 softcover

Michael I. Bennett, M.D.

New systems for organizing behavioral health care gain life, energy, and converts by doing better than their predecessors; it is only with time that one discovers their shortcomings and the new problems that success creates. *The Integrated Behavioral Health Continuum: Theory and Practice* espouses the advantages of the latest form of organization—integrated delivery systems—and describes how to create and manage them but says little about their adverse effects. Integrated delivery systems can provide both insurance and treatment, because administrators control a large array of services and influence patient flow between them. In the public sector, such systems have improved both quality and efficiency by assembling programs with progressively more intensive, complementary services into a continuum and directing patients to receive no more services than are necessary. But there is little to prevent powerful clinical managers from overrationalizing care if the system's fiscal managers underfund it or from expanding administrative procedures that reduce service use while offloading costs to providers.

Most of the chapters in this book provide useful information about the implementation and maintenance of integrated delivery systems without considering their negative consequences. Laurel J. Kiser's chapter, “Toward Integration,” is relentlessly upbeat and corporate in tone as it notes the forces in our marketplace and clinical culture that drive change. Chapters by Paul M. Lefkowitz and David E. Ness tell us how to integrate services into a coherent system without warning that the new system is unlikely to tolerate certain traditional values and skills. A chapter by Kiser and Margaret Moran touts centralized access to services without noting the usual disadvantages: reduction in geographic availability and creation of duplicative services.

A chapter by John S. Lyons and Melissa E. Abraham, “Designing Level of Care Criteria,” captures the importance of risk assessments in deciding how much treatment is necessary but omits the more controversial—but equally important—assessment of a treatment's potential effectiveness. Michael A. Hoge's chapter on levels of care, the chapter by Kiser and Lawrence L. Kennedy on therapeutic processes across the continuum, and Andres J. Pumariega's chapter, “Be-

Advances in Brain Imaging

edited by John M. Mribisa, M.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2001, 186 pages, \$34.95 softcover

Norman R. Relkin, M.D., Ph.D.

Advances in Brain Imaging, which is part of American Psychiatric Publishing's “Review of Psychiatry” series, provides a brief overview of several functional and structural imaging techniques that have been applied to the study of psychiatric disorders. Although a variety of methodologies are discussed in each of the book's five chapters, the greatest at-

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tention is paid to functional magnetic resonance imaging (fMRI) and positron-emission tomography (PET). The primary disease entities discussed are schizophrenia and depression among adults and mood disorders among adolescents and children. According to the book's editor, John M. Morihisa, the unifying principle of the book is that modern brain imaging techniques can reveal pathophysiologic commonalities that underlie seemingly disparate psychiatric disorders.

The contributing authors all have extensive research experience and provide seasoned perspectives on the application of brain imaging to psychiatric studies. Joseph H. Callicott does a laudable job in discussing the strengths and weaknesses of fMRI and magnetic resonance spectroscopy (MRS) in the study of mental illness. Cameron S. Carter nicely summarizes the role of prefrontal systems in executive dysfunction, with particular emphasis on schizophrenia. Daniel S. Pine provides a developmental perspective on mood and anxiety disorders through a discussion of fMRI and structural imaging studies of children. Harold A. Sackeim provides a very thoughtful examination of the relation-

ship between white matter disease, cerebral blood flow abnormalities, and depression. Wayne C. Drevets extends this discussion into a more general survey of the functional anatomic correlates of major depression.

The most conspicuous contribution that this book makes is in providing specific examples of how brain imaging has deepened our understanding of mood and thought disorders. It also provides cogent discussions of the limitations of the studies carried out to date. Despite this book's focus on brain imaging, it contains relatively few actual images. Readers will need more than a basic knowledge of functional neuroanatomy and some familiarity with the respective brain imaging techniques to fully appreciate this work. This is not a book that most practicing psychiatrists will find easy to read or exceptionally relevant to their practice. It is perhaps best suited to psychiatric investigators or investigators in training who have a special interest in brain imaging or to clinicians who want to enrich their understanding of the above-mentioned disorders on the level of distributed brain networks.

inhibitors, and inducers of five cytochrome P450 enzymes. Part 1 of the book details the four major classes of psychotropic drugs: antipsychotics, antidepressants, mood stabilizers, and anxiolytic and sedative-hypnotic medications. Each of these chapters contains not only the expected topics of indications, kinetics, interactions, side effects, and clinical use but also a section on the treatment of selected syndromes and disorders. Included are common clinical conditions among elderly persons, which are not usually covered in texts of this kind—for example, pain syndromes, sleep problems, and intoxication. Current North American medications are discussed and handily tabulated at the end of the chapter. The authors make some references to novel but unproven medication uses, which also underscore their comment that “much of current practice in geriatric prescribing is based on anecdotal evidence and case report data” and that a lot more research is needed. Nonetheless, the content is supported by robust—and again largely North American—references.

Another strength of the *Handbook* is part 2, which covers the treatments of common syndromes in clinical practice—substance-related disorders, movement disorders, and dementias and other cognitive syndromes—and information that is often scattered in other texts. Small but useful sections on alternative or adjunctive treatments, such as electroconvulsive therapy and psychosocial interventions, remind practitioners of the broad scope of effective elder care.

Mention is made of gender and ethnicity issues under several specific medication descriptions. Perhaps research and a future edition of the *Handbook* could include more information about these areas. It will always be the case that a new discovery, such as occurrences of hepatic failure with nefazodone, can date information in a given text. This reality should in no way affect the excellent value and usefulness of this book. Bravo to the authors for providing a great briefcase companion.

Handbook of Geriatric Psychopharmacology

by Sandra A. Jacobson, M.D., Ronald W. Pies, M.D., and David J. Greenblatt, M.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2002, 445 pages, \$55.95

Colleen J. Northcott, Ph.D., M.D.

This succinct handbook will surely find its place in clinicians' briefcases as a well-organized, up-to-date, and practical reference for the care of our elderly patients. The authors of *Handbook of Geriatric Psychopharmacology* draw on a wealth of cumulative years of both clinical and research experience in psychopharmacology, which they clearly apply to the treatment of psychiatric and neuropsychiatric conditions of

the geriatric population.

The book's “bedside” practicality is one of its strengths. The format, from the clear table of contents to the sturdy 79-page index, and the clarity of writing style make the book's content quickly accessible. Easily visible gray color bands mark chapter summaries and practical prescribing information.

The book's practicality does not compromise its comprehensiveness. The introduction explains the principles of the “start low, go slow” guideline for geriatric patients and includes a helpful table of substrates,

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