in ancient Greek mythology, as an essential building block for nuance of future occupational therapy leaders. Robertson defines the multifaceted phenomenon of mentoring as a structured relationship between a mentor and protégé that has as a main focus the development of personal and professional skills of the protégé.

Occupational therapy students will find that Robertson has integrated both a clinician’s and an educator’s approach to conducting an assessment for the roles of mentor and protégé for personal career development and enhancement of the profession as a whole. Allows the protégé to prepare for a men­toring relationship.

Robertson reaffirms that the value of mentoring is inherent in key occupational therapy concepts, such as human development, environments for learning, and holistic relationship building. The holistic relationship is defined as the mentor guiding the protégé’s professional development and, in turn, the protégé guiding the development of the profession by assuming the role of mentor in the future.

The monograph closes with 11 case studies of occupational therapy professionals who discuss their mentor—protégé experiences. These case histories personalize the relationship aspect of mentoring, but at the same time, the histories can confuse the reader, because the monograph speaks to a structured, formalized relationship that none of the case studies confirms. This is the sole limitation of the monograph. Robertson gives specific guidelines for identification of the goals for a mentoring relationship, but she does not clearly identify how to formally invite someone into such a relationship.

This monograph is an excellent start for the serious student or therapist who is intent on fostering high professional standards of excellence and increasing his or her level of self-reflection. An extensive bibliography serves as a wealth of information on mentoring and leadership.

**Sexuality and the Person With Traumatic Brain Injury: A Guide for Families**

Sexuality is one area that is not always given the attention it deserves by the brain injury rehabilitation team. There are many reasons for this, ranging from the energy focused on sustaining life to efforts focused on cognition, mobility, and behavior management. *Sexuality and the Person With Traumatic Brain Injury: A Guide for Families* is designed to help families incorporate sexuality throughout all phases of the recovery process of the person with traumatic brain injury. The first four chapters present an excellent overview of sexual development, brain anatomy and function, types of brain injury, and the recovery process.

The two chapters that focus on neurological impairments relating to sexuality clearly explain cognitive, communicative, perceptual, and motor deficits. In these chapters, the authors describe how each specific impairment will affect the sexuality of the person with traumatic brain injury. In later chapters, the authors instruct the family on how to explore the preinjury sexuality of the person with traumatic brain injury as well as psychosocial aspects that affect sexuality after injury.

This book deals primarily with the scenario of the intact family support system and continuation of preinjury relationships. It offers clear and concise information that is an asset to the family’s understanding of brain injury as well as sexuality.

**Briefly Noted**

**Effective Documentation for Occupational Therapy**
American Occupational Therapy Association, Inc., 1353 Piccard Drive, Rockville, MD 20849-1725. 296 pp., $28 (members), $35 (nonmembers).

Authoritative information is compiled within this text on documentation. It is presented in 15 chapters, from the expert vantage point of occupational therapy consultants, professors, program managers, and supervisors.

The content is not new. It examines various forms of payment for occupational therapy services and the guidelines and limitations of those sources. Key elements to documentation and effective formats for documentation are reviewed, with case examples adding additional visual learning. Although the text and the case studies are up-to-date, the authors caution that the key elements of occupational therapy documentation are to be determined on a regular basis by each occupational therapy department.

In what way is the written medical record documentation best used for occupational therapy purposes? Readers seeking a response to this question will find the answer in the bulk of this work.

The text addresses specific occupational therapy reports and the medical review process and concentrates on helping therapists reconsider their thoughts about treatment goals. What information is needed by the medical reviewer before providers can be reimbursed for the service? This information is provided in depth and expanded to include special considerations affecting pediatric, home health, and mental health practice. Throughout the book, the reader is shown how to produce desirable documentation results.