This softcover text provides the clinician with practical guidelines for using Allen's cognitive levels (Allen, 1985) to predict rehabilitation potential, identify the type of cognitive assistance needed to safely perform activities, and establish realistic treatment goals for persons with cognitive disabilities. The six original cognitive levels have been expanded into 32 modes of performance. Specific examples of treatment goals for each mode of performance are presented in clear easy-to-read charts that analyze a variety of activities according to cognitive demands needed for safe performance.

The extension of Allen's cognitive levels to patients who also have physical disabilities is nicely illustrated through charts that demonstrate how cognitive limitations at various modes of performance require different approaches to intervention of physical deficits. In addition, the analysis of cognitive abilities required to learn to safely use adaptive equipment and benefit from traditional rehabilitation techniques will be helpful for therapists working in a physical disability setting.

The reader needs to keep in mind that the treatment goals are presented within the context of a model that emphasizes residual abilities and teaching patients and caregivers how to circumvent impairments. Other approaches to the management of cognitive dysfunction may use a different clinical reasoning process for goal selection. It is also important to note that the numerous pages of charts matching treatment goals to modes of performance can be misleading because they oversimplify the clinical reasoning process and imply a 1:1 correspondence between a mode of performance and goal. This is acknowledged by the authors, who present the information in this way to increase clarity.

Other sections of the book include an informative discussion of legal issues and terminology, a discussion of expected outcomes for different phases of illness, a variety of case studies that demonstrate the application of Allen's model to a wide range of patient populations, and a detailed cognitive analysis of processes involved in craft activities. Updated information on evaluation instruments is reviewed, and appendices containing complete administration procedures for the Allen Cognitive Test, 1990, the Routine Task Inventory-2, and the Cognitive Performance Test are included and will be particularly useful for clinicians.

In summary, this book expands and refines Allen's earlier publication (Allen, 1985) and provides a clear illustration of the application of the cognitive disability model to a wide range of treatment settings and patient populations. The content is well organized and easy to read and contains practical suggestions and examples that can be used to guide treatment and goal setting within the context of theory. The information is particularly useful in assisting therapists in the challenging and complex tasks of justifying and documenting the need for occupational therapy services. Therapists working with persons with cognitive disabilities will find this book to be a practical and valuable resource.

Joan Toglia, MA, OTR

Reference


AIDS and Ethics


This book provides a distinct view of some ethical dilemmas related to acquired immune deficiency syndrome (AIDS). The editor has recruited authoritative authors to discuss particular aspects of this phenomenon.

In the first chapter, the editor elaborates on the relevance of ethics to this topic. For the expert or avid reader of ethics literature, this is self-evident. For the reader who is new to this topic, this chapter provides useful background information that will make the rest of the book more understandable.

The topic of the second chapter is the clash of public health policy and civil liberties. The debate about the 1984 decision to close public bathhouses in San Francisco and the possible initiation of mandatory screening for HIV are used to illustrate this conflict. In the next chapter, the pros and cons of mandatory testing and screening are examined from a philosophical perspective. The chapter on the crisis in the health insurance industry traces the history of exclusion and the social responses to this decision by the community at large. In the following chapter, the necessity for education about AIDS and the conflicts that arise as a result are considered. Next is an interesting chapter that contains an analysis of the ethics of militant AIDS activism. It is a unique contribution to the literature and is particularly noteworthy.

The remaining chapters do not provide new information. There is a review of the issues about the physician-patient relationship and the obligations of health care professionals to provide care. The final two chapters present issues about privacy and specific legal dilemmas.

This book does not deal with the daily lives of the person with AIDS, nor the ethical dilemmas that arise on a socioemotional level for the person with AIDS and significant others. Practitioners who are looking for solutions to the daily dilemmas that they face when working with persons with AIDS will not find them in this book.

This text presents major social, political, and economic ethical dilemmas that currently exist. These dilemmas are considered at the systems or institutional level with a presentation of factual information. These facts are then examined from an applied-ethics perspective. Persons interested in a philosophical discussion of the issues surrounding AIDS will find this book to be a valuable resource.