

Book, Video, and Film Reviews

Abrahamson, Patt, and Abrahamson, Jeffrey. *Brain Injury: A Family Tragedy*. Houston, TX: HDI Publishers (1-800/321-7037), 1997, 261 pages, \$19.50 softcover (quantity discounts available).

Reviewed by LeRoy Wm. Nattress, Jr., L 'N' L Resources, Angelus Oaks, CA.

On Sunday, October 25, 1987, Patt Abrahamson's first-born, her husband's namesake, suffered a massive heart attack while mowing his lawn. He was 37 years old, married, the father of two sons, active in his church, studying to be a nurse, an avid jogger, and in apparent good health - having recently 'passed' a complete physical examination. In the time it took to resuscitate him, Gary's brain was deprived of oxygen long enough that, while his physical body recovered, he suffered irreparable brain damage.

Gary, Jr., and his family lived in Kansas. His parents lived on the Upper Peninsula of Michigan.

Brain Injury: A Family Tragedy is the story of a family's pain - of a mother's struggle with the medical, legal, and rehabilitation communities - of a wife's response to the unexpected - of a father's battle with acceptance - of a promise unfulfilled - of the way lives are forced to change - and of how members of a family accept or escape responsibility. This is a case history - one person's journey and the impact the events associated with that journey had on others. Thus, it is a series of reconstructed happenings - impossible to repeat exactly - inappropriate for generalizing beyond this one family.

From the perspective of our *DSQ* readership, the most important portions of this book are those that address the interactions between the medical and other health professionals and Gary, Jr., and his family. Selected parts of the story could be used in teaching professionals to be more caring and responsive in their treatment of patients, especially patients whose behavior is unpredictable - short attention span, perseveration, agitation in unfamiliar surroundings - and whose parents are knowledgeable and demanding.

Three truths arise from this book: (1) healthcare and rehabilitation professionals make promises (real or implied), which patients and their families expect to be fulfilled, without a commitment to follow-through; (2) a mother will always be responsible for her children regardless of their ages or stations in life; and (3) when tragedy strikes, those most affected must become their own advocates.

American Foundation for the Blind. *AFB Directory of Services for Blind and Visually Impaired Persons in the United States and Canada* [CD-ROM/print package]. New York, NY: AFB Press (11 Penn Plaza, Suite 300, New York, NY 10001), 1997, 624 pages, \$149.95 hardcover.

Reviewed by J. Eric Pridmore, Ph.D. Candidate in the Sociology of Religion, Drew University, Madison, NJ.

The twenty-fifth edition of the *AFB Directory* claims to be 'the most important reference and referral resource in the field of blindness and visual impairment' (p. v.). I honestly do not know how accurate a claim this statement is. However, I do think it is fair to claim that this resource is quite useful and provides a wealth of information. It is also fair to claim that it can serve as a vital tool for anyone who is visually impaired or for anyone who works with visually impaired persons.

One significant change to this edition of the *Directory* is that it is published in both print and CD-ROM. This enhancement is important in that it allows persons who are blind or visually impaired to access the resource through computers with adaptive technology. This enhancement is not without its drawbacks, though. First, I noticed that the installation instructions for the CD-ROM were available in regular print only - no Braille or audio instructions were provided. Second, I had some difficulty using the CD-ROM with my adaptive software (screen-reader and screen-magnifier). Finally, although the electronic version of the *Directory* was supposed to be available in large print, I was never able to access this portion of the software. Nevertheless, these difficulties aside, the electronic version was much easier and quicker to use. The simple ability to do a keyword search makes the electronic version a definite enhancement.

The print version of the *Directory* is divided into two primary sections - the United States and Canada. Beyond this division, the *Directory* is laid out in six basic sections. First, there is a short overview of U.S. and Canadian legislative initiatives that have a particular impact on people who are blind or visually impaired. The second section provides a considerable alphabetized subject index divided according to specific categories. The third section is a geographical listing of state and provincial agencies. Further, this geographical listing cross-references state and provincial agencies with appropriate federal agencies and national organizations. Fourth, the *Directory* provides a comprehensive listing of federal agencies and national organizations that provide services and information for blind or visually impaired people. The fifth section is dedicated to manufacturers, distributors, and suppliers of adaptive products and equipment for people who are blind or visually impaired. The final section is an alphabetic index of organizations containing all entries from the book.

Obviously, in any book of this kind, some addresses and phone numbers are incorrect or outdated. However, these kinds of errors seem few and far-between. This resource provides a wealth of relatively easily accessed information.

Burke, William H. *Head Injury Rehabilitation: Developing Social Skills*. Houston, TX: HDI Publishers (1-800/321-7037), 1988, 63 pages, \$9.50 softcover (quantity discounts available).

Reviewed by Patrick J. Devlieger, University of Illinois at Chicago, Department of Disability and Human Development, Chicago, IL.

Head Injury Rehabilitation is a hands-on text that addresses the development of social skills in persons with head injuries. The framework is strictly rehabilitative, and the audience for the volume, professionals. The book provides clear and practical information in three areas, namely social perception, social cognition, and social performance. It also provides sample measurement and documentation tools to record social skills development, and a list of suggested reading. The book has value for professionals interested in hands-on, one-to-one and small group work with persons with head injuries. However, the restorative rehabilitation model is insufficient as a tool that would interest a readership that works from a Disability Studies perspective. The book is framed by the 'problems' that the disabled individual presents, and it addresses solutions to the problem in a client-professional relationship. An update of this ten-year old book is encouraged. It could speak of social skills in the context of human rights, of social and cultural contexts of communication and social behavior, and of environmental modifications; and it could present the perspective and empowerment of the individual with a head injury and his/her family.

Burkett, Elinor. *The Gravest Show on Earth: America in the Age of AIDS*. New York, NY: Picador USA, 1995, 398 pages, \$15.00 softcover.

Reviewed by J. Gary Linn, Ph.D., School of Nursing, Tennessee State University.

The Gravest Show on Earth is an ambitious book; it is a history of the AIDS epidemic in the United States from about 1981 to 1995. Elinor Burkett discusses in seemingly intimate detail the activities and roles of some of the key players during this period: Dr. Robert Gallo, who was credited with the discovery of the human immunodeficiency virus, but who later became embroiled in an international controversy with Dr. Luc Montagnier over the extent of his involvement in the research; Larry Kramer, the Broadway playwright who wrote 'Reports from the Holocaust' and who founded the AIDS activist organization, ACT UP, which protested Burroughs Wellcome pharmaceutical prices, FDA drug regulations, and the lack of participation of persons with AIDS at the 1990 World AIDS Conference; Kimberly Bergalis, the University of Florida student who was the first CDC-documented case of a patient contracting HIV from a health care professional (allegedly, her dentist, Dr. David Acer); and Pedro Zamora, the handsome Cuban-born teenager with AIDS who became a television star on the program, MTV.

Burkett's thesis is that America's failure to effectively treat AIDS and to reduce its spread is the result of 'science run amok, of backroom deals between activists and government bureaucrats, of biotechnology companies manipulating stock prices by manipulating research results' (p. 18). In short,

vain and greedy individuals (i.e., scientists and activists) and corrupt private and public institutions (i.e., drug companies and the National Institutes of Health) have undermined our response to the epidemic. Perhaps the major strengths of this book are its wide scope and fine detail. The text covers pivotal events in research, public policy, and social movements related to AIDS in America over a 15-year period. Furthermore, the individual behaviors (and, in many cases, suggested motivations) of key participants in these macro historical developments are analyzed. However, if this is a history of the first decade and a half of AIDS in the United States, it is at best an unconventional one. A major flaw is the author's failure to adequately document her work. Although quotation marks are placed around individuals' comments reported in the text, we do not know when the interview was done or who the interviewer was. Moreover, no attempt is made to document information on public policy or institutional changes. Granted, a list of sources is given at the end of the book, but no attempt is made to connect these sources with the text. Because of the lack of appropriate documentation, it is impossible to separate fact from Burkett's opinion in the narrative.

Overall, the author's conclusion that our institutional responses to AIDS are a total failure does not stand the test of time. Clearly the benefits of retroviral therapies are being experienced by tens of thousands of persons with AIDS from all social strata and ethnic groups, although we must acknowledge that the benefits are not equally distributed. While the positive effects of prevention programs may be less discernible, the difficulty in reducing risk behavior may have more to do with traditional community sexual norms that block the implementation of AIDS prevention education than the willingness of federal and state governments to support them.

Garfield, Charles, Spring, Cindy, and Ober, Doris. *Sometimes My Heart Goes Numb: Love and Caregiving in a Time of AIDS*. San Diego, CA: Harcourt Brace & Company, 1995, 336 pages, \$13.00 softcover.

Reviewed by J. Gary Linn, Ph.D., School of Nursing, Tennessee State University.

As the AIDS epidemic closes in on the twenty year mark, a large quantitative literature on the psychosocial implications of the caregiver role for the caregiver has been published. (See *AIDS Patient Care*, Vols. 1-3; *Journal of the Association of Nurses in AIDS Care*, Vols. 1-4; *AIDS*, Vols. 1-3; and *AIDS Education and Prevention*, Vols. 1-4.) Yet, there are relatively few good qualitative studies that document the lived experience of the caregiver and provide us with richly-detailed information on the motivations, stresses and strains, and deep personal rewards of providing care and assistance to persons with HIV illness. Charles Garfield's new book on caregiving goes a long way toward filling this void in the qualitative literature. Garfield goes straight to the heart of the matter and answers the question: Who is a caregiver? He concludes that some individuals come to perform this essential role naturally - they are 'born' to be caregivers; while other persons provide for the needs of men and/or women with AIDS as a way of healing their own emotional wounds; and many (perhaps most) who care for those with HIV have these responsibilities thrust on them by circumstances rather than selecting them by choice. (This latter case, where life 'deals up' the role of caregiver, is probably the situation most often documented in other literature on life-threatening chronic illnesses - for example, see *Oncological Nursing*, Vols. 1-4.)

A major strength of this book is its comprehensiveness. Garfield's collection of stories about AIDS caregivers describes the full range of clients' social and physical conditions and caregivers' responses to them. Twenty different case histories are provided, including Danny Castelow, an African-American dancer, who willingly accepts the challenge of working with non-English speaking Asian migrants; Mary Corwin, an African-American mother with HIV, who compassionately helps sex workers from a variety of ethnic groups deal with the medical system; Tom Schiller, a white middle class medical doctor, who always works towards consensus with dying AIDS patients so that the care offered them best meets their emotional and physical needs; Jacinta, an older Roman Catholic nun, who feels that her work with homeless HIV-infected men and women from all backgrounds has deepened her relationship with God.

Unfortunately, what is not included in Garfield's work is information on the failures - caregivers

who are broken by the experience and their patients. We could learn much from their experience also, assuming that a researcher could locate them and that they would be willing to relate their often-painful stories.

Nevertheless, Garfield does give us insightful commentaries at the end of each of his stories on the caregiver skills that each of his exemplary cases provides. Furthermore, in Part Two of this volume, he gives specific clinically-based strategies for coping with the many stresses of caregiving. For many readers, this may be the most helpful part of the book because the author helps us to identify the signs and symptoms of psychic numbing that lead to burnout, or of compassion fatigue that may develop into traumatic stress syndrome. In addition, we are given a practical regime of self-care that should help to restore and maintain the health of people working with persons with AIDS.

Overall, *Sometimes My Heart Goes Numb* is recommended as valuable reading for professionals, family members, volunteers, and clergy helping persons with HIV/AIDS.

Gatchel, Robert, and Turk, Dennis, eds. *Psychological Approaches to Pain Management: A Practitioner's Handbook*. New York, NY: The Guilford Press, 1996, 519 pages, \$50.00 hardcover.

Reviewed by Tanis Doe, Ph.D., Pearson College, Victoria, BC.

Although this book is geared for psychologists, social workers, and practitioners working with patients, it contains useful information for people experiencing pain. As a reviewer, I noticed many coping techniques of which I was not aware as a consumer, and many that might have made my life easier. The book is a collection of edited contributions by psychologists and one psychiatrist, but it is not primarily a medical text. Rather, this is a fairly accessible 'how to help' book and a description of pain management from the perspective of psychological and psychosocial theory. The approaches vary, but all look at the whole person and that person's situation within her/his context of lived experience. It includes discussions of pharmaceutical treatments, opiates and self-medication, and issues of efficacy and control among patients. One of the strengths of the text is the breadth of issues it tackles. From pain among children and the elderly, to cultural and social influences on pain experiences, to occupational pain prevention and treating families, the text is a very thorough examination of the subject.

While the text never pretends or purports that 'pain' is imagined or created by patients, it does describe in several chapters how different experiences of pain are mediated by cognitive and cultural processes. It also describes how ineffective most measures of pain are (and how it is a truly subjective experience). One of the more controversial topics is the comorbidity issue of psychiatric diagnoses and pain experience. It might not be surprising that people with depression have higher self-reported pain levels and that people with high levels of pain have higher incidences of depression. The question of which came first - the chicken or the egg - is raised more than once, since many patients in the sample had depression prior to onset of acute pain, and several experienced the opposite. People with substance abuse, personality disorders, and mood disorders are also disproportionately represented among people experiencing chronic pain.

The text is clear, in almost every chapter, that acute pain requires different mechanisms than chronic pain for treatment. For example, procedures in dentistry or spinal taps that are short term, but painful, may be treated with anesthetics, hypnotherapy, or even cognitive self-talk to reduce pain levels. Chronic pain, on the other hand, often debilitates the motivation, energy, and ability of the patient to use self-help techniques, and a self-defeating cycle creates and reinforces poor pain tolerance. Movement or exercise which 'might' help recovery is too painful, and anticipation of pain prevents the individual from trying; fear of pain and the lack of sufficient relief from pain exhausts the patient; and prescribed techniques fail to control the continuing pain, even if properly attempted. Economic, relationship, and social consequences are significant.

Lastly, notable for social model advocates and consumer rights activists, this text does not reinforce the 'patient/sick' role stereotype or even 'blame the victim' for ongoing pain. What it does do is examine models of how shame, bravery, and family values imposed on patients make people 'under-report' pain, and that pain, more often than not, goes under-treated rather than over-treated. One of the

strongest stands this collection takes is that psychologists should be doing more to believe, recognize, and treat people who are experiencing ongoing pain of any etiology. It is also very consumer centered in that it focuses on giving skills and information to patients about methods to try, as well as dealing with co-existing issues of depression and anger, whether or not caused by or preceding the pain. I do recommend this book to any person currently experiencing chronic pain or counseling/working with consumers with pain.

Goodheart, Carol D., and Lansing, Martha H. *Treating People with Chronic Disease: A Psychological Guide*. Washington, DC: American Psychological Association (750 First Street, NE, Washington, DC 20002), 1997, 245 pages, \$24.95 softcover.

Reviewed by Tanis Doe, Ph.D., Pearson College, Victoria, BC.

This text was written by a medical doctor and a psychologist for an audience of therapists and counselors. For scholars pursuing Disability Studies, the book might appear to exemplify the medical model from which so many are now trying to distance themselves. But there are many advantages to reading this text by taking into consideration who it was meant to inform, and the perspective of those who wrote it. When I instruct students on reviewing the literature, I emphasize the importance of considering not only the content of articles and texts, but also 'the source.' In this case the authors and the publisher, along with the title, reveal the particular perspective presented.

The title may actually be slightly misrepresentative, since the focus is almost exclusively on treatment 'for' chronic disease, rather than treating people with chronic disease. By this, I mean that there is almost no reference to people with disabilities (congenital or otherwise) who have psychological problems unrelated to their 'illness.' The approach the text takes is to explain different ways of intervening with 'patients' who are having trouble because of their chronic disease.

The psychological approach is presented through several templates, ranging from medical/disease model to patient response to personality differences. The second section of the book looks at cases and treatment strategies for people with chronic illness. Most of the examples of chronic diseases used throughout the text could also be recognized as impairments or disabilities - arthritis, mental illness, kidney failure, and diabetes. The last section gives resources, references, and information about different types of illness and about organizations of consumers/family members. There are several processes described about responding to the uncertainty, morbidity, and recurrence of different chronic diseases that take into account the individual person's ability to cope, accommodate to, and effectively integrate his/her condition.

The most useful chapters from my perspective were 'Interaction: The Illness and the Patient's World' and 'Children with Chronic Illness.' The following quote shows how the psychological perspective could be integrated with other approaches: 'People with chronic illnesses interact with a world beyond their own bodies and personalities. Response to disease can be understood in terms of biology, psychology, sociology, and anthropology, as well as the philosophical perspective of time. For the clinician, it is necessary to take into account any special characteristics of the patient's milieu that may affect the psychological treatment. Special characteristics may be associated with personal, family or social history; cultural diversity; role functions and values; the stigma of disease, life environment and resources; life stages and transitions of time' (p. 103). The chapter on interaction was the closest the authors came to integrating non-psychological perspectives into their intervention recommendations. However, the focus remained on taking these characteristics into account while conducting counseling, as opposed to any structural or societal level changes.

While most of the text focuses on poor adaptations and psychological problems among people who have chronic illness, the chapter on children (and adolescents) with illnesses does indicate that the authors do not believe that disease automatically causes psychological disturbance: 'Not all children and adolescents who have chronic illnesses will have problems with adaptation, but illness precipitates a strain on them that has major repercussions for their physical, psychological and social growth and development. All children with illness and disability are at increased risk for decrement in psychological

function. The psychologically healthiest youngsters grow to experience themselves fully and are not limited to an identity based primarily on the disease' (p. 140). The strength of this chapter is that it identifies developmental stages, age appropriate issues (such as sexuality in teenagers), and the role of school and family in addition to the personality structures of the individual 'patient.'

In some ways, the most amusing chapter is the brief coverage of counter-transference, which analyzes the clinician's response to counseling someone with a disability. It is amusing because it shows that almost any behavior is open to pathologizing, be it that of a patient, a clinician, or a book reviewer. Perhaps I am demonstrating some repressed anger or latent over-identification with the 'patients' described in the text. My suggestion is to read the text for yourself. Whether or not you are a psychologist, there are certain advantages to knowing how psychologists perceive the coping and maladaptation of people with disabilities.

Gordon, Michael, and Keiser, Shelby, eds. *Accommodations in Higher Education under the Americans with Disabilities Act (ADA): A No-Nonsense Guide for Clinicians, Educators, Administrators, and Lawyers*. DeWitt, NY: GSI Publications and the Guilford Press, 1998, 256 pages, \$35.00 hardcover.

Reviewed by Andrew Christensen, Graduate Student, Boston College School of Education.

Accommodations in Higher Education under the Americans with Disabilities Act is a welcome addition to the literature on disability issues in postsecondary education, providing a clear, comprehensive overview to some of the most difficult, sensitive issues in higher education. Gordon and Keiser have compiled a collection that describes in detail concerns related to the college classroom and to standardized assessment, and it then considers both within the context of the disabilities that most often require academic accommodations.

Practitioners in the field are often asked on behalf of their institution to evaluate the documentation submitted by students with disabilities to demonstrate the student's need for accommodation. This can be challenging, to say the least, as the documentation presented to an institution to verify a student's disability varies not just by disability, but by the qualifications of the professional documenting the disability. Two different professionals may document the same disability in the same individual differently, and it is the role of the person evaluating the request for accommodations to make sure the evaluation is based on the disability and not the quality of the documentation. Rhetorical components of acceptable documentation are described, and sample evaluations are given where appropriate.

Clinical conditions addressed include attention-deficit/hyperactivity disorder (ADHD), language-based learning disabilities, mood and anxiety disorders, physical disabilities, and vision disabilities. Established policy guidelines for documenting disabilities, such as standards recently adopted by AHEAD (Association for Higher Education and Disability), are reprinted in an appendix.

Hartz, Gary W., and Splain, D. Michael. *Psychosocial Intervention in Long-Term Care: An Advanced Guide*. New York, NY: Haworth Press, 1997, 219 pages, \$49.95 hardcover, \$22.95 softcover.

Reviewed by Debra J. Sheets, Assistant Professor of Gerontology, University of Southern California, Los Angeles, CA.

This is a very useful and easy-to-read reference book for social workers, nurses, and others who work in long-term care settings and find themselves involved in the assessment and treatment of psychosocial problems. Current trends indicate that social services and nursing staff are doing more mental health evaluations and designing more interventions than in the past and have less access to specialists for help. Hartz and Splain provide long-term care staff with some of the skills and training they need to serve more difficult patients.

The book is refreshing in its practical and common sense language and strategies to address the psychosocial needs of residents. The authors understand the constraints of the long-term care setting - particularly the burden that extensive documentation imposes when there are fewer staff and more severely disabled residents. They provide the necessary skills and training that can help long-term care

providers to 'work smarter, not harder' so they can be more effective and find more satisfaction in their work.

Long-term staff may lack adequate training in psychosocial assessment and treatment of behavioral problems. Hartz and Splain provide a means for staff to gain the needed training in this book. Using simple and straight-forward language, the authors describe how to assess residents by administering the Geriatric Depression Scale and the Min-Mental Status Examination. The interpretation of these instruments is explained, and a range of intervention efforts are covered that include counseling techniques, behavioral interventions, and use of medications. Numerous concrete and clear illustrations of assessments and interventions are provided.

Anyone who is interested in psychosocial aspects of long-term care will find this book interesting. It is an excellent reference to keep on your bookshelf as a resource. It is filled with practical information that will help allied health professionals respond to the needs of the 'whole person' in the long-term care setting.

Holmes, David L. *Autism through the Lifespan: The Eden Model*. Bethesda, MD: Woodbine House, 1998, 383 pages, \$21.95 softcover.

Reviewed by Patrick McDonagh, Concordia University, Montreal, Quebec.

Reviewing *Autism through the Lifespan* is problematic - in part, one feels as if one is reviewing the program established by the Eden Institute, based in Princeton, N.J., rather than the book describing that program. So an explanation of the program itself is in order. The Eden Institute, established in 1975 to assist people with autism across the lifespan (hence, the title of the book), offers a comprehensive set of services (residential, educational, and vocational) at varying levels of support for all participants in the Eden program. The Institute's goals sound laudable, although some may disagree with the strategies employed in pursuit of these goals. For instance, the Eden Institute relies heavily on the occasionally controversial work of Ivar Lovaas, using 'applied behavior analysis,' a type of behavior modification technique, in its programs (indeed, by the time I finished reading the book, the name Eden Institute evoked B.F. Skinner's behavior-mod fictional utopia, Walden Two).

Autism through the Lifespan, by the Institute's founder, David L. Holmes, explains in detail how these programs are implemented, while at the same time arguing for their effectiveness in assisting people with autism, especially those who have been accepted at Eden and who are generally characterized as among the more 'difficult cases' to place in programs - people with a history of violent or disruptive behaviors and people also diagnosed as having an intellectual disability. Holmes' documentation of the Institute's programs is comprehensive, although some of the claims made seem a bit inflated - he argues that their vocational program strives to instill a 'work ethic' to increase the employability of its participants, although, upon explanation, this ethic seems little more than behavior modification for the workplace (then again, maybe that is what a 'work ethic' is).

Some important issues are overlooked, also. Although the Eden Institute makes a point of maintaining services for its participants for their entire lives, there is no direct mention of the issue of sexuality (with only one oblique aside to menstruation), even though puberty and the acquisition of sexual drives is certainly an important event. Are sexual behaviors grouped under the broad 'inappropriate behavior' category? Certainly, they may on occasion be inappropriate, but not always - so what does the Institute do with appropriate sexual behavior, assuming it recognizes such a thing?

Autism through the Lifespan is written and presented very much as a textbook, although also as a primer for people unfamiliar with autism and its treatment/accommodation. Its tone is explanatory rather than narrative, which can make for difficult reading over 300 pages. The most interesting parts are at the beginning, dealing with the genesis of Eden; unfortunately, the author does not draw us in with accounts of how Eden came to its present status as a reputable service provider, nor how it came to settle on the Lovaas technique. A bit of attention to story-telling would make the book considerably more engaging. As it is, this book provides an explanation and justification of one institute's approach to assisting people with autism and is, for this reason, an important document. But it could have been much

more.

Livneh, Hanoch, and Antonak, Richard F. *Psychosocial Adaptation to Chronic Illness and Disability*. Gaithersburg, MD: Aspen Publishers, 1997, 479 pages, \$49.00 hardcover.

Reviewed by Wayland Roberts, M.S., C.R.C., Q.M.R.P., Department of Education and Research, University of Arkansas, Fayetteville, AR.

Livneh and Antonak have produced a comprehensive text for clinicians, researchers, and academics interested in the psychosocial adjustment of persons who experience sudden onset disabilities or chronic illnesses. *Psychosocial Adaptation to Chronic Illness and Disability* is professionally written, with a primary focus on quantitative research studies of the psychosocial adaptation effects of various rehabilitation interventions. The book is a compilation of numerous joint writing projects by the authors, reporting literature reviews on research regarding psychosocial adaptation to various disabilities.

Livneh and Antonak divide the text into six parts: 1) Theory and Methods, 2) Psychosocial Adaptation to Traumatic or Sudden Onset Disabilities, 3) Psychosocial Adaptation to Disease-Related Health Disorders, 4) Psychosocial Adaptation to Sensory Impairments, 5) Psychosocial Adaptation to Neurological and Neuromuscular Disabilities, and 6) Applications and Research Recommendations. Part I, which consists of the first three chapters, introduces the theory and construct of psychosocial adaptation, and common measurements of the construct. Chapters 2 and 3 'provide information for clinicians and researchers in the fields of health and disability studies on the availability and suitability of 21 instruments for measuring psychosocial adaptation to chronic illness and disability' (p. xvi). In keeping with the authors' general writing style, these chapters consist of reporting literature reviews regarding ten general measures of the construct and eleven 'instruments developed to investigate the psychosocial adaptation of individuals with eight specific chronic illnesses and disabilities' (p. xvi).

Parts II, III, IV, and V 'provide reviews of the research literature . . . on 18 specific chronic illnesses and disabilities' (p. xvi). These are divided into sections according to: II, traumatic or sudden onset disabilities; III, disease related health disorders; IV, sensory impairments; V, neurological and neuromuscular disabilities. Each of the chapters on a specific chronic illness or disability consists of a description, a review of the last 15 years' research literature, a conclusion or summary derived from the literature review, and references. To demonstrate the nature of the text content, four chapters, a chapter from each of the sections, were examined. This showed that chapters average 20.25 pages. Of these, the description sections average 1.25 pages, the conclusions and summaries average 1.2 pages, references average 4.35 pages, and reporting of research findings averages 13.4 pages. When reference pages are subtracted, reporting of research findings accounts for approximately 85% of the 18 chapters that make up the bulk of the book. At times, the emphasis on reporting research findings makes for heavy, tedious reading.

The final section, VI, 'provides an opportunity for us to reflect upon the findings reported in our reviews of the research literature' (p. xvi). This section covers counseling interventions and frameworks for conceptualizing the construct, and it ends with recommendations for future research.

The text will certainly be a valuable resource for researchers and academics, but it does present certain limitations. The text is lacking in the human voice and real world experiences of persons with disabilities. The lack of input on psychosocial adaptation to chronic illness and disability (other than as subjects in studies) from persons with disabilities, and how their psychosocial adaptation is affected by political, social, cultural, and economic forces leaves a large gap in the authors' coverage of the subject. Further, to be a comprehensive text on the construct of psychosocial adaptation to chronic illness and disability, there are chronic illnesses or disabilities that could be covered and, inexplicably, are not. For instance, the absence of developmental disabilities and mental illness is immediately noticeable to this reviewer, and there is no explanation as to why they are omitted.

Psychosocial Adaptation to Chronic Illness and Disability provides an exhaustive review of the quantitative research literature on the covered chronic illnesses and disabilities. As a condensed

source book on the research literature, it will certainly find an audience with those who wish to test the effectiveness of various rehabilitation interventions. With the addition of a large amount of supplemental reading, it could be useful as a text for those wishing to develop an understanding of psychosocial adaptation to chronic illness and disability.

Lovett, Herbert. *Learning to Listen: Positive Approaches and People with Difficult Behavior*. Baltimore, MD: Paul H. Brookes Publishing Company, 1996, 269 pages, \$23.00 softcover.

Reviewed by Venta Kabzems, Education and Behaviour Programming Consultant, Edmonton Public Schools, Edmonton, AB, Canada.

Lovett reflects on several topics related to behavioral interventions with persons with developmental disabilities. He, like many others, questions traditional behavior management practices, the way he was professionally socialized, and how he came to hold his present views. He would like to see human service providers close the gap between what is known and what is actually practiced. Having seen people at their worst, he asks that we remember also to recognize people at their best.

In the beginning, Lovett's language is one of struggle, oppression, and liberation, which may discourage the very audience he would like to address. His writing warms in later sections, and he is able to clearly share his accumulated wisdom as well as to argue logically for improved service delivery to persons who challenge the limits of a system.

Lovett utilizes anecdotes from his professional work. He includes descriptions of situations in which he analyzes his approaches and occasionally regrets his personal conduct. The larger social situation, including the effects of economic and political policies on the supports available for individuals with disabilities, is discussed from an advocacy perspective.

One chapter is devoted to a review of behaviorism. The topic is a timely one, as he incorporates overviews of the work of others such as Ivar Lovaas, whose interventions for children with autism are currently popular, intensive, and expensive - a bad news combination for systems struggling with underfunding. Lovett asks that his readers not become 'stuck' on a single treatment approach to difficult behaviors.

The book does not contain anything new, but it is nicely written and served as a tonic for the current reviewer. It deserves a place on the bookshelf of any direct service provider or behavioral consultant who has to deal with individuals who display challenging behaviors.

Loxtercamp, David. *A Measure of My Days: The Journal of a Country Doctor*. Hanover, NH: University Press of New England, 1997, 333 pages, \$15.95 softcover.

Reviewed by John D. Stoeckle, Physician, Massachusetts General Hospital.

When so many doctors today are writing tales of practice discontent, David Loxtercamp writes a celebratory tale of country doctoring, a journal of one year in practice as a family doctor in a poor rural Maine county.

This is a journal of both his practice and his personal life, the professional and personal, with many memorable stories about delivering babies, caring for dying, disabled, and sometimes demanding patients. Besides these stories from doctor-patient encounters come stories of home life with wife and daughter, reports of office management meetings, encounters with colleagues, running for exercise, hospice care, and, throughout, his Catholic church life and religious reflections on his medical work and personal life.

This diary-journal is different from many doctor stories that only tell about 'unusual cases I've seen,' different from those older romantic accounts of 'The Country Doctor,' e.g., Horgoz's in the 1930s, that appear before doctoring was a literary topic, different also from today's statistical stories, if you will, those outcome studies about what doctors do or do not do in their decisions. Loxtercamp's diary story is self-reflection on doctoring, 'the effect of doctoring on the doctor,' and on his 'other life' away from the hospital, office, and patients.

Many themes engage Loxtercamp's self-reflections. Among these are the role of family doctor,

with illustrations of the diminished status it is accorded by specialists, and by patients' uses of the doctor with medication demands.

Then come those reflections on his personal life, in particular, his career and family relations, present and past, from the time his doctor father died when he was a teenager. Besides these psychological-biographical accounts, religion is a major theme throughout, moving him to his professional commitment to the suffering of those who are sick and to serving the underserved (as in his rural practice).

Readers will find the year-long diary a moving account not only of what happened to the doctor, his patients, and their families, colleagues, and office and hospital staff, but what it meant to the doctor connected with his own family, community, and religious life.

Mackay, Linda E., Chapman, Phyllis E., and Morgan, Anthony S., eds. *Maximizing Brain Injury Recovery: Integrating Critical Care and Early Rehabilitation*. Gaithersburg, MD: Aspen Publishers, 1997, 637 pages, \$79.00 hardcover.

Reviewed by Ray Glazier, Ph.D., Manager, Abt Associates Inc., Center for the Advancement of Rehabilitation and Disability Services, Cambridge, MA.

This is the medical text and resource book that I wish my doctors had read prior to my own devastating traumatic brain injury (TBI) in 1968, but its publication came almost 30 years too late. It is a collection of chapters written for medical professionals, much of it in 'doctor-speak,' which the TBI survivor, family, and friends will find a bit dehumanizing. Yet the book's message is all about treatment of the whole person, not just the mostly unseen injured body part. The book focuses largely on the consequences (they would say 'sequelae') of severe TBI and how to minimize them. Yet, we know that less severe TBI accounts for 73% of TBI hospital admissions, and that these milder cases present the most severe challenges to diagnosis and treatment.

The book argues persuasively for aggressive, early rehabilitation efforts, even while still in intensive care, for the severe TBI patient, who is typically a young male who has been in a motor vehicle accident, as I was way back then. Even more importantly, the editors advocate a transdisciplinary team approach in which disciplinary distinctions, particularly those between attending physicians and other health professionals, are minimized. After a review of the necessary knowledge of neuroanatomy, trauma care, etc., individual chapters by different authors present best practices and standards for most of the pertinent non-physician specialties: physical therapy, occupational therapy, respiratory therapy, speech/language pathology, audiology, and crisis intervention.

Most of the potential audience of persons with disabilities will fall into two categories: those too affected by TBI to read this tome, and those, like myself, for whom it is too late. But families and friends of TBI survivors will find it educational, letting them know what should be happening in patient care of their loved one, if read with a medical dictionary close at hand. This book belongs in every medical library as well as in all allied health profession libraries, and it should be assigned reading for all medical interns in neurology, neurosurgery, and psychiatry. Individual chapters on their particular fields of therapy may suffice for general training of allied health professionals.

Minkler, Meredith, and Estes, Carroll, eds. *Critical Gerontology: Perspectives from Political and Moral Economy*. Amityville, NY: Baywood Publishing, 1998, 396 pages, \$56.00 hardcover, \$36.00 softcover.

Reviewed by Debra J. Sheets, Andrus Gerontology Center, University of Southern California, Los Angeles, CA.

Critical Gerontology: Perspectives from Political and Moral Economy is a high caliber collection of papers that builds on an earlier volume, *Critical Perspectives on Aging*, published in 1991. This volume extends our understanding of the 'problems of aging' by using a political economy framework to examine the influence of race, class, gender, and aging on the experience of growing older. This multidisciplinary perspective emphasizes the social construction of aging and highlights 'inequalities in the distribution of power, income, and property' (p. 2) that influence the status of the elderly. Although the

moral economy of aging is not a central focus of the book, the political economy perspective is enriched by the efforts of several authors who incorporate this humanistic approach by questioning the moral assumptions and values that underlie public policy. The stated purpose of the book is twofold: to provide concrete applications of the political economy perspective to a wide range of problems and issues of aging; and to contribute to the refinement of theory and conceptual development of this approach in gerontology.

In Part I, 'Theoretical Framework,' Carroll Estes sets the stage for the chapters that follow by identifying recent developments in the political economy of aging and suggesting areas that need more attention. Meredith Minkler and Thomas Cole build on this base by introducing the concept of moral economy and illustrating how it can supplement political economy analyses. Part II demonstrates the utility of applying the political and moral economy perspectives with analyses that call into question the dichotomy between 'dependence' and 'independence' and the exaggeration notions of 'senior power' and 'intergenerational conflict.' The chapters in Part III reveal the growing problems of the nursing home industry and a long-term care system that is not covered by Medicare and operates at a profit. The restructuring of health and social policies for the elderly are examined in detail in Part IV, with attention to the impact of recent health care reform efforts on the most vulnerable groups - older women, low income individuals, people with disabilities, and people of color. Part V explores the institutions of work, retirement, and Social Security, with a focus on the way that age, gender, race, and class determine one's status in society.

While some will not find the political and moral economy perspectives appealing, this volume makes several significant contributions that make it worth reading. Minkler and Estes ask important questions about the values and assumptions that are often taken for granted. They call attention to ways in which our social structures can contribute to the disempowerment of older people unless we become more reflective about our work. Finally, the analyses in the book call attention to the ways in which our institutions and policies are influenced by the interaction of age, gender, race, and class. In doing so, we view the challenges of an aging society through a different lens and gain a different appreciation and understanding of the 'problems.'

Mittler, H. *Families Speak Out: International Perspectives on Families*. Cambridge, MA: Brookline Books, 1995, 110 pages, \$10.95 softcover.

Reviewed by Sheila Saravanabhavan, Assistant Professor of Special Education, Virginia State University, Petersburg, VA.

The book *Families Speak Out* by Helen Mittler voices the experiences of families of persons with mental disabilities. The book's greatness lies in its coverage of families from many countries and cultures. Every quotation in the book is an appeal to have the needs of parents and the needs of children with disabilities better understood and better met.

The book is made up of 16 chapters, each of which references the importance of parents, families, and the home environment in helping the child with disabilities. Families want to know what services and supports will help their children develop and make progress. One of the legitimate concerns voiced by families is what happens to the grown child when they, the parents, are no longer there to provide care.

As we read about the hopes and fears of many families, we are able to realize what help is expected from professionals. The book reinforces the need to build professional-parent partnerships that are consistent with the thinking of child development specialists, who highlight the importance of the social context for child development.

To those who are curious to find out what families have to say about their reactions to having a child with a disability, this book is the best choice. Each voice is powerful, compelling, and genuine, calling for formal and informal sources of support. The book is a package of direct quotations; this unique format lends added spontaneity and intensity to the material presented.

Newcomer, Robert J., and Benjamin, A.E., eds. *Indicators of Chronic Health Conditions: Monitoring Community-Level Delivery Systems*. Baltimore, MD: The Johns Hopkins University Press,

1997, 391 pages, \$65.00 hardcover, \$24.95 softcover.

Reviewed by Dorothy Jones Jessop, Ph.D., Medical and Health Research Association of New York.

This valuable book contains much more than title or stated objectives would indicate. The theme is 'the conceptualization and development of community-oriented indicators that link and monitor health and other delivery systems for persons with chronic conditions' (p. viii). The editors correctly identify that most service delivery is at the community level, and monitoring must be at this level as well (p. 5). Seven subpopulations are described to assess the practicality of a framework common to multiple conditions, and the ability to identify data needed to implement such a data system. These subpopulations are children with chronic illnesses, persons with developmental disabilities, adults with physical disabilities, persons with severe mental illnesses, adults with chronic degenerative illnesses, those with chronic alcohol and drug use patterns, and the aged.

As each chapter follows the same outline (epidemiology, service needs, service system organization, indicators/data sources, conclusions, and recommendations), the volume provides a unique opportunity to see in counterpoint the disparate conceptualizations, literatures, and data approaches used in these fields. The 'functional' approach of developmental disabilities can be contrasted with the still diagnostically-categorical approach to children's chronic physical disorders. The great variety of one-of-a-kind childhood chronic disorders can be contrasted with 'a relatively small number of generally common chronic conditions' that appear with aging (p. 69). The substantive differences in approach to alcohol and drug use are outlined in Chapter 9. As these subfields are quite self-contained, with minimal cross-references, the contrasts make exciting reading!

Individual chapters are more convincing on population needs and service systems than on data system needs. The chapter data sections are quite diverse, and, sometimes, they tend to generalities without addressing logistical and administrative issues that arise in the use of multiple data systems. For example, caution is warranted when several chapters refer to the use of Medicaid data to track monies, when these data are often difficult to obtain and vary with state differences in Medicaid. Additionally, some data systems (e.g., social services) are encounter-based rather than person-based, requiring enormous re-engineering before person-based files can be produced. Each chapter has a helpful tabular outline of proposed indicators and data sources, and, on the conceptual level, many chapters agree.

The editors' final chapter presents a synthesized view of the proposed multi-tiered data system: Level 1 - 'system and contextual' measures of basic trends in service access, condition prevalence, expenditures, service supply, and health outcomes; Level 2 - 'service access and process of care' for selected subgroups of recipients; and Level 3 - continued focus on targeted subgroups and measures of health outcomes, social adjustment, and family 'outcomes' (p. 310). Level 1 and Level 2 indicators generally involve administrative data systems and data sets from large-scale national surveys, with derivation of synthetic estimates to yield data on the local areas. Level 3 most typically involves local surveys of outcomes (e.g., health status, satisfaction with care, impact on family). The strategy suggested is focusing on available administrative data for overall indicators, with targeted surveys when indicators suggest problems. One had best read the entirety of Chapter 10 for full appreciation of the approach.

Additional unique contributions of this volume are an overview of the development of our present health data systems (federal surveys and administrative data, Chapter 2), and lists of relevant surveys (NCHS, Appendix A; HCFA, Appendix B; other sources, Appendix C). This is a book one will return to frequently, a reference framework for data systems addressing a timely issue, linking survey and administrative data.

Nokes, Kathleen M., ed. *HIV/AIDS and the Older Adult*. Bristol, PA: Taylor & Francis Publications, 1996, 202 pages, \$26.95 softcover.

Reviewed by Mitchell A. Kaplan, Ph.D., CSRS, CPSP, Program Evaluation Consultant, New York City.

The 1990s mark the second decade of the HIV/AIDS epidemic in the United States. Since the

vast majority of HIV/AIDS cases that have been reported to the United States Centers for Disease Control and local health departments over the last decade and half have occurred among persons under the age of 50, most federal and local resources have been directed at efforts to develop research, education, and intervention programs designed to educate young adults about HIV/AIDS transmission and to prevent the spread of the disease among this population.

The HIV/AIDS literature abounds with published scientific articles that have evaluated the program needs of persons under the age of 50 who are living with HIV/AIDS, yet relatively little attention has been focused on the development of programs designed to respond to the medical, psychological, and social support needs of persons 50 and older whose lives have been affected by HIV, even though older Americans currently represent about 10% of the HIV/AIDS cases diagnosed in the United States today (p. 2). That is why the edited volume *HIV/AIDS and the Older Adult* by Kathleen Nokes is of such ground-breaking importance to the fields of HIV/AIDS and aging research.

The book represents a significant milestone in our understanding of the relationship between HIV disease and aging. Each of the eleven chapters is written from the perspective of health care and human service professionals in the fields of nursing, law, social work, psychiatry, and public health who have had direct clinical experience working with older adults living with HIV.

In the opening chapter, Puleo provides readers with a comprehensive overview of the scope of the HIV/AIDS epidemic, with special emphasis on the incidence of the disease in the older adult population. The author posits that one of the major reasons why older adults are often excluded from HIV/AIDS prevention and education programs is the widely accepted stereotyped notion among health care professionals that older people are not as sexually active as younger people and, therefore, are at little or no risk of becoming infected with HIV.

Puleo points out that the misguided belief in the asexuality of older Americans runs contrary to growing research findings reported in surveys conducted by the National Center for Health Statistics between 1982 and 1991, which suggest that the incidence of HIV/AIDS is on the rise in the older adult population because they have not been specifically targeted by public health professionals to receive basic educational information about HIV/AIDS and safer sex practices.

In the next four chapters, the authors explore specific health care, medical, psychosocial, and group support issues of which health care and social service professionals need to be aware when providing treatment services to older adults living with HIV/AIDS. Topics discussed include a review of the physiopathology of HIV disease; modes of transmission; primary, secondary, and tertiary prevention strategies; the impact of TB exposure on the aging immune system and HIV disease; the controversy surrounding HIV disease prognosis in older persons versus younger persons; the differentiation of AIDS-related dementia from dementia associated with Alzheimer's disease; medical hazards associated with delayed diagnosis; the effect of health belief systems upon client/provider interaction; psychological reactions to HIV/AIDS diagnosis; program outreach efforts; and the building of coping skills through the facilitation of group support systems.

One of the major premises that underlies much of the research in the book is that HIV/AIDS often goes unrecognized by physicians who treat older adults because symptoms of the disease are often obscured by symptoms of other chronic medical conditions that the elderly patient may have. The authors argue that the slow recognition of HIV/AIDS symptoms in the elderly by those who care for them causes hazardous delays in diagnosis and treatment that ultimately lead to lower survival rates among older adults with HIV disease.

The authors further contend that medical misdiagnosis is not the only obstacle to the treatment of HIV/AIDS in the elderly; another more complex psychological barrier stems from the fact that many seniors with HIV/AIDS are fearful of seeking medical assistance and peer support because of the social stigma associated with the disease and the risk behaviors that transmit it. Therefore, they tend not to reveal the nature of their illness to friends and family because of their fear of being ostracized and rejected by them.

One of the more interesting chapters in the book is Chapter Six, which deals with the special

problems associated with providing community support services to older gay men living with HIV/AIDS. In this chapter, Anderson describes how community-based organizations such as Senior Action in a Gay Environment (SAGE) have responded to the AIDS-specific intervention needs of the older gay male population.

Later chapters in the book address long term care and legal, ethical, and caregiver issues associated with HIV disease and aging. Some of the critical issues examined are nursing home care, home care, adult day care, hospice care, living wills, physician assisted suicide, employment protection for older adults with HIV/AIDS who are able to work, elder abuse, planning for incapacity, and special caregiver challenges.

In Chapter Ten, Joslin and Nazon describe the development and functioning of the myriad of formal HIV/AIDS and aging professional networks that have been established in institutional settings across the United States. The authors present a rationale for the establishment of such networks, along with three functional case examples in New York, New Jersey, and Florida. Joslin and Nazon also examine the special challenges, benefits, and organizational needs related to building and maintaining collaborative networks of service professionals in the fields of HIV/AIDS and aging.

Chapter Eleven, written by Hickey and entitled 'Voices,' closes out the book with personal vignettes drawn from the case files of health care and human service professionals who work with older persons living with HIV/AIDS. Through a series of in-depth face-to-face interviews conducted with clients and service providers across the country, the author gives readers a clear picture of what daily life is really like for older adults living with HIV/AIDS as well as for those whose job it is to care for them.

In the opinion of this reviewer, *HIV/AIDS and the Older Adult* is a seminal volume, the contents of which fill a major gap in both the HIV/AIDS literature and the aging literature. I strongly recommend that the book be considered for inclusion on the reading lists of college professors who teach in graduate level academic programs that train students to work in fields such as geriatric nursing, social work, clinical psychology, law, sex education, and gerontology. The book would also make an excellent reference text for those health care and human service professionals currently employed in community-based organizations that provide HIV/AIDS education, prevention, and clinical treatment services to older adults and their families.

O'Donnell, Mary. *HIV/AIDS: Loss, Grief, Challenge, and Hope*. Bristol, PA: Taylor & Francis, 1996, 212 pages, \$52.95 hardcover, \$26.95 softcover.

Reviewed by J. Gary Linn, Ph.D., School of Nursing, Tennessee State University.

Most books written to assist counselors of persons with HIV/AIDS have a single, or principal focus, e.g., psychosocial needs, legal issues, or spirituality. This volume, on the other hand, which is written for those professionals who are new to the field of HIV/AIDS, is comprehensive in its scope. The chapters include a historical overview of worldwide trends in the transmission of HIV; anticipatory grief that is experienced at the time of diagnosis; the special problems of women and children; control of complex legal issues; the bureaucratic challenge of Medicare, Medicaid, and Social Security; residential facilities for persons with tuberculosis; chemical dependence and criminal justice problems; attaining spiritual fulfillment; death and dying; grief and retaining hope; professional burnout and stress management; and some comments as to the current and future direction of the prevention and treatment of HIV illness.

The author wrote this guide from an understanding of the loss and grief related to the diagnosis and development of the infection and an understanding of the difficulties and the possibilities that appear for the health professional to offer a full range of sensitive and positive care that helps the client, the family, lifetime partners, and friends to live their lives to the fullest extent possible. Throughout this volume, O'Donnell discusses individual and social support needs from a useful intervention approach that attempts to empower the client and caregiver. Her book is reader-friendly with regard to its prose (but not its small print), and it consistently offers applicable, non-judgmental, procedures to health professionals working in the HIV/AIDS sphere.

It is unfortunate that such an insightful, well-researched, and skillfully written book should so quickly become outdated. Published in 1996, before we had experienced dramatic health benefits and observed the rising hope associated with retroviral or combination drug therapies, O'Donnell's book has lost much of its value as a state-of-the-art resource guide. With the growing perception that, for many infected people (mostly all living in the industrialized countries), HIV is a chronic, rather than a terminal, illness, a plethora of new life problems and health issues not anticipated by the author have arisen. Furthermore, there have been advances in prevention programs and in the treatment of opportunistic infections as well as changes in managed care that should be discussed. It is hoped that we will see a second edition of *HIV/AIDS: Loss, Grief, Challenge, and Hope* soon that will include these important changes and their implications for working with clients with HIV illness.

Renwick, Rebecca, Brown, Ivan, and Nagler, Mark, eds. *Quality of Life in Health Promotion and Rehabilitation: Conceptual Approaches, Issues, and Applications*. Thousand Oaks, CA: Sage Publications, Inc., 1996, 437 pages, \$55.00 hardcover, \$24.95 softcover.

Reviewed by Karen F. Barney, MS, OTR/L, Doctoral Student, Assistant Professor, Department of Occupational Therapy, Saint Louis University.

During the decade of the 1990s, quality of life issues have become a focus of both the recipients and the providers of services, as well as the policy makers. This edited publication presents conceptual models for the application and measurement of health promotion strategies related to the development of health care policy. From a Canadian perspective, the editors emphasize global, population-based constructs, in contrast with the more regional, local, and individualized policy development within the United States. The focus is on the development of models that reflect the world-wide shift toward an emphasis on the health of individuals and communities, as compared with the historic medical model disease/condition-specific orientation of most medical care providers. This book attempts to fill a gap in the available conceptual tools for health-related policy development and practice.

An important distinction is made in this book about not judging the value of lives, but, instead, focusing on how to enhance the quality of each person's life. To this end, the editors succeed in emphasizing the importance of including the individual's perspective on what is or is not quality. The proposed models reflect the need to include persons with disabilities as full partners in transactions related to health and rehabilitation services provided to them.

Ryndak, Diane Lea, and Alper, Sandra. *Curriculum Content for Students with Moderate and Severe Disabilities in Inclusive Settings*. Boston, MA: Allyn and Bacon, 1996, 384 pages, \$56.00 hardcover.

Reviewed by Nancy Vitalone-Raccaro, Ph.D., Westchester Institute for Human Development at New York Medical College.

The prospective reader will be enticed, as was this reviewer, by the title of this book. Yet, *Curriculum Content for Students with Moderate and Severe Disabilities in Inclusive Settings* is somewhat of a disappointment and falls short of the expectation that it will provide immediately-useful strategies for the average education team member to implement. This is not to say that valuable information is not contained in the text, because it is. Rather, not all content is presented in an easily accessible and immediately applicable format. The writing style is not particularly engaging, an unfortunate characteristic that may prevent the reader from extracting worthwhile information.

Curriculum Content for Students with Moderate and Severe Disabilities in Inclusive Settings is divided into four parts. Part I begins by creating a rationale for full inclusion by reviewing philosophical, legal, and empirical evidence to support this practice. The way inclusion relates to trends in regular education is postulated, as are a number of philosophical approaches to educating individuals with moderate and severe disabilities. The last two chapters of the book will serve as a basic review for those currently working in the field.

Part II outlines the curriculum content identification process, which serves as the crux of the

book, and it describes the role of family, friends, and other education team members when identifying curriculum content for a student and in implementing instructional activities in relation to that content. Basically, the curriculum identification process is comprised of a series of actions by which educational teams blend functional and general education curriculum in order to design annual goals and provide appropriate instruction. From a theoretical and conceptual standpoint, the information contained in Chapters 3 through 7 would exemplify recommended practices.

However, some aspects of the process are not practical, such as the recommended home and community visits by a team member to complete an information-gathering inventory. Other sections merely present an 'awareness level' of information without providing the strategies for acquiring skills or for implementing recommended practices. For example, Chapter 5 discusses teaming and collaboration in inclusive settings. The authors define a collaborative team and describe the required skills for collaboration, the benefits of collaborative teamwork, and cultural considerations for team members. A theoretical presentation (i.e., awareness level) of ideal team functioning and the necessary prerequisite skills for effective collaboration is provided; yet, missing from this chapter are the strategies by which individuals acquire these skills. It is assumed that the reader will be able to implement and/or actualize this information with little or no training and possibly little or no support from other team members or administrators. This assumption will prove frustrating for the practitioner who knows what is supposed to be done (i.e., collaborate, effectively deal with cultural diversity, function as a team member, negotiate annual goals), but who is unsure of how to meet these responsibilities because he/she does not know how to actualize theory.

The authors do make an attempt to move the reader from theory to practice, although not always successfully. When the concept of cooperative learning strategies is presented as an effective instructional strategy, the reader may be disappointed to be left simply with a referenced list, albeit well referenced, of strategies. Most practitioners look to a book like *Content for Students with Moderate and Severe Disabilities in Inclusive Settings* so that they do not have to do the library reference work themselves.

Regarding adaptations to facilitate inclusion, this section is well founded theoretically and provides some useful guidelines. It will be up to each individual reader to extract that which is practical and feasible in any given setting.

Part III discusses content traditionally included across curriculum areas (e.g., interacting with nondisabled peers, domestic skills, vocational skills, motor skills, oral and written language, academic subjects, etc.) and the application of the curriculum content identification process in relation to these areas.

Part IV covers adjuncts to curriculum implementation, such as management of excess behavior, managing physical and health challenges, addressing medical and emergency procedures, and transition planning. The reader will find Chapter 14, which deals with medical and emergency procedures in inclusive settings, particularly informative and, perhaps, the easiest to read, so it should not be skipped.

Referring to the latter chapters, this reviewer is disappointed that, in a book published in 1996, person-first language was not continually maintained (e.g., 'physically challenged students' [p. 248]; 'physically challenged student' [p. 252]; 'medically fragile students' [p. 271]).

Although *Curriculum Content for Students with Moderate and Severe Disabilities in Inclusive Settings* is not particularly easy to read and contains content that is often too general and possibly overwhelming, valuable information is available to the persistent and motivated reader. The chapters are heavily referenced, although some of the references are dated, should the reader wish to explore further any aspect of the text.

It is believed by this reviewer that the book would be best suited to preservice educators (e.g., college professors) or inservice trainers (e.g., consultants, administrators) who would be responsible for providing explanations and examples of complex information, converting the information into a practical step-by-step format for actual implementation, accessing additional cited references, and applying information and implementation strategies to particular settings.

Simpson, Richard L. *Working with Parents and Families of Exceptional Children and Youth: Techniques for Successful Conferencing and Collaboration* (3rd Ed.). Austin, TX: Pro-Ed, 1996, 493

pages, \$37.00 softcover.

Reviewed by Marcia J. Scherer, Ph.D., Director, Institute for Matching Person and Technology, Webster, NY.

The Individuals with Disabilities Education Act (IDEA) has placed additional emphasis on parental involvement in educational planning. But how can parents be helped to enhance their own efforts on behalf of their children with disabilities? How can educators and related professionals, including classroom teachers, best engage those parents? This book was written as a textbook for those educators and related professionals, and it addresses these questions, plus much more.

The book is divided into four major sections. The first section (five chapters) basically provides a foundation regarding diverse family backgrounds and needs. The primary payload is in the next three sections (which include five appendices of role-playing materials) because they provide a wealth of how-to information. The second section (two chapters) discusses the basic skills and strategies needed for successful conferencing and collaboration. The third section (seven chapters) broadens the discussion to regularly occurring and ongoing conferencing and collaboration activities.

The author has liberally sprinkled checklists, summary tables, and sample forms throughout so that the reader can grasp key issues and procedures more quickly. Additionally, each chapter ends with exercises that require the reader to prepare, develop, or conduct parent-educator conferences.

This book is a key resource for anyone working with children and youth with disabilities and their parents. It is easy to read and very well organized. Simpson does an admirable job of getting to the point and helping the reader to work out a solution. While a fairly specialized area of education, the topic is of tremendous importance for the successful education of students with disabilities.

Sipski, Marca L., and Alexander, Craig J., eds. *Sexual Function in People with Disability and Chronic Illness: A Health Professional's Guide*. Gaithersburg, MD: Aspen Publishers, Inc., 1997, 675 pages, \$55.00 hardcover.

Reviewed by Linda R. Mona, Ph.D., Research Associate, World Institute on Disability, Oakland, CA.

Literature and discussion among disability theorists have focused on the overemphasis on sexual functioning among people with disabilities and the lack of attention paid to the psychosocial issues affecting the sexual experience of this community. *Sexual Function in People with Disability and Chronic Illness: A Health Professional's Guide* is a comprehensive resource designed for health care professionals that seeks to explore both the functional and social aspects of sexuality among people with disabilities. This piece deals extensively with sexual functioning and health-related issues that often surface in rehabilitation or other medical settings.

This book is arranged into three parts: 1) general sexual function, 2) specific disabilities and illnesses, and 3) treatment concerns. In Part One, strategies are offered for conducting sex-related assessments and evaluations. However, also within Part One, personal perspectives on sexuality are written by authors with disabilities. Hearing this personal experience is imperative for health care professionals, especially those with little experience with disability.

Part Two of this book explores sexuality issues that may affect individuals with specific types of disabilities (e.g., spinal cord injury, multiple sclerosis, traumatic brain injury, neuromuscular conditions, arthritis, diabetes, and amputations). Important concise knowledge about these conditions is provided in summary tables and by pictures/drawings of sexual positions.

The last chapter focuses on the sexual development of children and adolescents with disabilities. Even though it is a bit unclear how this chapter fits into this portion of the book, it captures many of the psychosocial sexual issues surrounding disability that far extend its applicability to children and adolescents with disabilities.

The last third of the book focuses on treatment approaches and covers a breadth of information ranging from sexual dysfunction, fertility, recognizing the concerns of partners of people with disabilities, to sexual abuse. Psychosocial issues are touched upon, but medically-related points are emphasized.

Two themes that seem present throughout this book are questioned. With the exception of a brief mention in Chapter 29 ('Issues of the Partner of the Person with a Disability'), there is little acknowledgment that people with disabilities often choose to partner with others with disabilities. It would have been helpful to hear about how couples with disabilities manage their sexual positioning, the social stigma associated with their sexual expression with each other, decisions about reproduction, and the ways in which they make decisions about parenting.

The second questionable theme offered is that the majority of health care professionals working with this population are people without disabilities. In fact, there has been a rise in most health care fields of persons with disabilities as the professionals conducting assessments, evaluations, and exams.

Overall, this piece is an incredible resource for health care professionals working with people with disabilities. Scholars of Disability Studies may be disinclined to read this book due to its medical model focus on disability. Even considering the difficulties, this book takes a giant step forward in attempting to present both the psychosocial and functional aspects of the sexuality of persons with disabilities. It acknowledges sexuality as an integral part of the lives of people with disabilities, something that previous texts on this topic have not accomplished.

Spaniol, LeRoy, Gagne, Cheryl, and Koehler, Martin, eds. *Psychological and Social Aspects of Psychiatric Disability*. Boston, MA: Center for Psychiatric Rehabilitation, Sargent College of Allied Health Professions, Boston University (930 Commonwealth Avenue, Boston, MA 02215), 1997, 592 pages, \$44.95 softcover.

Reviewed by Barbara Granger, Ph.D., Director of Training & Dissemination, Matrix Research Institute, Philadelphia, PA.

Psychological and Social Aspects of Psychiatric Disability is a substantial volume of 66 articles that provides the reader with a comprehensive overview of a variety of perspectives on what is currently the strongest critique of and challenge to the mental health service delivery system. At least a third of the selections are written by well-known authors writing from direct consumer/survivor experiences. The primary themes of recovery, psychosocial supports, and empowerment provide a strong bond across the book's selected readings.

In reviewing the readings, I noted that those articles written by consumers most often spoke of the high value of employment and career in their lives and of the value of employment as part of the recovery process.

On the other hand, authors writing from a family or professional perspective tended to minimize or not address the issue of employment. A number of reading selections indicate that family members and professionals challenge the medical model dominance in services available to people with psychiatric disabilities. Furthermore, these authors also focus on the more holistic approach of recovery and empowerment. While the focus of the book is on the psychological and social aspects of psychiatric disability, I feel the book might have been strengthened if there had been more direct focus on employment experiences of people with psychiatric disabilities as part of the overall psychological and social aspects discussion.

Any teacher or trainer will be able to find high quality readings from *Psychological and Social Aspects of Psychiatric Disability* for use in human services and social science classrooms or continuing education training programs. I would like to underscore that what makes this book so valuable is the authentic collaboration between professionals and consumers/survivors in providing a broad-based view of the psychological and social aspects of recovery for people with psychiatric disabilities.

Tedrick, Ted, ed. *Older Adults with Developmental Disabilities and Leisure: Issues, Policy, and Practice*. New York, NY: The Haworth Press, Inc., 1997, 117 pages, \$29.95 hardcover, \$14.95 text (5+ copies).

Reviewed by Kristine A. Mulhorn, University of Michigan-Flint, Health Care Department, Flint, Michigan.

The growing number of persons with mental retardation (MR) and/or developmental disabilities (DD) among the elderly population raises practical questions for administering services for older adults. Tedrick's volume is a series of succinctly written reports that summarize the most recent research and offer recommendations, with insight and experience gained from implemented programs, for designing leisure activities for this population. The book is highly recommended for persons in the administration of recreational activities for older people because of its applied research, and because it provides a fundamental set of data on the increased involvement of MR/DD persons in community programs for the older adult population.

Two themes emerge from the book. First, institutionalization and lack of healthy social interaction of MR/DD older adults require recognition of a different set of needs in the development of leisure activity skills. Second, while there are differences in life experiences and skills between older persons with and without developmental disabilities, the trend towards integration of MR/DD persons into organized leisure activities at the community level is both good and necessary.

The second theme forms the basis for most of the book. For example, Chapter 4 contains a description of an inclusive arts program funded by Health and Human Services. The authors present the phases of the program implementation in the community so that the reader has a sense of how this can be done. However, the phases are not described in great detail. Chapter 7 gives recommendations for integration of older adults with developmental disabilities into community-level leisure activities. A model for integration in graphical form is helpful; however, it is not well synthesized with the remainder of the chapter.

As a faculty member in a Bachelor's program in administration of services for the aged population, I envision this text to be a valuable asset to courses in recreational activities as a source that emphasizes the diversity among older adults and strategies for inclusion in community activities. The specialized nature of the topic points to a population that will undoubtedly be a focus rather than a footnote in the future.

Video Clips

The Center for Community Inclusion. *Breaking Ground: Opportunity for People with Disabilities* [video]. Orono, ME: The Center for Community Inclusion (University of Maine, 5717 Corbett Hall, Orono, Maine, 04469-5717; ph: 207/581-1084; TTY: 207/581-3328), 1999, 11 minutes, \$25.00 purchase (includes postage and handling).

Reviewed by Andrew Christensen, Ph.D. Student, Disability Policy in Higher Education, Boston College.

This short film features six college students with disabilities recounting their experiences on campus. The students have a wide variety of disabilities (visual impairment, cerebral palsy, learning disability, and psychological disability are among those represented), but each delivers a similar testimony. Despite initial trepidation, but with institutional support, each was able to succeed as a college student.

This film is targeted toward people with disabilities who may be wondering if they would be able to succeed at college. In their narrations, the students touch upon their legal rights to reasonable accommodations and express sentiments that reflect typical college student development issues without straying away from the film's main thrust. One student says, 'You need to be able to pace yourself. Then the fear goes away.' Another expresses relief that 'no matter what comes up, there's always an answer for it.' As students tell their stories in their own words, the message that college can be manageable offers reassurance to people with disabilities who may be considering a postsecondary career.

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abilities [video]. Orono, ME: The Center for Community Inclusion (University of Maine, 5717 Corbett Hall, Orono, Maine, 04469-5717; ph: 207/581-1084; TTY: 207/581-3328), 1999, 11 minutes, \$25.00 purchase (includes postage and handling).

Reviewed by Sandra Laplante, Student, Masters in Occupational Therapy Program, Lewiston-Auburn College of the University of Southern Maine.

Many colleges are experiencing a shift in the demographics of students in the classroom. Increases in the number of students over the age of 25 and in the number of students who have disabilities are greatly enhancing the diversity of the college setting.

This brief video focuses on collegiate opportunities for people with disabilities. Six students discuss their fears, challenges, and accomplishments. Dealing with obstacles such as cerebral palsy, rheumatoid arthritis, learning disabilities, vision loss, and lost hand function, each student discusses the challenges he/she faced when deciding to return to the classroom.

One common theme discussed by the students is the overall feeling of support he/she received. While successful completion of college classes sometimes required accommodations and special arrangements, the students expressed that most professors were more than willing to help once he/she explained the situation and asked for help.

Some of the fears expressed by the students include uncertainty about the culture of a classroom of younger students, insecurity with one's own intellectual and/or physical abilities, and skepticism regarding the acceptance he/she would receive.

The video demonstrates some of the accommodations for these students that have allowed them to be successful at achieving their goal of obtaining a college degree. These include augmentative communication devices, extended due dates on homework assignments, books on audiotapes, willingness of professors to go above and beyond to help, and the option to take examinations orally.

Lastly, the video contains subtitles so that it can be accessed by someone with an auditory impairment. It is a very encouraging depiction of six successful students who are eager to share their triumphs.

Churchill, Jack (Producer/Director). *Families Coping with Mental Illness* [video]. Hohokus, NJ: Mental Illness Education Project Videos (22-D Hollywood Ave., Hohokus, NJ 07423; 1-800/343-5540; FAX: 1-201/652-1973), 1995, 22 minutes, \$68.95 institutional purchase, \$38.95 individual purchase (quantity discounts available). (Note: There is also a 43-minute version of this tape. It contains the same content, but provides more examples and more details. A discussion guide accompanies each tape.)

Reviewed by Cathy Marston, ABD, School of Journalism & Mass Communication, University of Iowa.

A panelist for a recent session I coordinated on media coverage of mental illness burst into tears as she described why she became involved with the National Alliance for the Mentally Ill (NAMI): Her sister was diagnosed with schizophrenia as a teenager, and her mother, seen as a 'schizophrenogenic mother' 28 years ago, was blamed for the illness. As someone with family members with psychiatric disabilities, I also cried and expressed my outrage at how my family has been isolated by these common disabilities. Thus, I was eager to see what this video would offer me, as a family member and as an educator.

The video consists of family members of persons with mental illnesses sharing their experiences in a group therapy-like setting, with the hope of educating other families and mental health professionals.

There are three sections to the video. 'Part One: Early Nightmares' involves discussion about onset of family members' mental illnesses. Themes of this section are families being blamed by mental health professionals and families feeling there is inadequate information available.

'Part Two: Suggestions for Survival' stresses that getting information on the disability and on mental health practitioners is crucial. One participant notes that taking a class on schizophrenia

helped allay her feelings of guilt. Other participants discuss how interviewing psychiatrists, and being inquisitive and assertive is important to better care. Other topics include managing money, holidays, and 'learning to have your own life.'

'Part Three: Coping with Problems that Don't Go Away' deals with ongoing, chronic care. Participants express a great deal of hopelessness, uncertainty, and low expectations surrounding their family members with psychiatric disabilities.

I found the video somewhat unorganized and disempowering. The section on suggestions for 'survival' is too short, and I feel it should have been the real focus of the video. The producers hope to use the video to stimulate discussion. But the hopelessness that permeates the video erases the reality that there are high functioning individuals with psychiatric disabilities. These family members often refer to their disabled family members as 'patients,' which I feel is really dehumanizing. I empathize with the experiences of these family members and their great need to feel that they are not alone. However, I question if this is the best vehicle for stimulating discussion about 'coping.'

The video case itself does provide additional resources for information on mental illness and information about NAMI. It seems that a more advocacy-oriented frame would empower families searching for 'coping' skills. For example, NAMI is galvanizing around a 1998 study, the Schizophrenia PORT (Patient Outcomes Research Team) study by Anthony Lehman at the University of Maryland School of Medicine and Donald Steinwachs of the Johns Hopkins University School of Hygiene and Public Health. The study found that only 9.6% of families received education and support. It also found that a vast majority of individuals with schizophrenia were not receiving the best treatments and services, such as appropriate medications and assertive community treatment (ACT). NAMI sees this study as an indictment of the health care system and urges consumers of mental health services and their families to demand effective treatments and improved services.

Thompson, Sharon (Producer/Director), and Cruz, Virginia (Producer). *When Parents Can't Fix It: Living with a Child's Disability* [video]. Boston, MA: Fanlight Productions (4196 Washington Street, Suite 2, Boston, MA 02131; 1-800/937-4113), 1997, 58 minutes, \$245.00 purchase, \$50.00 rental/day.

Reviewed by Judith Sandys, Ph.D., Dean, Faculty of Community Services, Ryerson Polytechnic University, Toronto.

This video presents the stories of five children with disabilities and their families. The children range in age from five years to near adulthood and manifest a variety of disabling conditions including multiple sclerosis, autism, fetal alcohol effects, cerebral palsy, and cognitive and multiple disabilities. There is diversity in family constellation (two-parent and single-parent families) and ethnicity (Black, White, and Native American families).

The video is very sensitively done and certainly introduces the viewer to some of the realities of living with a child with a disability. The individual stories are very moving and sometimes painful to watch, as the families talk openly and honestly about the many struggles they have encountered. The families talk about the difficulties they have had in dealing with their child's behaviour and/or medical needs, about getting poor medical advice, of the lack of needed supports and services, of the high costs involved, of the stresses on themselves and their marriages.

One young man, Matt, who has advanced multiple sclerosis, says that he just wants to be treated like other teenagers. A particularly poignant moment is his comment that he wants hard rock played at his funeral. One theme that emerges clearly is the need for support from family and friends. Also emphasized is the need for respect and co-operation between parents and professionals, and the need for professionals to recognize and value the expertise of parents and to not try to take control.

While the promotional material for this video suggests that it also deals with the rewards of parenting a child with a disability, in fact, the video focuses primarily on the challenges. Particularly where students have had relatively little exposure to people with disabilities, it will be important to emphasize that the situations presented here are particularly challenging ones and that not all families

experience the level of stress that most of these families are experiencing. Notwithstanding, this video will be a valuable teaching resource that is sure to provoke much discussion.

Thompson, Sharon (Producer/Director), and Cruz, Virginia (Producer). *When Parents Can't Fix It: Living with a Child's Disability* [video]. Boston, MA: Fanlight Productions (4196 Washington Street, Suite 2, Boston, MA 02131; 1-800/937-4113), 1997, 58 minutes, \$245.00 purchase, \$50.00 rental/day.

Reviewed by Linda Power, Student, Masters in Occupational Therapy Program, Lewiston-Auburn College of the University of Southern Maine.

This video presents the viewer with vignettes of five families with children who have disabilities. These families are of various cultures, socioeconomic statuses, races, and makeup (single parent, nuclear family, extended family). This video is about real parents facing real problems, with real children with disabilities. The viewer goes into their homes and sees small pieces of their day-to-day lives. We hear directly from the parents about how their child's disability has affected their lives, how they cope with the stresses and problems that arise, what supports they need from professionals and society, and the rewards they find in raising a child with a disability.

Each family has their own unique story to tell, and, so, the viewer is presented with each story individually, with no interweaving or interpretation. The video uses a very effective technique of 'show and tell' story telling. It grabs and holds the viewer's attention throughout the video and leaves us wanting to know more about these families. The parents speak directly to the viewers. Sometimes we are watching the parents as they speak, and sometimes we are watching their child, with the parents' narration overlaying the action. We are always hearing the parents' story with no questions or directions from anyone else.

It seems a very honest presentation. We get the good with the bad, and the best with the worst. The parents do not just describe a situation; rather, the viewer actually witnesses what is being described. We see 16-year old Matt's feet, twisted and misshapen due to non-use, as his mother explains the debilitating course of his muscular dystrophy. We see 6-year old Eli repeatedly trying to bite his arm, as his mother explains the pain that leads him to self-inflict more pain. We see 17-year old Nathan's adult size, as his mother explains that she is physically and emotionally unable to give him the 24-hour-a-day care that he requires. We see 3-year old Blayre playing with her brother, as her mother tells us that she realizes that she can have the same hopes and expectations for Blayre that she has for Blayre's nondisabled brother.

The viewers also hear from the children. Matt and Red Fawn are intelligent and articulate individuals and can tell us some of their stories directly. They describe some of what their disabilities mean to them. The other three children cannot verbalize their stories, but we 'hear' them through observation. We see them by themselves and interacting with their parents, siblings, and professionals. We see their pleasure, pain, frustrations, joys, successes, and failures.

This video deserves a wide and varied audience. It is a straight-forward portrayal of the lives of these families who have children with disabilities. Matt's mother tells us 'others didn't leave anything behind about how they did it, the day-to-day, nitty gritty.' It is important to Matt and his mother that they leave something useful behind from which others can learn. This video successfully 'leaves something behind.'