MEASURING BEHAVIORAL HEALTH OUTCOMES: A PRACTICAL GUIDE. Robert P. Hawkins, Judith R. Mathews, and Laureen Hamdan. New York: Plenum Press, 1999, xi + 191 pp. $75.00.

By applying the methodology of natural science to the study of human behavior, many applied behavior analysts have espoused a number of clinical procedures which are at variance with prevailing clinical practices. None stands out more obviously than the measurement of behavior before, during and after interventions have been applied. The title of Hawkins’, Mathews’, and Hamdan’s book, Measuring Behavioral Health Outcomes: A Practical Guide, tells the whole story. The book is written for clinicians who work with children in the home, clinic and school environments. Hawkins is Professor Emeritus at West Virginia University after a stellar career in applied behavior analysis (ABA). Mathews is at the Meyer Institute of the University of Nebraska, and Hamdan teaches at the University of St. Thomas, St. Paul, Minnesota.

The major chore for the authors is at least twofold. First, they have to remind behavioral practitioners that measuring outcome is important to success. Next, it is necessary for clinicians to convince clients that part of their efforts must go into measuring behavior. Such a “sell” is not easy, given the immediate urgency that many people experience when they encounter difficult childhood problems. Such people are usually desperate to see behavioral change, and the relevance of measuring outcomes is not always obvious.

The present book should go a long way toward achieving these goals. It is written in a cheerful, user-friendly style that should provide little
difficulty for the clinician or graduate student and the measurement procedures are typically simple and meaningful. To the authors’ credit they deal not only with measuring undesirable behaviors, but also with the measurement of new, more functional behaviors.

The book evolves gracefully and logically from providing the rationale for quantitatively measuring clinical outcomes, to methods for acquiring meaningful data, to methods for interpreting these data. The authors provide case examples throughout the text and, in the final chapter, furnish four detailed case examples. The Appendix provides forms for a variety of measurement tasks and readers are encouraged to use them freely.

The primary purpose of the book is to present neither new research findings nor novel conceptual interpretations. Rather, it is a practical guide for clinicians who, historically, have not regarded ongoing, direct (ABA) measures of their clients’ behavior as essential to their practices. Yet it is also a useful guide for experienced behavior analysts who have not always been able to find detailed and comprehensive information on the measurement of behavior in one location. For the same reason, this book is especially useful to professors and so forth. It should also be helpful to clinicians forced to deal with the accountability now required by managed healthcare companies. The emphasis here is, with the limited resources available, to maximize outcomes.

The book comprehensively deals with each detail of the measurement process. This is consistently accomplished in an interesting and actionable manner, based mainly on the three authors’ considerable combined professional experiences. Among the topics discussed are selecting behaviors for change, defining and measuring behavior, graphing and interpreting data, and trouble-shooting virtually every eventualty that families and clinicians are likely to encounter in the measurement process. In the final chapter, four case studies are described in detail. Here readers are provided not merely with the measurement components of each problem, but with the ingenious solutions the authors devised.

One of the more appealing aspects of this book is that it deals with the realistic problems that people are likely to encounter. It is not a work of the ivory tower. For example, Hawkins and his co-authors realistically point out that parents may resist their roles in tracking behavior because they see it as the clinician’s responsibility to “fix” their child. Thus, the clinician has to convince parents that behavioral improvement is a socially interactive process that takes place in natural, not clinical, environments. The authors also deal with the issue of how accurate various
measurements must be. As they indicate, accuracy can be improved with definitions that list specific components and examples of behaviors rather than global definitions. Yet they also recognize that clinical measures of behavior do not usually need to be as precise or as frequent as those required in more traditional scientific research. Thus, the goal of the measurement process is to obtain a good approximation of the behavioral occurrence. Hawkins, Mathews, and Hamdan also point out that data collection is only useful in clinical decision-making if the data are graphed daily—a recommendation that I have frequently seen ignored. Daily inspection of graphs will lead clinicians to maintain procedures that are producing steady, if not dramatic, improvements in behavior and to revise those that are not, or are no longer, salient. Finally, the three authors point out that competent data collection is achieved through teaching people how to collect family data fluently, rather than merely instructing them to engage in the process.

Clearly, I am very favorably impressed with the quality of this book. What is particularly noteworthy is the portrait it paints of the applied behavior analyst. The overall picture is that of a professional who is empathetic and hands-on, and aware of the intricacies of behavior and the subtleties of effective intervention. If there is one limitation with this text, it is that it is not interactive in the sense that it fails to provide the reader with exercises or questions at the end of each chapter. This could be easily remedied with an instructor’s manual (Beth Rosenwasser, personal communication). Meanwhile, the authors do recommend that supervising clinicians require learners to practice the evaluation procedures with real cases. This is necessary but not sufficient.

Overall, however, the book is an excellent addition to the field. It surpasses other efforts of a similar nature in its readability, its comprehensiveness, and its vitality. My recommendation to all readers—read it and use it; you will love it!

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NEGLECTED CHILDREN: RESEARCH, PRACTICE AND POLICY. Howard Dubowitz (Ed.) Thousand Oaks, CA: Sage Publications, 1999, vii + 320 pp. $29.95.

CHILDHOOD SEXUAL ABUSE: AN EVIDENCED BASED PERSPECTIVE. David M. Ferguson and Paul E. Mullen. Thousand Oaks, CA: Sage Publications, 1999, ix + 134 pp. $35.95.

CHILD MALTREATMENT: AN INTRODUCTION. Cindy L. Miller-Perrin and Robin D. Perrin. Thousand Oaks, CA: Sage Publications, 1999, xv + 349 pp. $37.95.

Child abuse and neglect are important topics for parents, clergy, health professionals and adults in general. Mental health professionals may differ from others in their aspirations to be dispassionate and objective, even in relation to a topic that is bound to evoke strong emotions and demands for action. Each of the three Sage publications reviewed here more or less contributes to the mental health literature bearing on child abuse and neglect. None of these books is properly targeted for undergraduate introductory courses. However, any one of these texts could be used in an advanced course for selected college seniors and graduate students in clinical psychology, professional psychology and related mental health, administrative and legal studies where the students are grounded in the elements of statistics and experimental design. Without this foundation, most students are likely to miss the finer points that are explored in these three texts and, regrettably, latch on to some of the more sensational revelations.

As I write these three reviews, I am fresh from a telephone call by a mental health professional troubled by a relation from a six-year-old child that his father had been fondling his genitals over a period of several years. The child’s mother suggested to the professional that she was aware of the fondling but was petrified by the prospect of reporting it to a child protection service agency. The more widely known situation of a spouse using an allegation of child sexual abuse as a tactic in an acrimonious divorce should not obscure the situation in which the non-offending parent is primarily concerned over the welfare of her other children, herself and, yes, her husband. As an attorney-psychologist, I am not surprised by the reactions of mental health professionals who are thrown into turmoil by this kind of revelation or by such expressions as “I never deal with this kind of thing [i.e., reporting to a law enforcement agency]. I
thought I would work it out with them in therapy . . . I am thinking of referring them to someone who could see the whole family together . . . an expert in the area.” A day earlier, I received a telephone call from a different mental health care professional who reported knowledge of a seven-year-old boy and his slightly older sister having sexual intercourse with each other at a relative’s house. This professional reported the story to his clinical and administrative superiors and was first told to interview the boy again to verify the story and then to not report it to the relevant state authorities. Apparently, this young professional knew what to do but was fearful of losing his job.

These clinical vignettes serve to illustrate:

1. the lack of knowledge about child abuse and its management among many mental health professionals,
2. the fact that even experienced clinicians, accustomed to thinking and problem solving in this area, are sometimes very confused and indecisive,
3. which can lead to the worst possible interventions and recommendations,
4. mental health professionals’ emotions and feelings of personal well-being form an integral part of their problem-solving and decision-making in dealing with child abuse,
5. the organizations, such as social service agencies, hospitals and the like, in which professionals work, can inhibit or facilitate effective and timely intervention in various child abuse situations.

The social and political forces (e.g., worry over bad publicity, jeopardizing funding sources, and so on) that come into play when one deals with child abuse amplify all of the foregoing problems.

Individuals and relevant organizations may hold values that uncritically dictate particular ways of viewing and responding to the reports of child abuse. What is the relationship between these values and the approach of most mental health professionals? In a recent article about fathers and child abuse Silverstein and Auerbach (1999) state:

Many social scientists believe that it is possible to draw a sharp distinction between scientific fact and political values. From our prospective, science is always structured by values, both in the research questions that are generated and in the interpretation of the data. (p. 398)

The fact that this sentiment generates considerable controversy (American Psychologist, 2000) is less surprising than the fact that many
commentators appear to be in complete accord with this sentiment. As a researcher, I always regard values as one among many different “nuisance variables” that had to be controlled or otherwise accounted for in scientific research. I regret that various methods of basic research rarely aspire to eliminate or, at least control, the influences of extraneous factors such as values. Nowhere is the need for this more prominent as in the field of child abuse and neglect. This is not to say that values play no role in appreciating and dealing with child abuse and neglect but that the mental health practitioner’s contribution should be guided by an objective data orientation rather than advocacy and “political correctness.”

If the above clinical vignettes come from trained health-care professionals, it is reasonable to expect that the situation with the remainder of the population is any better? The answer almost certainly is no. The fact is that virtually everyone could benefit from appropriate information about child abuse and what to do about it. This seems especially true for health care professionals and clergy who often are in a “front-line” position for early recognition of the problem. Such information is also essential for politicians, policy makers, government agency officials, teachers and any one else likely to come in contact with issues and needs presented by abused and neglected children.

Books addressing the topic of child abuse, such as the three under review here, form an essential part of attempting to remedy this problem. A small, Spartanly written book that promises to make a large and significant contribution to this field is *Childhood Sexual Abuse: An Evidence Based Perspective*, by Medical School professors Ferguson and Mullen, from Australia and New Zealand, respectively. In view of the prevailing crosscurrents of contemporary psychology, the two authors’ predilection for objectivity reflected in an early paragraph, “Inevitably [our] analysis will lead us to a position that will disappoint more enthusiastic advocates of some of the more radical positions in the [child sexual abuse] discourse” (p. 2) seems either falsely reassuring or unrealistic. However, these authors’ commitment to objectivity is adhered to throughout this brief text and goes a long way to offset the unfortunate tendency of some authors who, in the course of their advocacy, confuse the overriding social importance of the topic of child abuse with a license to exaggerate and dramatize their presentations, especially by focusing on the vast amount of potential information in the field that is highly speculative, demagogic or simply non-existent.

As a prelude to a presentation of epidemiological evidence, the authors discuss definitional issues and highlight complex and, as yet, un-
resolved psychometric issues (e.g., reliability and validity of measures employed in child abuse research).

The results of 29 studies are displayed in tabular fashion showing discrepancies between definitions of “child” and “sexual abuse.” Hence, beginning with the straightforward question of what percentages of children experienced sexual abuse in various countries, Ferguson and Mullen end with an answer closer to “we don’t know for sure” than anything else. The next chapters tackle questions such as the identification of potential victims of child sexual abuse by parents, professionals and others and conclude that most children identified as high risk never directly experience sexual abuse. The authors then turn to the identification of abusers and their review uncovers some seemingly counter-intuitive findings, including the incidence of female abuses and the absence of a sexual abuse in the personal histories of most child sex abusers. Subsequent chapters review literature covering the effects of sexual abuse during childhood and adulthood. No reader will be surprised to learn that sexually abused children are apt to develop psychological problems. As adults, the literature reveals that child victims have been found to suffer from a variety of psychological problems, including substance abuse and eating disorders. Less evident is that not all child victims experience this kind of outcome. This fact illuminates an area for research that would be of interest to both mental health professionals and the legal establishment. This endeavor could include identification of various parameters of abuse and characteristics of victims that are associated with a lower level of long-term psychological damage. The final chapter deals with the more sensational and controversial topics related to child sexual abuse.

While the overview is accurate, issues such as recovered memory, false memory, satanic rituals and the like cannot be adequately covered in a few paragraphs. The authors appropriately discuss Multiple Personality Disorder instead of Dissociative Identity Disorder, which is somewhat dated or, at least, not consistent with DSM IV (1994) usage. Overall, this book packs much knowledge and wisdom about child sexual abuse in six concisely written chapters. Compared to the two other edited texts reviewed here, this book contains less by way of redundancy, inconsistency and transitional awkwardness. This material would be useful to a range of mental health professionals, from those already working in the area of child sexual abuse to students enrolled in graduate and advanced undergraduate courses in child psychopathology and the like.

Similar accolades are appropriate with regard to pediatrician Dubowitz’ *Neglected Children*, who correctly notes in his perceptive
Foreword that “the range of topics covered in this book should be of broad interest to professionals in the field of child maltreatment” (viii). Professionals working with abused children can hardly avoid at times being overwhelmed by emotion in reaction to the horrible acts and effects of such abuse. Therefore, it is doubly important for professionals writing about child abuse to avoid extreme positions recommended by political correctness more than anything else. Wherever possible, such professionals must develop a fine-grained, data-based, highly nuanced view. It should not be surprising that all of the contributors to this book are keenly aware of the need to define the meaning of “neglect,” a construct less concrete and less specific than physical or sexual abuse.

The first chapter written by Garbarino is illustrative of such a view. Garbarino, a knowledgeable and frequent contributor over the years to the psychology literature, addresses child neglect, as he has done on many other occasions, at a conceptual level within the context of the child’s developmental needs and the families’ varying abilities to meet or, less fortunately, ignore those needs. This material dovetails with a later chapter by Dubowitz and pediatrician Black that highlights the importance of culture and context in evaluating child neglect and attempts to delineate critical areas for future research.

Another chapter, written by sociology professor Zuravin, has produced a first-rate treatment of the conceptual, definitional, methodological, and statistical issues that continue to beset their field of inquiry. The conceptual framework provided by social work professor Gaudin’s chapter could be applied fruitfully in virtually any area of child psychology. In discussing what he aptly refers to as “mediating, moderating and confounding variables” (p. 92), Gaudin surveys the child abuse literature and neglect from the perspective of the experimental design expert. He examines the effects of sample selection bias, developmental stage, poverty and severity of abuse and neglect, various types of abuse and neglect and different dependent variables such as severity and chronicity of the effects of abuse and neglect. Guadin’s chapter begins with the statement “many studies have concluded, contrary to popular belief, the child victims of neglect emerge as the most severely negatively affected” (p. 89) but, after his analysis, he concludes, that the evidence for this proposition is “equivocal.” Researchers should challenge prevailing beliefs, even when scientists themselves hold such beliefs. Gaudin’s analysis fills this role.

A chapter by social work professor Gelles defines neglect in the respective realms of physical, emotional and educational neglect. Gelles then goes on to develop another important, but insufficiently develop-
oped, theme that runs throughout the book, the connection between definitions and social policy. The issue of intervention is competently addressed in a chapter by social work professor DePanfilis, who reviews the pertinent literature and concludes that culturally relevant, developmentally appropriate approaches that involve the family versus those focusing on individuals are superior to those interventions that do not take full account of these factors. This is an important counterpoint to some prevailing biases that insist on the separation of individuals in order to help them. DePanfilis also expresses a position that should not be controversial: neglectful adults, often poor, lack the financial resources to make better provisions for their children. The prospect of providing money as part of an overall intervention with poor people has never been popular with professionals who may tend to over-pathologize the simple and obvious effects of being poor. Researchers Holden and Nabors address the unresolved, and perhaps irresolvable in contemporary society, issue of prevention of child neglect. They tie this effort to related efforts of reducing poverty, substance abuse, and violence in an ambitious but brave attempt to find a solution. The area of substance abuse is the very predominant focus of an entire chapter by Chasnoff and Lowder and, in particular, the problem of pregnant women abusing drugs and related substances and what can be done about it. Overall, this is an excellent text that could be used to advantage in undergraduate courses and graduate courses in the social sciences, including political science and government.

*Child Maltreatment: An Introduction*, edited by psychology professor Miller-Perrin and sociology professor Perrin, is aimed primarily at undergraduate and graduate students in various mental health professions. Readers might be, or aspire to be, health-care givers, health-care experts vis-à-vis assessment of child maltreatment both clinically and for forensic purposes, and for parents, teachers, etc. In referring to themselves as “child advocates” (p. 5), the editors are apparently at odds with those in assessment and forensic work whose primary allegiance, presumably a sizeable portion of the intended readership, ought to be to objectivity not advocacy, at least as I understand these terms. I believe it is desirable for advocates to base their work on objective facts to the extent that this is possible, but it is naïve to expect advocates to be unswervingly balanced and objective in their advocacy. On the other hand, a so-called scientist who became an advocate for a particular outcome loses all credibility.

After the Introduction, each of the six chapters of their edited text is introduced by a brief interview with the author of the chapter. Unfortu-
nately these squibs are not particularly meaningful and bear little or no connection to the ensuing chapter. This format detracts from the chapters, which are generally well written. In looking to the future, researcher Daro reaches a conclusion that the editors should have taken into account that “If we abandon the scientific methods in favor of an advocacy-driven approach to knowledge, it is unlikely that we can effectively serve the interest of children because our ‘findings’ can be easily dismissed by those less sympathetic to our cause” (p. 261).

Sociologist Finkelhor addresses the importance of concise definition and of broad, macro level, sociological research that may be unfamiliar to some psychologists. Nevertheless, Finkelhor’s perspective is valuable and one that is not duplicated in any of the other texts. It is refreshing to learn about the application of Strain Theory and Deterrence Theory in addition to the more familiar theories pertaining to psychopathology, trait theory, biological determinism and parent-child interaction theory as applied to our understanding of child abuse and neglect.

Clinical psychologist, Wolfe, an acknowledged authority who has published much in this area, provides a well-written overview of the adverse effects that can accrue to children who observe violence in their homes and communities. This is an important contribution since the child who observes violence is not immediately seen as a victim of that violence. Wolfe’s summary of the relevant research makes it more difficult to make this mistake.

Sociologist Strauss provides an excellent chapter on physical abuse and finds, again, that family-based treatments and treatments designed to preserve families intact are relatively effective. Strauss also presents evidence that victims of abuse and neglect are not affected uniformly. In other words, some victims are devastated while other victims exhibit little or no long-term effects of earlier abuse. This kind of conclusion has the desirable effect of making it more difficult to form, and use and maintain stereotypes in this field.

Next, social worker Berliner undertakes to critically survey the entire field of child sexual abuse in one chapter. Ordinarily, the fact that this constraint necessarily leads to little more than a cursory overview would be acceptable. However, in our Western culture, the topic of child sexual abuse is so suffused with emotions and political idealism that a cursory presentation, no matter how thoughtful and well-intentioned, runs the risk of being the basis of misunderstanding. In addition to reading such material, I frequently evaluate the literature on child sexual abuse in terms of the number of references to the work of Cornell psychologist Ceci (e.g., 1995), a leader in this field, who has published a massive amount of superb empirical research on the topic of the re-
porting of child sexual abuse allegations. In particular, this book contains one reference to Ceci, an example of what a cursory approach forces an author to do. Ordinarily that might be acceptable but in this area it makes me queasy.

Developmental psychologist Crittenden’s chapter deals with the issue of neglect. Her focus on the nature and effects of sometimes short-changed psychological neglect is particularly good and worth reading. Examining child abuse and neglect from a developmental perspective is both interesting and worthwhile. As a psychologist, it is difficult for me to conceive of such a developmental analysis of a psychological event occurring in the family context without including the foundational contributions of Chess and Thomas (e.g., 1999) who, in classic, data-based, longitudinal studies, have illuminated the importance of taking account of the complex interactions between temperament and family environment relative to the ways we are affected by and cope with traumatic experiences.

In the United States the majority of professionals in the field of child abuse and neglect, particularly those working on the “front lines,” tend to have been trained at a sub-doctoral level, migrating by default into positions involving identifying, treating and otherwise dealing with alleged victims and perpetrators and their families. The three books reviewed here will not substitute for these necessary prerequisites but they will serve to buttress and shore up a trained professional’s or advanced student’s knowledge and awareness of the field.

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HANDBOOK OF PSYCHOTHERAPIES WITH CHILDREN AND FAMILIES. Sandra W. Russ and Thomas H. Ollendick (Eds.). New York: Kluwer Academic/Plenum, 1999, xviii + 584 pp. $120.

Editors Sandra Russ of Case Western Reserve University, Ohio and Thomas Ollendick of Virginia Polytechnic Institute respectively, describe their volume as a “comprehensive overview of the current array of intervention approaches in the child mental health field” (p. xi). They say that their Handbook is both “global” and “comprehensive,” with case studies that manage to combine “population specificity” with the integration of “different theoretical approaches” (p. XI). All contributors were asked to address key issues: including the empirical validation of their chosen approaches, how each of them view the impact of managed care on practice, and the clinical importance of perceived situational and contextual factors in child development. For all of these reasons the claim is that this Handbook is on the cutting edge, a term notoriously overused, of the growing demand for “treatments that work” (p. 8). To put it all in perspective, some 52 seasoned campaigners, psychologists and psychiatrists alike, have produced 29 information packed chapters divided into five parts including: Overview of Issues; Basic Theoretical Approaches; Empirically Validated Applications of Theoretical Approaches to Specific Populations; Integrative Approaches; and Research in Child Psychotherapy.

As Voltaire might have put it in a very different context, in the “best of all possible worlds,” a handbook of psychotherapies should deliver into our hands “treatments that work.” We should expect it to provide useful advice and relevant information about the real practice of our craft. Unfortunately, despite the best of intentions, and its real value in some important respects, this Handbook of Psychotherapies with Children and Families is not the kind of practical tool that working clinicians will find valuable in their day-to-day activities. On the other hand, this book has much to recommend it to clinical students looking for a timely academic reference text. In fact, perhaps its greatest interest and value may be that it provides a glimpse into the chasm that separates theory and practice in contemporary psychotherapy and the differences that distinguish the academy from the clinic.

Part I begins with an historical overview of traditions and trends by the Editors themselves. It is both brief and to the point with just enough information to put this enterprise into a useful context for study and application. The next three chapters also examine issues that are both rele-
vant and important. They cover key developmental themes in child psychotherapy, social and contextual issues in working with children and, finally, an examination of legal and ethical issues in the treatment of children and families. Of the many roadblocks and potholes that clutter the two-way street connecting the classroom and the consulting room one of the more important is the “sensibility” gap that separates most theorists from practitioners. This gap can be clearly seen in these chapters. They are all comprehensive and well referenced in the style of the scholarly tradition; but they lack the immediacy and applicability that most clinicians are looking for. Readers of this Handbook looking for practical strategies, and other clinical nuggets about the application of developmental principles in therapy or guidelines to be followed in determining ethical boundaries in working with children and their families, will find that they are deeply embedded in more turgid veins of academic prose.

Matters only get worse when the subject matter is less directly related to issues of immediate concern to working clinicians. This can be clearly seen in Part II of the Handbook, devoted to a perfunctory examination of the “major theoretical approaches.” Certainly, in a contemporary scholarly text, academic protocols and clinical objectivity demand representative overviews of major schools of psychotherapy. We would expect, and appreciate, essays that clearly differentiate the intellectual and historical foundations of one school and one theorist from another. All too often, a practical guide for working clinicians with intellectual aspirations results in a bewildering lack of focus. I found that many of the essays in Part II pay too much attention to theoretical arguments and intellectual pedigrees rather than useful information of practical significance for the clinician. Readers of this Journal are likely to experience great frustration with the lack of understanding and respect found in many of these essays for the complexities of most clinical encounters.

Thus when Peter Fonagy, of London’s renowned Anna Freud Centre, writes that “effective interventions” with children are “surprisingly simple” it belies what clinicians know, all too well, about just how difficult working with children can be. It is easy enough to be told glibly that our job is to “enhance reflectivity” through “the observation and verbalization of a child’s feelings”; but how this is done remains unexplained. We all agree that we must strive to create behavioral control by “channeling . . . impulses in socially appropriate ways.” However such theory-driven dicta do little to illuminate that combination of artistry, inspiration, and patience which is so much of what working with children requires. Certainly, few would argue with the statement that one goal of
therapy is to teach the child “to play first with him or herself, then others
and finally with feelings and ideas as a way of developing other-regarding
thoughts and behaviors” (p. 100). However, evocative language is a
poor substitute for the practical suggestions, reassurances, and strategic
options that clinicians need to learn in order to practice their craft effectively.

Other theory-driven contributions to this volume do not fare much
better. Nichols’ lackluster and uninspired chapter “Family Systems
Theory” contains little that will be of use to working clinicians. Practical
advice is lost in a morass of obscure discussion of the theoretical under-
pinnings of systems thinking in the history of an evolving psychology.
Similarly, Nichols’ discussion of the relevancy of family therapy in
managed care environments cannot move beyond his concern with the
absence of family diagnoses as a viable alternative to DSM IV’s current
bias. Clinical issues would have been better served by constructive ex-
naminations of the contributions of well-known practitioners, such as
Minuchin and Haley, whose publications and teaching seminars have
had and continue to have real impact on clinical practice.

Matters are only made worse when other contributors attempt to do
little more than graft such words as “child” and “family” on to their fa-
vorite constructs to make them relevant to the declared purposes of this
Handbook. The chapter by Gaylin titled “Client-Centered Child and
Family Therapy,” is a good example of a bad habit. It is never made
clear exactly how, or why, different forms of family therapy are to be
distinguished one from the other, nor does it seem to matter either to the
Editors or contributors. Moreover, readers may question the real effi-
cacy and conceptual integrity of the client centered approach after
learning that it is based entirely, according to Gaylin, on the unrefutable
truth of “self-actualization” (p. 108). They may also wonder about the
importance of scientific standards to this approach after reading that in
the “client-centered framework, the concepts assessment, diagnosis,
and case formulation are irrelevant” (p. 109). We can only wonder
whether such statements escaped the notice of the Editors or were
deemed somehow to satisfy their own commitment to the empirical val-
ification of the works of their contributors.

Some of the other contributions to Part II actually traverse the pas-
sage from the ivy tower to the clinician’s office in much better shape. In
this respect, McMahon’s chapter on Parent Training, and Hudson’s
chapter on Behavioral Analysis are especially noteworthy. The former
is a model of clarity and ease of presentation about a topic whose impact
on the lives and welfare of children and families is clear. McMahon also
includes a welcome discussion of predictor variables in working with
children for treatment effectiveness, useful not only in choosing who would benefit from treatment but also in evaluating when, and why, treatments do not work and what might be done to improve the odds for success. Similarly, Hudson’s exposition of the mechanics of behavioral analysis and the many contributions of behavior therapy in working with children is both clear and accessible. I can certainly imagine a clinician consulting this chapter either to refresh his or her memory about the range of available options or to make sure that a behavioral analysis is preferable and conceptually sound.

Kendall’s chapter, Cognitive-Behavioral Therapy, clearly distinguishable from Hudson’s contribution, succeeds in calling attention to the impressive data supporting the clinical effectiveness of Kendall’s approach to the treatment of anxiety and other mood disorders. However, despite this Handbook’s expressed interest in integrated approaches, Kendall’s overview does not seem to pay enough attention to the effects of therapeutic alliance, motivational states, client self-observation and the like. Over and over again, these so called “non-specific variables” keep appearing as powerful predictors of positive outcomes in treatment. Marsha Linehan, for one, has written about all of these, and her innovative model, dialectical behavior therapy, is now being applied to children and adolescents as well as to adults. Unfortunately, Kendall’s presentation relies heavily on more traditional clinical research studies that are probably better known to the academic community than to clinicians. As a result, I believe he has overlooked some important clinical ideas and approaches that his readers might otherwise have appreciated.

In the final chapter of Part II, Pharmacological Approaches, Singh and Ellis do little to make their chapter relevant and meaningful to non-medical clinicians working with children and adolescents. To begin with, the use of more familiar brand names for medications rather than generic ones and more detailed discussions of side-effects on children would have been helpful. And, because non-medical therapists are often expected to monitor medication regimens and encourage informed compliance, a discussion of treatment combinations and alternative choices when medication regimens seem ineffective might have helped. At a more fundamental level this chapter never addressed any of the developmental or neurological issues that come into play when prescribing powerful psychotropic medications for children or adolescents. A report on outcome studies in this area, or even a report on the absence of such studies, and what that might mean, would have been welcomed. Given this lack of interest in such matters it is not surprising
to see little awareness of the hazards of widespread medication use among the very young and the common practice of using adult pharmacological interventions with children, particularly with regard to the treatment of mood disorders.

Clinicians may have good reason to expect to fare better in Part III, devoted to “empirically validated” applications, but they are likely to be disappointed again by at least some of what they find. For example, Messer and Warren give a spirited account of their well-known psychodynamic approach to the treatment of childhood anxiety. However, almost immediately, once again they reveal their polemic intentions by asserting “that much of the psychotherapy conducted with children is either psychodynamic in origin or substantially influenced by psychoanalytic ideas” (p. 219). Given this “fact” it is not surprising that Messer and Warren go on to assure the reader that their model is so powerful that it can be successfully applied not only to the anxious child but also to the depressed or conduct disordered child! Regrettably, their evidence for this claim is less certain.

Apparently, all of this clinical power will be available to all that need it; provided that they meet selection criteria originally developed in the adult psychoanalytic literature. Apparently, clinicians wanting to conduct brief psychodynamic therapy with children would be advised to limit themselves to patients without serious character deficits who are able to establish therapeutic alliances, and able to benefit from the challenges and potential benefits of working with externally imposed termination dates. Unfortunately, these criteria are as irrelevant to the realities of present day child-adolescent behavioral health-care services in an era of scarce resources as they are to adult services. The reality is that episodes of care are shorter and our clients are likely to be more disturbed, than ever before. Models of therapy that do not take these things into account will be seen as irrelevant at best, and possibly even hurtful, both to the morale of the clinician and the well-being of the child. In this regard I am reminded of the clinician in a large metropolitan public hospital complaining bitterly that her inner-city patients needed the kind of dynamically oriented treatment in which she was trained as much as they needed French lessons!

In all fairness to Warren and Messer, they do acknowledge that the psychodynamic model has changed over time to meet new clinical realities, with some surprising results. Thus, Messer and Warren say that to treat children successfully in brief therapy requires a shift from expressive and interpretive models to more supportive techniques, and then some! In fact, therapist warmth, empathy, and accessibility must be combined with “an increased reliance on non-psychodynamic interventions . . . such as education, counseling, modeling, and encouragement” (p. 230). Given everything else they have said this is quite an admission
on their part! We can only applaud their candor but wonder at their allegiance to their theory-driven model of care. In the final analysis—to use a cliche—it would seem that to bring together clinical sense and common sense successfully requires more reality-driven practice and less theory-driven technique.

Other contributions to Part III include Family Therapy with Eating Disordered Adolescents, something called Parent-Child Interaction Therapy with oppositional children and a chapter describing the pharmacotherapy of pediatric anxiety disorders. Somewhat to my surprise, I found that such chapters have more to recommend them to working clinicians than I had encountered in the Handbook up to that point. I liked Robin and Siegel’s discussion of the phases of treatment in their behavioral family therapy with an anorexic girl and her family. It was especially helpful to have the detailed descriptions of which tasks are best likely to be introduced at which points in time. Apprentice clinicians and seasoned veterans alike can always find something of value in these sorts of practical accounts of what good clinicians find works for them. In Rayfield et al.’s Parent-Child Interaction Therapy, detailed descriptions of actual procedures, such as verbatim scripts of what parents can say as they reinforce child behaviors, were all very helpful. They exemplify the kind of action-oriented documents that are likely to impact on day-to-day practice. Similarly, in Kratochwil et al.’s chapter there is a reasoned and judicious argument about the use of various pharmacological agents with children. Kratochwil et al. are to be commended for the useful charts and tables that provide further information about various agents currently available; what their generic and trade names are and what treatments are available for using them. Especially noteworthy is their admonition that “most clinicians treating anxious children and adolescents should begin with cognitive behavior therapy, which has considerably more support than pharmacotherapy” (p. 360).

Again, this research finding is important in light of what has become a growing concern over the use, and possibly over-use, of psychotropic drugs with children. It may turn out that some combination of psychosocial and/or therapeutic treatments along with psychotropic medications is ideal for a plurality of the children seen in clinics and consulting rooms. It may also be that those researchers and clinicians most involved with the use and promotion of psychotropic medication for children must renew their efforts to further refine assessment procedures and diagnostic categories to insure the very best treatment regimens available. Unfortunately, these are concerns and issues that were not prominent enough in the thinking of either the Handbook’s Editors or the writings of their many contributors.

In Part IV the contributors were asked to make explicit attempts to present integrated models of treatment. Included here are chapters on...
cognitive-behavioral play therapy, something called “multisystemic therapy” whatever this may mean, and other chapters on ecological perspectives with special reference to prevention, treating children with chronic illness and ecologically sound school-based approaches to dealing with aggressive behaviors. These chapters raise highly relevant issues that clinicians are likely to find of interest. Many are heavily referenced and read like chapters from dissertations. As such, in my opinion, these features are likely to diminish the potential effectiveness of these chapters in the day to day practices of clinicians. For example, Quiark’s scholarly but overly lengthy introductory chapter to this section is likely to be of more interest to academics and of less interest and use to clinicians. This is unfortunate, since it also raises interesting questions about the inevitable “mixing and matching” of interventions that go on in real life clinical practice. Of greater practical value is Knell’s presentation of a model of cognitive-behavioral play therapy, notable for its clear explication of the phases of cognitive behavioral treatment, the integration of child and family interventions, and detailed examples of actual clinical materials from the course of treatment of a four-year-old girl. Other chapters of note include an interesting account of recent work in the area of chronic physical illness based largely on behaviorally based interventions.

Recognizing the undeniable impact of managed care which will be with us in one form or another for the foreseeable future, the Editors asked all contributors to comment on the ways in which both theory and practice are likely to be affected by the present-day environment of scarcity and limited resources. Unfortunately, most of the managed care sections of this Handbook have little substance to them at all. Virtually all the contributors fail to give the reader a sense that they had anything more than a nodding acquaintance with what is really going on today in clinics and consulting rooms across this country in the aftermath of continuing reduced sessions, external monitoring, and escalating cost-cutting. This is particularly unfortunate: we are in need of research paradigms that can reveal to us what effective practitioners actually do in the face of these challenges and which patients, under which circumstances, are likely to benefit most from treatment.

In the end then, we are still left with the timely question of how practicing psychotherapists can discover treatments that work: how can they identify them, choose them, and learn to practice them? In a recent issue of the Journal of Clinical Psychology, Alvin Maher of the University of Ottawa has written that a “a dismally small proportion of psychotherapy research has even come close to discovering how to do in-session work” (p. 23). He suggests that we will only uncover “the secrets of psychotherapy” by “discovery oriented research that is of practical relevance to the in-session working practitioner.” In this way, argues
Maher, we will learn how to do “more new and better things in psychotherapy in more new and better ways.” In this sense the Editors of this Handbook are to be commended for identifying the “right” goals. And some of the contributors are to be commended for getting some of the spadework done well. Accordingly, graduate students in professional psychology interested in gaining an understanding of the broad range of treatment models available today, as well as younger practitioners in need of a greater appreciation of some of the complexities of practice (as opposed to theory) will find this Handbook useful. However, the working clinician will still have to search more selectively within this Handbook for useful tools. To sum up, this encyclopedic text is a notable achievement of scholarly labor and, despite its limitations, Editors Russ and Ollendick have managed to put it all together. Despite the limitations noted in this review, the price of the text ($120) is not excessive for what you get in its closely packed 584 pages. It should be in every professional and university library. The Handbook of Psychotherapies with Children and Families is a fine beginning, but make no mistake; there is much work left to be done along the road between clinic and academy in the service of the children and families who need and deserve the very best we have to offer them.

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COMMUNICATION-BASED INTERVENTION FOR PROBLEM BEHAVIOR: A USER’S GUIDE FOR PRODUCING POSITIVE CHANGE. Edward G. Carr, Len Levin, Gene McConnachie, Jane I. Carlson, Duane C. Kemp and Christopher E. Smith. Baltimore: Paul H. Brookes Publishing Co., 2000, xxiii + 251 pp. $29.95.

In the seventies, behavioral technology reached a point where it became a potent tool for therapists working with developmentally disabled individuals with severe behavioral handicaps. Early leaders in our field, such as Ivar Lovaas and Dan O’Leary, utilized Behavior Ther-
apy (BT) with Autistic and Mentally Deficient individuals with seemingly dramatic results. Major disturbances and related handicapping conditions were thought to be, at best, approachable, and with minimal success, only through extensive and impractical psychoanalytic treatment. A few early behavioral clinicians and researchers found that individuals with pervasive developmental disabilities could respond to learning theory principles. There was an explosion of research during the mid to late 70s with a resulting leap of procedural efficacy in the use of BT with special populations. This User’s Guide is a contemporary extension of that tradition. The publisher, Brookes Publishing Company, specializes in disseminating resources targeted to special needs populations and has been doing so for the last 22 years.

Carr, the first author and prime mover of the book, is a Senior Professor of Psychology at Stony Brook, the State University of New York and research scientist at the Developmental Disabilities Institute of Long Island. Renowned for his numerous substantive contributions, he has contributed greatly to the field of developmental disabilities for over a quarter of a century. The other contributors, associated with either Stony Brook or the Developmental Institute, or both, contribute their own additional expertise to this Handbook.

As the book’s title clearly states, this is a user’s guide. It is not a book to curl up with in front of the fireplace and read casually for pleasure alone. It is meant for a select audience, those primarily working with autistic, developmentally disabled clients and patients in settings such as schools, group homes or related specialized treatment centers. The book does not require other than basic understanding of behavioral principles, as their development is the heart of the book. If you are a professor or instructor using this as a main text or for training purposes having more than a basic familiarity would be helpful. This is a very good book for staff training and for psychologists and other mental health workers searching for a rigorous grounding in behavioral methodology and technology. It is not easy reading. Fortunately, it is replete with examples and takes care to explain clearly and exemplify each point. One of the more positive aspects of the text is its humanistic regard for those at whom this technology is aimed. The authors re-frame “deviant” behavior as learned behavior, serving a function often used in place of more effective communication and maintained by faculty exchange with the supporting environment. Seeing the behaviors as externally maintained, rather than as indications of internal deviance, is a kinder way of perceiving those with behavioral and developmental disabilities. In true behavioral tradition, the determinants of the behavior, both
antecedent and consequent, need to be analyzed and corrected through relearning. Thus the book stresses thinking about deviant behaviors as faulty communication, best managed by training through alternative, more adaptive communication. Thinking in terms of enhancing behavioral deficits, rather than punishing behavioral excesses, is in line with contemporary behavioral philosophy.

Written in a systematic and straightforward manner, the reader is taken through a step-by-step plan for behavioral analysis, verification and intervention with a view to development of more effective and appropriate behaviors. Concepts such as identifying discriminative stimuli, scheduling of reinforcement, shaping, fading, generalization, maintenance planning as well as other behavioral basics, are well covered. The text is full of examples and is very methodical in its skills presentation and development. The epilogue, presented as a timely bibliography of resource materials, is thorough, organized to coincide with the development of the chapters in the book. Chapters unfold on crisis management; the purposeful nature of the problem behavior; functional assessment, focusing on description, categorization and verification; building rapport; choosing communication forms; creating an appropriate context for communication and creating communication opportunities; building tolerance for delay of reinforcement; embedding; providing choice; generalization; maintenance and more. By this point the fundamentals of behavioral management are well covered and exemplified. One of the “selling points” of this text each principle offers many examples, both graphic and narrative.

We are walked through the types of analysis used by Carr and the others at the Developmental Disabilities Institute of Long Island, a compilation of the actual procedures used there to manage, train and educate, both the students in the program, and the graduate students who work there. We get to see examples of their data collection, evaluation and intervention strategies and, most importantly, verification procedures.

The book is not meant to follow an experimental format, so ABA designs are not the primary interest of the authors. The book, instead, is the end product of their scholarly work and thought, presented as a developed process. An additional resource, sources for related educational approaches, is invaluable for anyone working in an educational arena.

It should be made clear from the start, implied in the book’s title, the target population is the developmentally disabled. While a behavioral approach as presented here is an effective base to use, no matter who the patient, an exclusively behavioral approach without a significant cognitive component will not suffice for all patients. To be fair, the authors do note that this book is meant for behaviors that are maintained by “observable
contingent environmental relationships.” They note that internally based behaviors, such as some impulse control problems and some self-injurious behaviors (as well as behaviors exhibited by higher functioning individuals with some cognitive distortion) do not have the clear operant relationships that represent the interventions this book targets. The Handbook is based on behaviors with observable discriminative stimuli and/or defineable repetitive contingent responses from caregivers or other operants, such as escape or avoidance.

This book is a required resource for training programs dealing with the developmentally disabled. It would be a good “fundamentals” text in an advanced undergraduate or beginning graduate course in behavioral analysis and intervention. Its target is all workers from PhD level psychologist (without a comprehensive background in BT) to carefully selected parents wishing to learn more about basic, yet thorough and rigorous application of behavioral principles to problem behavior. Special educators, behavior specialists, and those in charge of staff development in group homes and other training centers where severe behavioral challenges exist will benefit from careful study of the book. At $29.95 it is an unusually good value. This book organizes and presents, with many well-thought out developed examples at each step, a complete behavioral training and intervention plan. It educates and provides the reader with all the relevant variables needed to provide assessment, management and maintenance of difficult behavior. For those working with the targeted populations and looking for an instructive text, it is highly recommended. For those developmentally disabled individuals who are fortunate enough to have professionals prepared to read and follow its well-presented ideas with care it may be invaluable.

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