

Book Reviews

Michael H. Ebert, M.D., Editor

Lies! Lies!! Lies!!! The Psychology of Deceit

by Charles V. Ford, M.D. Washington, D.C.,
American Psychiatric Press, 1999, 333 pages, \$17.00 (paper).

A compassionate understanding of lying often gets neglected when we become engrossed in our emotional reactions to a lie. Instead of judging lies morally, Dr. Charles Ford attempts to understand them. His book, *Lies! Lies!! Lies!!! The Psychology of Deceit*, is an expansive, provocative work, which spans 14 chapters, 287 pages of text, and 27 pages of references. Each chapter is worthy of a book in itself, yet Dr. Ford manages to distill the major issues in each one.

Setting the stage for his approach, the author begins the book with the chapter "Everybody Lies." Through an expanded concept of lying, we appreciate its ubiquity: people lie in the workplace on job interviews, in advertisements and political speeches, and when seeking sexual gratification. Self-deception, perhaps the most common form of lying, can be seen in the self-aggrandizement of an insecure person, an actor's desperate denial of aging with distorting face-lifts, and the confabulations of a demented person trying to maintain conversational dignity. A useful conception of self-deception is offered by the author: maintaining one idea in consciousness while suppressing another conflicting idea. Much psychotherapeutic work addresses self-deception.

In an eloquent journey, the author takes us through many roads that lead to deception and self-deception. Where is deceit observed in other species? What evolutionary pressures select for deceit? How can cognitive deficits and brain dysfunction predispose someone to lie? Do stable cognitive variations in personality disorders predispose certain patients to distort reality ("the truth")? How can culture affect one's attitudes toward lying? How accurately can we detect lies, and what techniques are there to do so? What therapeutic interventions can help treat patients who lie?

One fascinating chapter explores developmental issues leading to deceit. Lying, the author points out, may be part of normal human development. A child learns the parent is not omniscient nor omnipotent when he or she tells a lie the parent believes. The child, therefore, becomes aware that the parent cannot protect him from everything, and he or she develops more autonomy. One important task of adolescents is to feel how hurtful the truth can be to others. By learning to tell white lies, the adolescent develops more empathy.

How can we help patients who lie? Dr. Ford encourages a broad evaluation of the patient. What neurologic, medical, cultural, family, or intrapsychic issues exist? What psychiatric diagnoses apply to the patient? How can we understand the patient characterologically? Especially pertaining to the latter, the author encourages us to use lies in the same manner we might work with dreams or fantasies. He encourages us, most of all, to maintain therapeutic neutrality.

We can always find things we wish were included in a book. As reviewer, I'll exercise my prerogative to wish for a second edition with a much longer discussion of how we lie about our mortality. In addition, Karen Horney's work was omitted. She has written about the idealized self in a way that expands upon the author's elaboration of the personal myth.

Lies! Lies!! Lies!!! The Psychology of Deceit is a masterful, important book. I would heartily recommend it to people at any stage of learning and to anyone interested in how we all participate in deception. As the author quotes Arnold Goldberg, "Lying has its normative functions as well as its pathology and so does telling the truth."

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Bad Men Do What Good Men Dream: A Forensic Psychiatrist Illuminates the Darker Side of Human Behavior

by Robert I. Simon, M.D. Washington, D.C.,
American Psychiatric Press, 1999, 362 pages, \$17.00 (paper).

Dr. Simon has written a splendid book that explores the dark corner of the human soul. Dr. Simon is a respected forensic psychiatrist who draws on his extensive experience evaluating and treating ordinary people, people who have committed heinous crimes, and people who have been victims of crimes. His style is lively and engaging and easily accessible for the educated layperson. Dr. Simon helps us understand how Jeffrey Dahmer could cannibalize other humans and how Rev. Jim Jones could set in motion events that would lead to the mass suicide of hundreds of people. However, Dr. Simon does not pretend to have a complete understanding of what drives the Ted Bundys of the world; he is humble as he tries to explain the incomprehensible human tragedy of a serial killer such as Bundy. There is much empathy conveyed for the darker side of the human condition discussed in his writing, and Dr. Simon does not sit in judgment. He repeatedly makes the point that most men and women may have aggressive, violent, and criminal impulses periodically throughout their lives. Fortunately, he says, few among us act on those impulses.

Dr. Simon's book is divided into 12 chapters. Each of the chapters, except the first and last, covers a single theme, such as psychopaths, stalkers, or rapists. The first chapter provides an overview of crime and crime statistics for this country, and the last chapter pulls together themes developed throughout the book. An example of one of his chapters is "Killer Cults: From Apocalypse Now to Satanic Worship," in which he talks about the Branch Davidians in Waco, Texas, and the People's Temple

in Jonestown, Guyana; defines cults and contrasts them with conventional religions; describes research that has explored who joins a cult and why; and describes the recruitment practices of cults such as the Unification Church. Most importantly, he attempts to describe the psychological makeup of cult leaders such as David Koresh of the Branch Davidians and Rev. Jim Jones of the People's Temple. In this chapter, he touches on recovered memories of satanic ritual abuse, a topic that he develops more fully in the chapters that follow on multiple personality disorder and recovered memories. Other topics include psychological autopsies, sexual misconduct between doctors and patients, workplace violence, and serial sexual killers. At the end of the book is a useful bibliography, which lists the sources he refers to in his text. The bibliography is a good starting place for further reading on the subjects Dr. Simon develops in his book. He also provides a comprehensive index.

Dr. Simon has written an intelligent and absorbing book. It is an excellent resource for an understanding of some of the more sensational crimes of the 20th century.

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Memory, Trauma Treatment, and the Law

by Daniel Brown, Ph.D.; Alan W. Schefflin, J.D.;
and D. Corydon Hammond, Ph.D. New York, N.Y.,
W. W. Norton & Company, 1998, 786 pages, \$100.00.

If you want to destroy the tone of polite conversation at a dinner party, innocently ask whether psychotherapists are ever irresponsible when they encourage their clients to think about and remember bad things that happened to them during childhood. You are sure to provoke a heated debate among the dinner guests. At one end of the table will be a believer, an individual who knows from personal experience—as either a therapist or a patient—that a traumatized child can forget and later accurately remember the trauma. At the other end of the table will be a skeptic, who believes that most recovered memories are fictitious and caused by therapeutic suggestions. This argument among the dinner guests is part of a national debate, involving clinicians, researchers, patients, patient advocacy groups, politicians, legal professionals, and the media, that started in the 1990s and continues today.

The authors of *Memory, Trauma Treatment, and the Law* have provided a service for anyone who wants to participate in this debate. Brown, Schefflin, and Hammond have created a comprehensive account of the major issues in this controversy: the history, the pros, the cons, the arguments, the rebuttals, and the counter-rebuttals. The chapters are organized logically, and each one reviews a specific topic in detail, for example, "Trauma Memory," "Misinformation Suggestibility," "Trauma Treatment and the Standard of Care," and "Suing Therapists." The 62 pages of references allow the reader to arrive at his or her own conclusions by reading original source material.

The authors try to be evenhanded in their discussion, but it is clear that every person who opens his or her mouth in this conversation is going to have a point of view and an agenda that may interfere with total objectivity. A typical chapter in this book consists of the presentation of several or many aspects of an issue followed by the authors' own conclusions. This is a good approach, even if one does not agree with the conclusions. Consider the chapter on "Trauma Memory." This chapter sum-

marizes the research on disaster studies, combat studies, prisoner and torture studies, memory of the Holocaust, memory of violent crime, adult memory of childhood physical abuse, adult memory of childhood sexual abuse, the process of memory recovery, the accuracy of recovered trauma memories, and studies on amnesia for childhood sexual abuse. And finally, some of the authors' conclusions include

- that most people "always remember the trauma, often vividly and accompanied by intrusive reexperiencing symptoms" (p. 198)
- that fewer people "are amnesic for the trauma for some period of their lives and may or may not later recover the memory" (p. 198)
- that "it is difficult to distinguish genuine traumatic amnesia from denial" (p. 199)
- that there is no consensus on the mechanism (such as repression, dissociation, and normal forgetting) by which trauma-specific amnesia occurs

Most practitioners would accept these conclusions and consider them to be mainstream opinions.

Another example is the last chapter in the book, "Hypnosis and the Law." The authors review the court cases that have addressed whether hypnotically refreshed testimony can be admitted as evidence. There was a time when hypnotically refreshed recollections were always admissible, subject to the right of the adversary to discredit them by cross-examination. Because of concern about posthypnotic recall, some states adopted a restrictive rule that hypnotically refreshed recollection could be introduced only if the hypnotist had followed a very strict protocol to avoid contamination. As time went on, the majority of courts adopted an even stricter approach, the per se exclusion of hypnotically refreshed memories. That is, currently in most jurisdictions a victim or witness who has been hypnotized cannot testify about anything remembered during or after hypnosis. The authors of this book disagree with the per se exclusion of hypnotically enhanced memories. They conclude that "when properly used, hypnosis can assist in the retrieval of accurate memories otherwise inaccessible" and that "hypnosis is no more suggestive, contaminating, or unreliable than other methods of memory retrieval" (p. 673). Most practitioners would not consider this to be a mainstream opinion, but one that drifts toward belief in recovered memories and away from skepticism. Readers will find this chapter and the rest of the book very informative, even if they disagree with some of the authors' conclusions.

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Child Therapy Concepts, Strategies, and Decision Making

by Jerry M. Lewis III, M.D., and Mark J. Blotcky, M.D. New
York, N.Y., Brunner/Mazel, 1997, 223 pages, \$31.95 (paper).

This book addresses the importance of psychotherapy in children during an era in which there is a trend away from such an emphasis. It is written to target mental health professionals who are learning the concepts of child therapy and provides a useful overview of the field's basic principles. The authors present information both historically and in the context of present day medicine.

The initial section is devoted to a discussion of the meaning of child therapy, focusing both on history of the evolution of the

concepts and the basic principles of child therapy. Lewis and Blotcky remind us that children must be assessed developmentally. A child's stage of development affects his or her interaction with the environment, which in turn affects the process of therapy with that child. The type of psychopathology also affects therapy with children. According to the authors, a therapist must consider multiple forces that affect children, both internal and external.

Another section addresses clinical issues that must be considered when working with children in therapy. The focus on the developmental stage of the child is again emphasized, as well as the stage of family development. Therapy is considered a process that includes assessment of the child and the family, followed by the development of a therapeutic alliance between child and therapist. The authors then consider specific situations that may complicate the clinical process, including the impact of managed care and the impact of combining medication with psychotherapy.

The text then addresses specific types of therapies available for working with children. This section provides a general overview of available techniques; the inquiring student can use this overview as a guide to more comprehensive information. Lewis and Blotcky remind the reader that the many techniques available must be adapted to meet the needs of the child being treated. The presenting complaint, the family's financial resources, the family dynamics, the emotional resources of the family and the child, and the cognitive abilities of the child all must be considered.

Final chapters are devoted to a discussion of both efficacy of child therapy and special considerations in working with children. The impact of legal issues such as child abuse is considered as it relates to the therapy process. The need for research exploring efficacy, as well as the barriers to such research, is noted.

The book is a useful text for students of child therapy. It provides a nice introduction to the concepts of therapy as well as a clear acknowledgment of the importance of child therapy. At the same time, it acknowledges forces in society that impede the process of child therapy. Lewis and Blotcky emphasize the importance of knowing the child's developmental stage, affirming the necessity of understanding a child in the context of his or her life.

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ChIPS: Children's Interview for Psychiatric Syndromes

by *Elizabeth B. Weller, M.D.*; *Ronald A. Weller, M.D.*; *Marijo Teare Rooney, Ph.D.*; and *Mary A. Fristad, Ph.D.*
Washington, D.C., American Psychiatric Press, 1999,
116 pages, \$115.00 (kit).

The authors provide an excellent package of materials that includes an administration manual (56 pages) for the Children's Interview for Psychiatric Syndromes (ChIPS) child version (30 pages) and P-ChIPS (30 pages) parent version in the form of a spiral-bound manual with laminated pages that could be used repeatedly, along with score forms and optional report forms that could be used in lieu of the interview manuals.

The interview is extremely user friendly. Administration takes less than 50 minutes for an inpatient, 40 minutes for an outpatient, and around 20 minutes for community-based patient controls. This administration time is a huge advantage given that a popular instrument, the Children's version of the Schedule for

Affective Disorders and Schizophrenia (Kiddie-SADS), would take 2½ hours to administer to a psychiatric patient.

The child version of the ChIPS enjoys a sensitivity of 70% with specificity of 84% in the DSM-IV version. The P-ChIPS was validated against the DSM-III-R and was tested on inpatients and outpatients. It has a sensitivity of 87% and specificity of 76%.

The key advantages of the interview are primarily clinical; it proceeds from less-threatening questions to more-threatening ones and starts with common disorders and then moves to less common disorders, unlike the structure of listing in DSM-IV. The questions are in an easy format, understandable, and age-appropriate. It could be administered by lay interviewers as well as clinicians. There is a provision to exercise clinical judgment in the initial part of the interview, in which "presenting complaints" are gathered. Clinical judgment needs to be exercised also while branching into asking further questions toward a particular diagnosis. The interview also has a provision for indicating the severity and duration of the disorders and the impairment caused.

This instrument covers 20 common diagnoses. A limitation is that it cannot diagnose those remote disorders with low base rates. In other words, it would have zero sensitivity for disorders such as gender identity disorder. The authors recommend it not to be used for those with an IQ below 70, since such subjects were not included in the reliability and validity studies.

Overall, it is a succinct diagnostic interview that is easy to use by both the researchers and clinicians alike. It is the most user-friendly interview that we know. We recommend it highly to use on a regular basis in pediatric and child psychiatry clinics. It is an excellent teaching tool for psychology interns and child psychiatry fellows as they master diagnosis and assessment in child psychiatry.

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Obsessive-Compulsive and Related Disorders in Adults: A Comprehensive Clinical Guide

by *Lorin M. Koran, M.D.* New York, N.Y.,
Cambridge University Press, 1999, 369 pages, \$59.95.

This book is truly cause for giving thanks, and, appropriately, this review is being written after a wonderful Thanksgiving meal, with serotonin levels high on Aunt Betty's superb turkey. I can't find any real gripe or even a quibble to focus on, and it's not just because my plasma tryptophan levels are up. Koran has accomplished a phenomenal state-of-the-art compilation of current knowledge in obsessive-compulsive disorder (OCD) and related disorders. The author clearly and concisely presents a master's view of diagnosis, psychotherapy, and psychopharmacology for a set of common but difficult pathologies. The tone and utility remind me of the more general, spiral-bound volumes by Schatzberg and Cole that are a benchmark for clinical psychopharmacology. Koran's monograph at least matches, and in many ways surpasses, their work, especially in practical discussions of therapy issues. This is very high praise.

Sections divide the book, providing first a beautiful introduction labeled "The Clinical Perspective." This 30-plus-page segment sets the stage by describing important clinical skills for listening and for being a knowledgeable interviewer, and

also for reaching out as one human to help another. Part II is dedicated to OCD, and Part III reviews 12 related topics in individual chapters: Tourette's syndrome, body dysmorphic disorder, hypochondriasis, pathological jealousy, trichotillomania, skin picking, nail biting, compulsive buying, kleptomania, pathological gambling, nonparaphilic sexual disorders, and obsessive-compulsive personality disorder. In each chapter, Koran spells out specific clinical issues and ways of addressing them, describing the less frequently seen disorders with an ease and knowledge base suggesting that the author has treated thousands of each type. Finally! A frank, open guide to managing treatment! No complexity is evaded, and crystalline diagnostic and treatment pearls are brought out. Research findings are integrated thoughtfully as applicable to clinical diagnosis and treatment. The material is highly current, without overemphasis on purely theoretical issues. Citation of current research in each category draws references as recent as 1998, reflecting a rapid, efficient press process. The appendices give priceless listings of useful community resources, rating scales, and international drug names.

Detailed discussions of specific recommendations for treatment of comorbid disorders are a special pleasure to read. The section on major depressive disorder as it accompanies OCD could serve as a model for our professional treatment guidelines for depression. Using the first person and a readable voice, Koran gives insightful advice on navigating the rockiest shoals of the therapeutic sea. There is no pontificating—it is clear that these are suggestions, and they are all excellent. The author needn't be so humble. The clinical questions I need answered when I go to look something up are answered here. This book is an excellent practice manual for residents, community practitioners, and academicians, even for one claiming special knowledge in these areas. Koran has achieved mastery, and now shares those skills. I highly recommend this book to all practitioners as a primary resource to guide treatment for OCD and related disorders.

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Mental Health Outcome Evaluation

by David C. Speer, Ph.D. New York, N.Y., Academic Press, 1998, 118 pages, \$34.95.

This slim volume packs a lot of information and insight into its 118 pages. The book is designed to help nonscientists understand the need for outcome measurement and evaluation. Its nontechnical approach should help administrators, policy makers, and funders make decisions about how to measure the outcomes of their mental health services.

Speer correctly alerts the reader to the practical problems of the mental health field. He notes that, while there is substantial evidence that psychotherapy works in laboratory studies, there is insufficient evidence that it is effective in real-world settings. That fact, plus the general impression that all therapies appear to be equally effective, has led to a lack of confidence in the effectiveness of mental health services by funders and other policy makers. The lack of evidence demonstrating the effectiveness of mental health services has led to a great deal of doubt as to the future of these services. Speer believes that the evaluation of the outcomes of services is instrumental in establishing the credibility of the field.

However, Speer notes that traditional evaluation approaches, with an emphasis on the randomized experiment, are not feasible approaches to the evaluation of outcomes in community settings. Further, there is a dearth of experienced researchers and evaluators who know how to evaluate community services.

In his second chapter, Speer emphasizes the need to be practical in measuring outcomes. He emphasizes that the primary purpose of outcome measurement in his approach is not the creation of new knowledge that demonstrates cause and effect relationships or the establishment of conclusive facts. Evaluation in the outcomes context should help make decisions about services. It is understandable for the author to emphasize the practical nature of evaluation and its application in the real world, but it is unfortunate that he has highlighted the contrast between evaluation as a science and evaluation as an aid for decision making. While Speer's criticism of laboratory research as lacking in external validity or generalizability is well taken, contrasting science and practice is unhelpful. If the outcome data are lacking in validity, then it will be difficult for decision makers to have any confidence in using those data. While Speer is correct in identifying the randomized experiment as only one approach to evaluation, he is somewhat off the mark in identifying that design as representing all scientific approaches to evaluation. The weakness of his argument here is demonstrated by appealing to replication of results in community settings as evidence of validity. If all these settings share a common bias, then replication of results provides little evidence of validity. Speer is in good company in stressing the importance of external validity. This is the same argument made by one of the founders of modern program evaluation, Lee J. Cronbach. Clearly, outcome measurement needs to be applicable to real-world settings, but it is far from conclusive that it must also give up some of its important scientific heritage. I do think that Speer would agree, but he has taken this approach to emphasize external validity.

In chapter 3, the author instructs the reader how to tell if the service is working. He points out the need for a comparison to study change. This chapter is a very brief and useful introduction to evaluation or research design. Speer adds to traditional approaches by discussing how to obtain comparison groups in community settings. While he fails to make the distinction between monitoring and evaluation simply by including the need for comparisons, he implicitly emphasizes the role of outcome measurement in evaluating the worth or merit of services rather than simple monitoring of them. He notes that randomized experiments may not be feasible and presents an excellent table that compares the advantages and disadvantages of several different evaluation designs. This chapter should prove very helpful to those unfamiliar with design issues.

Chapter 3 also provides a discussion on how change should be measured. Speer points out that there has been difficulty in describing to lay people the effectiveness of services, since presenting changes in values of a scale appears to contribute little information. Speer supplies a recommended method that depends on the Reliable Change Index. This approach has the advantage of providing a standardized way of describing change. By using instruments that have norms, we can determine not only if the change is meaningful but also if the services have moved clients from a dysfunctional to functional status. Throughout the book, the author sensitively notes that his recommendations will be subject to criticisms from methodologists, and his recommendation for how to measure change is one such instance. One of the problems with Speer's recommendation is that it places a major hurdle to demonstrating the effectiveness of services, since the use of categorical outcomes such as *improved* or *not improved* lowers the researcher's ability to detect such changes, being less sensitive or powerful than

continuous results. It is unclear that the clarity of communication is worth this cost. Moreover, the major limitations of measuring change using only 2 points in time fail to be discussed. Our work suggests that there is much to be gained by using multiple timepoints.¹

Chapter 4 provides the reader with guidance on what should be measured. The author notes that most instruments used to measure outcomes were designed for use in research projects rather than community settings. There is a dearth of feasible instruments for adults, children, and adolescents. In spite of the lack of suitable instruments, there appears to be a consensus as to what areas need measurement, namely symptoms, functioning, distress, and global quality of life. Speer also makes a useful distinction between these domains and the domain of satisfaction. He correctly identifies satisfaction as a measure of quality of care rather than outcome. Client satisfaction has been shown to be inconsistently related to the outcomes noted earlier and thus is a poor measure to evaluate the effectiveness of services. In fact, Speer cogently argues that no single measure or single domain should be used to describe the effectiveness of services. He correctly calls for multiple measures and multiple reporters. Speer provides an informative framework for dealing with multiple reporters but fails to deal with the difficult issue of increased complexity and costs associated with this approach. While there is clarity about what domains need to be measured, as noted earlier, there is less consensus about which particular instruments to use. Chapter 5 provides the reader with some concrete suggestions about particular instruments.

In chapter 6, Speer provides a very useful description of some of the problems that one can encounter in implementing an outcome system. Speer confronts some of the tensions created by the trade-offs between feasibility and usefulness on one hand and rigor and scientific quality on the other. Speer takes particular care to point out the limitations of information provided by therapists or mental health providers. These data are subject to significant biases and are generally considered untrustworthy. Moreover, it is common knowledge that clinicians dislike completing rating forms or other measures of outcomes. While Speer gives some suggestions for improving provider ratings, it is doubtful that these suggestions can overcome both the conceptual and logistic problems associated with provider measures. A more difficult problem that confronts all outcome measurement is the problem of attrition or loss of data. While loss of data is to be expected in all outcome evaluations, Speer provides some suggestions for dealing with this problem. He suggests that if outcome measurement is considered to be a regular procedure of the service rather than a special research project, clients will be more likely to complete outcome measures. Another suggestion for reducing attrition is the use of frequent self-administered questionnaires that are very brief. This last point does raise a question that Speer does not address, namely, how often or at what interval outcome measures should be collected. While he notes that outcomes change at different speeds, there is little information to guide the selection of intervals. This is a limitation of the field rather than the book. Speer also addresses the question of when to test the outcomes statistically. While the field lacks hard-and-fast rules, Speer argues that small-scale studies, in which there are few clients, do not have the statistical power (sensitivity) to detect statistical significance and thus such tests should be avoided. Of course this suggestion begs the question and raises an unaddressed issue, which is whether such evaluations should occur in the first place given the unlikelihood that statistical testing will be conducted.

Speer's chapter 7 deals with practical suggestions on how to implement outcome measurement. The reader is advised to be clear whom the evaluation is being conducted for and the type of clients; the chapter provides some helpful suggestions on comparisons that need to be made when there is no control group. Speer suggests that standardized norms can be used to compare groups as well as of other forms of nonequivalent control group designs. However, the reader fails to be cautioned sufficiently that the results from such comparisons may be very difficult or impossible to interpret, because the groups are nonequivalent. The chapter provides a brief description of the practical difficulties of data collection in community settings and offers some suggestions on how to deal with what he sees as one of the most difficult problems, resistance from the clinical staff.

Speer concludes the book by stating that all mental health services organizations need to be concerned about outcomes but that not all can do a good job evaluating outcomes. He notes the need for strong institutional and leadership commitment to measurement and sufficient funding. The book then devotes 2 paragraphs to outcomes management and quality improvement. Speer concludes that this is a very turbulent time for mental health services and the development and testing of outcomes. He cautions the reader that much of the technology for measurement fails to be well tested. He encourages service organizations to participate in the development and testing process. This book takes a very positive view of outcome evaluation. While cautioning the reader that it is not a panacea, Speer is optimistic about the use of outcome measurement. Speer offers many good suggestions and keen insights. Does the book deliver on its promise of assisting the nonresearcher to make decisions about outcome measurement? The book devotes almost no space to the use of outcome evaluation. As noted, there are only 2 paragraphs devoted to the use of outcomes to manage services or to improve quality. While the benefits of outcome evaluation are implied, there are no studies presented that show that outcomes are useful, as opposed just to having the potential to be useful. Although the reader is cautioned that some of the suggestions are controversial, the reader is not exposed to the complexity of implementing them. In the area of utilization of outcomes, simply feeding them back to clinicians is unlikely to have any effect on improving services or outcomes.^{2,3} However, in Speer's defense this is a problem with the field rather than the book. We lack substantial evidence that outcome evaluation can improve services. Thus, the plea to service organizations to work with researchers to improve the technology is an appropriate ending for this book.

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