the understanding of relationships, families, and communities. Some examples of the new approaches described would be collaborative practice, capacity-building, empowerment, community enhancement, prevention, and the development of urban sanctuaries. The program descriptions are generally historically based reviews of what was done in a given setting, why, and how. The point is made that a paradigm shift has already occurred due to the increasing societal focus on prevention, resilience, and recovery, and that clinicians must be alert to these changed expectations if they are to make their practices relevant in a changing world.

As would be expected from so many contributors, the writing styles differ in the various chapters, but the editors have gained some uniformity by asking the authors of the examples of practice to organize their chapters by starting with a description of the need, followed by an outline of the program itself, a critical discussion of the relevant supporting evidence for the practice, lessons learned, and a case example. Both editors are faculty members in schools of social services, and so despite the fact that some authors are from other disciplines, the overall thrust of the book is somewhat social-work focused. Nonetheless, this is a book that would be useful to all mental health professionals who are interested in expanding their understanding of community-based practice. It also could be used as a primary or secondary text in a course on community-oriented social work, systems-based practice, or alternative service delivery systems in mental health. The writing is generally clear, with references at the end of each chapter and an extensive index at the conclusion of the book.

Alan D. Schmetzer, MD
Indiana University School of Medicine,
Indianapolis, Indiana

Juvenile Delinquency. Prevention, Assessment, and Intervention. By K. Heilbrun, N.E.S. Goldstein and R.E. Redding; New York, Oxford University Press: 2005. ISBN 13: 9780195160079; $49.95 (hardcover); 342 pp.

A friend told me this story about his 15-year-old nephew. For some months, Tad (as I'll call him) had been drinking and using drugs, and it had led to a couple of minor encounters with the sheriff in his semi-rural community. This was not a bad youth, but he had drifted as he tried to find his center after his parents' brutal divorce. Tad and several friends with similar problems spent their idle time, that is, nearly all their time, getting high or at least bragging about it. Outside their town's movie palace late one Saturday evening, befuddled by too much beer, Tad impulsively stuck a knife between the ribs of one of those friends, who spent the next several days in intensive care. Tad was arrested and tried as an adult for aggravated assault and attempted murder. At sentencing, his victim, now completely recovered, urged clemency, testifying that the episode was as much his own fault as the defendant's.

How can *Juvenile Delinquency*, a book of theory and research, inform our understanding of Tad's behavior and what should be done about it? As with any other medical problem, we need information about the conditions that spawn juvenile delinquency and those that favor its resolution. Of the 15 chapters, nearly half discuss risk and its assessment. We learn, for example, that mental disorders affect anywhere from 20% to 100% of juvenile offenders (1); that conduct, mood, and substance use disorders and ADHD are among the most common predictors of delinquency; that early onset, active offending in adolescence, and escalating and serious offenses predict later offending (2). An awful lot of this material is less than astonishing, more or less what you'd figure out just staring into the fire. Further, many chapters end with the unsatisfying mantra: we need to know more, more research is needed. For me, there was one real surprise: nowhere in the chapter on the history of juvenile delinquency—indeed, nowhere in the entire volume!—did I find mention of Lee Robins' seminal work, detailed in her elegant classic 40 years old this year, *Deviant Children Grown Up*.

Now, however, things get interesting. Data are accruing that evidence-based rehabilitation programs work. Interventions that target offenders in their environments are especially promising. Even violent offenders are somewhat less likely to reoffend when they participate in specific programs offering cognitive or family therapies (3). However, nothing printed here suggests the efficacy of long-term incarceration; indeed, the evidence seems increasingly to indicate the counter-rehabilitative effects of giving adult-like sentences to juveniles (4). Community-based treatments promise effective interventions for young offenders; the chapter by Sheidow and Henggeler reports a methodology for deciding what works, as well as some results.

For example, in my own state, the Oregon Treatment Foster Care program places juvenile offenders with foster families for 6 to 12 months in lieu of more restrictive residential placement. The kids receive close supervision, consistent limit-setting, consequences for broken rules, support from mentors, and reduced exposure to delinquent peers. Outcome research finds that OTFC results in reduced criminal behavior and incarceration, and at a cost that is a fraction that of traditional group homes. It is one of three programs this chapter describes in detail; in addition, there are brief outlines of congeries of other interventions.

Why, we might (must!) ask, do we impose draconian sentences on adolescents, even children, who therefore often receive punishment traditionally reserved for adults? Highly publicized tales of school violence is one obvious cause. The fact, according to the chapter by Cornell, is that the public has an exaggerated view of the risk of crime at school, fueled by publicity of a few high profile cases. Zero tolerance policies, which once seemed a good idea, are often carried to extremes, such as expelling a 5-year-old for giving a razor blade he had found to a teacher. *Juvenile Delinquency* will remind you of such folly, which often substitutes for real thought about the

problem, and overall provides a good summary of what we know—and don't—in the vast and vexed arena. This book is important for all professionals who work with disturbed juveniles, and I would recommend it for purchase by any library.

In the event, despite the entreaties of his family, his attorney, and his victim, Tad was convicted of attempted murder and will remain in durance vile, probably at least until his 25th birthday. What he will learn there is anybody's guess; mine is that it will involve neither responsible values nor a sustainable trade. And what will we learn from this and countless other examples of zero tolerance run amuck, of family values twisted into a rationale for tossing kids into the slammer, where their plastic, adolescent brains will harden into contours we may not care for? As detailed by Rosado, we need far more than just research; we must get the benefits of that information to the people who use it—physicians and parents, judges and juvenile court officers. When will the messages finally filter out? Juveniles in court need more legal protections than adults, rather than fewer as they have now. They should be evaluated as to whether they actually pose threats to society, as opposed to just making them, and the factors of intelligence, education, and relationship with a supportive adult actually mitigate the risk of future violence.

If the (as I imagine) headline-chasing prosecutor had had the benefit of such training, instead of pursuing a faith-based jurisprudence, who knows—perhaps this young man could have been salvaged. And I might have felt a bit less despairing of a society that now spends billions on retribution, bupkis for rehabilitation.

James Morrison, MD
Portland, Oregon

What Works for Whom? A Critical Review of Psychotherapy Research, 2nd edition. By Anthony Roth and Peter Fonagy. New York, The Guilford Press: 2005; ISBN 1-57230-650-5. $60 (hardcover); 661 pp.

The demand for evidence based decision making in treatment for psychological illness is of interest to patients, clinicians, third party payers and health planners. This volume represents the updated version of the authors' well received book published 10 years ago. The first edition of this book was commissioned by the British National Health Service in its review of psychological services and this edition updates and expands these efforts. Written by Anthony Roth, PhD, Joint Director of the Course in Clinical Psychology at the University College London, and Peter Foray, PhD, FBA, Freud Professor of Psychoanalysis and Director of the Sub-Department of Clinical Health Psychology at UCL, with contributions from Glenys Parry, PhD, FBPsS, Mary Target, PhD and Robert Woods, MA, Msc, psychologists at UCL, it provides a comprehensive evaluation of the many research studies that utilize the major psychotherapeutic approaches to treatment of psychiatric disorders. It also offers references to the addition of pharmacotherapy. The book consists of 17 chapters followed by 114 pages of references and detailed author and subject indices.

The authors begin by using H.H. Strupp's definition of psychotherapy as "an interpersonal process designed to bring about modification of feelings, cognitions, attitudes and behavior which have proved troublesome to the person seeking help from a trained professional." Using this broad definition, they note that there are over 400 therapies. They limit their focus to six major orientations — psychodynamic, behavioral and CBT, interpersonal, supportive and experiential, strategic and system, group and counseling — and define each in detail. The authors limit their review to controlled studies or those based on meta-analyses. The second chapter is devoted to a consideration of research practice and methodology. This chapter sets the tone for the authors' approach to their task by defining what is known about therapy characteristics. They note the difficulties involved in defining research versus clinical subjects, the problem of co-morbidity that is frequent in the latter, the complex interaction between patient and therapist including the expectations and biases of each, defining the experiences of suffering patients who may differ from others with similar diagnoses, and problems of consistency of therapeutic technique even with the use of manuals. These and other obstacles complicate translating research results into practice. There is also the problem of the applicability of some therapies, for example, dynamic/analytic, to classic research methods and the resistance of therapists from some schools to this approach. The authors note that because there are few research papers of some therapies and an abundance for others does not mean that the therapy is ineffective. The authors also caution that there is a difference between efficacy demonstrated in a research population and effectiveness for a particular patient. The uniqueness of each patient and the treatment requirements of those with severe mental illness compound the complexity of translating research results into health policy and reimbursement protocols.

Subsequent chapters deal with the major psychiatric illnesses including major depression, anxiety disorders obsessive-compulsive disorders, post traumatic stress disorder, eating disorders, schizophrenia, personality disorders and sexual dysfunction as well as specific chapters devoted to therapy of children and adolescents and interventions in the elderly. Each chapter begins with definition of the disorder, generally following *DSM IV* criteria, its prevalence and natural course, and a discussion of co-morbidity. This is followed by a review of meta-analyses and controlled studies of therapy approaches, both qualitative and quantitative. When available, studies that compare therapies and augmentation with medication are reviewed. The authors provide detailed critiques and evaluations of studies while noting where research has been inadequate or non-existent, thus providing direction for future studies. Each chapter concludes with a summary of the data described.

It should come as no surprise that majority of studies involve CBT in some form. The authors caution that the