

wards of the project taking shape over the years and the interdisciplinary nature of it, with the participation of sociologists, government officials, psychiatrists, anthropologists, and other specialists from both Sri Lanka and the United States.

The first six of the 11 phases of the participatory culture-specific intervention model are devoted to research and include developing the model, building up relationships with the community, and working with the cultural brokers. The following five phases deal with issues of intervention and include steps such as the implementation of the program, evaluation of the program, and continuation and extension of the program. There is also a partnership component that is central to the model and that encompasses all the other phases. The book describes each of the phases in detail with numerous examples from their own work along with that of others in the field of school psychology. The authors stress the critical role of the cultural broker in forming partnerships with the stakeholders and how the broker serves as an expert and interpreter of the culture and a liaison between the researchers and the community.

This book is very thorough and convincingly demonstrates the usefulness of the participatory culture-specific intervention model. It is written clearly and contains numerous examples, appendixes, and references. The book is primarily intended for school psychologists, but psychiatrists and other mental health professionals working in the school system and in the implementation of school-based mental health services will also find it rewarding and thought-provoking.

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Evidence-Based Practice Manual: Research and Outcome Measures in Health and Human Services, edited by Albert R. Roberts, Ph.D., and Kenneth R. Yeager, Ph.D. New York, Oxford University Press, 2003, 1,080 pp., \$89.50.

This manual for research and outcome measures in health and human services is an important topic today for clinicians, teachers, researchers, and administrators in public health. Its main objective was "to bridge and augment health and human services with scientific research inquiry." It is intended to affect clinical practice, mainly through improving research and program evaluation, but it reaches for too many audiences—health care workers, administrators, and health services researchers. There are more than 100 chapters and 1,000 pages.

The first few chapters in section 1 provide an overview for the book (e.g., background, how to implement procedures, performance indicators). Section 2 reviews research ethics and grant applications and would be of use to administrators, junior faculty, or driven trainees embarking on a research career. Clinicians may use it for reference. Section 3 is squarely focused on the title with regard to how evidence-based issues apply to diagnosis, interventions, and outcomes. It appears more useful for researchers and administrators than clinicians. Some childhood and adult mental health disorders are covered as exemplars (e.g., attention deficit hyperactivity disorder, depression, and anxiety). For some topics, only a single

evidence-based approach is addressed (e.g., cognitive behavior therapy for posttraumatic stress disorder).

Section 4 is well organized and covers epidemiology and public health research. Once again, certain populations are targeted as exemplars (e.g., Northern Plains Indians). Sections 5 and 6 focus on conceptualization and operationalization of clinical assessment, providing a brief overview of measures, mainly those used in nonmedicine sectors. The overview presented here is not as well organized, detailed, or clinically applicable for medicine and psychiatric settings as can be found in other books (1).

Section 7 is very useful for program evaluation, and section 10 complements it by addressing continued quality improvement—both are helpful for administrators and/or researchers. Sections 8 and 9 provide qualitative and quantitative research exemplars, respectively. The exemplars are generally public health populations (e.g., HIV, cancer prevention, drug courts). The sections highlight some clinical issues in the process of demonstrating how one would administratively evaluate populations and settings. Things to do are well outlined.

We have several suggestions for the next edition. First, we would group the chapters on how to conduct health services research as one section of the book, with applications of these techniques in another portion. There is, for example, a wonderful chapter on constructing validated scales that is buried after a chapter about measuring fatherhood propensities. Second, our sense is that the chapter authors were encouraged to provide a topic review and then to discuss their own research. The weakness in this technique is that it does not provide a sense of where this research falls in a continuum of research methods or link it to other related research methods. The examples override the approach, but the examples make the techniques real. Third, the chapters could benefit from an outline, learner objectives, and a standardized format. The headings are easy to see, although the print could be bigger. The tables could be more helpful. Fourth, contributions should be considered from health services researchers in pediatrics, internal medicine, and medical informatics, who have significantly contributed to advances in qualitative and quantitative health services research methods. This would include a discussion of issues in large database research, educational research techniques that affect patients, or a variety of other standard health services research techniques. However, some community-based interventions are discussed. Fifth, the authors only briefly discuss problems that they ran into during their research and common mistakes that were made. This would have been very valuable to other researchers and public policy workers. Finally, the link to applied clinical practice is not very strong, nor is the assertion of the authors that cost-savings can be achieved with these measures. Health services research and evidence-based practice are costly to conduct, but they assure accountability and allow effective programs to flourish while eliminating pet projects without evidence of benefit.

This is a reasonable reference book. The text, intended as comprehensive, is actually a compendium of interesting chapters that address research, grants, and the administrative foundation of evidence-based medicine in public health settings. In the attempt to enhance practice-based medicine, it is a good hands-on, "how-we-did-it" book for researchers, ad-

ministrators, and clinicians charged with evaluating or initiating clinical programs. Academic physicians working in public health might find this useful, but most physicians and clinicians will not find it immediately applicable.

Reference

1. American Psychiatric Association: Handbook of Psychiatric Measures. Washington, DC, APA, 2000

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

Corrections

In the article "fMRI of Response to Nicotine During a Smooth Pursuit Eye Movement Task in Schizophrenia" by Jason R. Tregellas, Ph.D., et al., in the February issue (Am J Psychiatry 2005; 162:391–393), the first two sentences in the footnote to Figure 1 (p. 392) should read as follows: Figure shows differences in blood-oxygen-level-dependent (BOLD) responses between before and after nicotine compared with differences in BOLD responses before and after placebo; t values based on a second-level paired t test. Areas where nicotine showed less activation during the smooth pursuit eye movement task following nicotine administration compared with placebo were the right hippocampus (x=30, y=-15, z=-14) and bilateral parietal eye fields (right x=36, y=-62, z=36; left x=-42, y=-62, z=34).

In the article "A Multidimensional Meta-Analysis of Psychotherapy for PTSD" (Am J Psychiatry 2005; 162: 214–227) by Rebekah Bradley, Ph.D., et al., the improvement effect size data for cognitive processing and exposure for the study by Resick et al. were transposed. For cognitive processing, the improvement effect sizes should be 2.95 for pre- versus posttreatment and 2.75 for treatment versus control condition. The respective effect sizes for exposure should be 2.16 and 1.92.

An error appeared in the article "A Videotape Intervention to Enhance the Informed Consent Process for Medical and Psychiatric Treatment Research" by Donna A. Wirshing, M.D., et al. in the January issue (Am J Psychiatry 2005; 162:186–188). In the first paragraph of the Conclusions section (p. 188), the fourth line should read as follows: Current symptom severity did not seem to matter, but the participating clinical trials involved maintenance treatments of stabilized schizophrenia patients.

In the article "Comparison of Cortical 5-HT_{2A} Receptor Binding in Bulimia Nervosa Patients and Healthy Volunteers" (Am J Psychiatry 2004; 161:1916–1918) by Ingeborg Goethals, M.D., et al., the authors inappropriately acknowledged Koen Van Laere, M.D., Ph.D., Dr.Sc., for comments on the manuscript prior to publication. Dr. Van Laere never received a manuscript version of the study nor did he submit comments.