

wrote the text, over time they learned from their experience with regard to diagnosis and treatment, training, and collaboration with other healthcare providers (primary care doctors).

In Appendix A, they describe a 10-session standardized intervention that is comprised of a mix of relaxation training, behavior modification, cognitive restructuring, increasing emotional awareness, and interpersonal skills training. The program described is an abbreviated version of the longer intervention the authors pioneered in their clinic.

Appendix B provides the research-based evidence for the efficacy of their treatment regime. They describe the randomized controlled treatment trial used for 84 patients previously diagnosed with full somatization disorder; the patients were treated in either 1) the control intervention, augmented standard medical care, or 2) their 10-session ACBT paradigm combined with augmented standard medical care. In both groups, a letter was sent to the patients' primary care physician. The letter stated that the patient met the DSM-IV criteria for a diagnosis of somatization disorder and provided four recommendations for ongoing treatment by a primary care physician: 1) schedule regular appointments every 4 to 6 weeks with the patient; 2) conduct a physical examination in the organ system relevant to the presenting complaint; 3) avoidance of unnecessary diagnostic procedures, invasive treatments, and hospitalizations; and 4) avoidance of disparaging statements such as, "Your symptoms are all in your head."

The conduct of the study is described in great detail in Appendix B as well as the evidence of the success of the ACBT treatment.

Appendices C and D are two scales that the authors have used to measure somatic symptoms in their patient groups. These scales and accompanying scoring scales are valuable tools in the assessment of this particular patient population.

Appendix E contains detailed instructions for teaching patients progressive muscle relaxation, which would be beneficial to mental health practitioners who are unfamiliar with useful noninvasive treatment.

The therapeutic approach detailed by Drs. Woolfolk and Allen is innovative and derived from their clinical experience. The fundamentals of ACBT are presented in a clear, cohesive language. This would enable a novice to learn its fundamentals and apply them in clinical practice. The authors are optimistic about the treatment potential of their program for a group of patients who have long been regarded as untreatable by physicians and therapists. I would recommend this book to beginners and long-term practitioners—for the beginner it serves as an instructive manual; for the seasoned clinician, a refresher course.

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Clinical Manual of Psychiatry and Law, by Robert I. Simon, M.D., and Daniel W. Shuman, J.D. Arlington, Va. American Psychiatric Publishing, 2007, 263 pp., \$47.95.

The writing partnership of Robert I. Simon, M.D., and Daniel W. Shuman, J.D., has been a felicitous one for the field of psychiatry. Dr. Simon, Clinical Professor of Psychiatry and Director of the Program in Psychiatry and Law at Georgetown University School of Medicine, and Professor Shuman, Professor of Law at Dedman School of Law, Southern Methodist

University, teamed together to create the innovative book *Retrospective Assessment of Mental States in Litigation: Predicting the Past* (1). Their recent publication, *Clinical Manual of Psychiatry and Law*, continues this working partnership, which is characterized by clarity and precision and provides yet another example of their academic and practical expertise.

Clinical Manual of Psychiatry and Law untangles some of the knottiest legal issues that psychiatrists encounter in an organized and readable clinical manual and should be considered required reading for every psychiatric resident. As Dr. Simon and Professor Shuman state in the preface, clinicians cannot be expected to be as knowledgeable about the law as lawyers, but the understanding of how the law and psychiatry interact in common clinical situations should be a core competency for every clinician. This book provides easily referenced, well-formulated, and understandable discussions of the common legal issues psychiatrists face in their day-to-day clinical practice.

Dr. Simon has devoted his teaching career to educating general psychiatrists in the legal issues that affect their practice. His first book on this subject, *Clinical Psychiatry and the Law* (2) was the first written by a psychiatrist to offer this subject matter to psychiatrists. Dr. Simon also edited and contributed multiple chapters to the comprehensive three-volume text *American Psychiatric Press Review of Clinical Psychiatry and the Law* (3). In addition, Dr. Simon is the author of *Psychiatry and Law for Clinicians* (4), a reference so useful that it has undergone three editions. Professor Shuman has also contributed significantly to the legal education of practicing clinicians. His books have covered specific forensic topics, such as *Conducting Insanity Evaluations* (5) as well as general clinical topics, such as *Law, Mental Health and Mental Disorder* (6).

Dr. Simon and Professor Shuman have built on this impressive body of work in *Clinical Manual of Psychiatry and Law*. The subject and chapter organization are comprehensive without being overwhelming. Topics covered are those with which all practicing psychiatrists should be familiar, such as the doctor-patient relationship, confidentiality, informed consent, seclusion and restraint, and maintaining treatment boundaries. Their up-to-date review of topics concerning legal issues involved in the treatment of suicidal and violent patients and involuntary hospitalization are especially welcome, as these are areas of mental health law that are constantly evolving.

The chapter organization lends itself to the development of a working familiarity that can be easily incorporated into clinical practice. Each chapter addresses one specific clinical issue and includes an overview of the relevant law and a discussion of clinical management of legal issues pertinent to the chapter topic. Practical suggestions regarding such issues as termination of patients and suicide risk assessment will assist clinicians in effectively utilizing the insights and discussion of the subject matter. Each chapter also provides clinical and legal references for those interested in delving further into any given topic.

Dr. Simon's and Professor Shuman's concise but thorough legal perspective on each of these clinical issues is particularly welcome. They bring their considerable expertise to subjects that fall outside clinical psychiatric training but which can profoundly affect practice, such as the standard of care, tort law and psychiatry, and the ever puzzling concept of

proximate cause. These concepts at times prove difficult for experienced forensic clinicians and even some attorneys. The authors' explanations are among the clearest provided for a clinical audience with a need to develop a basic understanding of these nonclinical but highly relevant legal topics. The legal glossary provided is also a great assist.

Clinical Manual of Psychiatry and Law is an invaluable contribution for psychiatrists developing good clinical practices as well as those who may have such practices in place but are unaware of the legal bases upon which these practices rest. This book will strengthen the understanding of the legal and clinical reasons for these practices and clarify psychiatrists' responsibilities while helping them assist their patients. Ultimately, and most importantly, our patients are the ones who benefit when we incorporate these insights into daily clinical practice, because in most cases, as the authors correctly point out, "good psychiatry and the law are complementary."

References

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Menopause: A Mental Health Practitioner's Guide, edited by Donna E. Stewart, M.D., F.R.C.P.C. Arlington, Va. American Psychiatric Publishing, 2005, 216 pp., \$41.95.

As a mental health practitioner and a perimenopausal woman, this reviewer was intrigued by the title of this book. A

review of the list of contributors reveals an unusually diverse-seeming group of authors in terms of gender, scientific expertise, origin (as divined from surname), and chosen profession. The preface makes clear that this collection of writings is not in any way meant to further the pathologizing of menopause that has been rendered by the lay public. In fact, the goal of this book is to document and promote what Margaret Meade once termed "postmenopausal zest" among women whose mid-life mood swings may be more attributable to external psychological-sociological factors than to internal hormonal ones.

Intriguingly, menopause is a stage of life that can only be properly recognized in retrospect, i.e., consisting of 12 months without menses. Historically and clinically, hormone replacement therapy—a decade ago considered an essential aspect of "well-woman care"—has been discarded as the primary intervention in favor of more individualized approaches, simply because its risks (enumerated in the 2002 Women's Health Initiative) are not negligible, despite acknowledged benefits such as prevention of osteoporosis, heart disease, and dementia.

Of the eight chapters, two of which have multiple co-authors, each addresses the topic of menopause from a unique perspective. In chapter one, Nada Stotland, M.D., whose feminist bent underscores the theme of change within culture as a foundation from which to inspect the meanings of menopause, develops the argument that a woman's experience of menopause is dependent upon her background and present context, just as men's experiences of menopause derives from their upbringing and indoctrination. Workplace, sexual, and body image ramifications are presented; the fundamental clinical rule, according to Dr. Stotland, is to "make no assumptions" about any particular woman or any specific menopause. Dr. Stotland's chapter presents the most ambitiously broad concept of menopause, perhaps most in keeping with the volume's intent. Chapters 2 through 8 probe the physiological, neurological, affective, psychotic, medical, gynecologic, and psychotherapeutic aspects of menopause, respectively.

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Reprints are not available; however, Book Forum reviews can be downloaded at <http://ajp.psychiatryonline.org>.