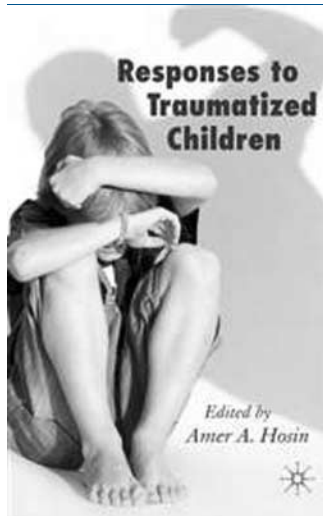


Book reviews

Edited by Sidney Crown, Femi Oyeboode
and Rosalind Ramsay



Responses to Traumatized Children

Edited by Amer A. Hosin.
Palgrave Macmillan, 2007.
321pp. £55.00 (hb).
ISBN 1403996806

There is no shortage of traumatic experience in the world. High rates of prevalence are well documented, especially in areas affected by war and natural disaster, as are the effects of trauma on mental health. Children are especially vulnerable. In the past half century or so there has been a U-turn in our understanding of how children are affected by trauma and how best to help. It used to be believed that children are not deeply affected by trauma and, if not reminded, they will soon forget and recover. We now know that this is not the case and children, especially young children, can be affected in a lasting way by trauma unless they receive timely, appropriate and effective help.¹

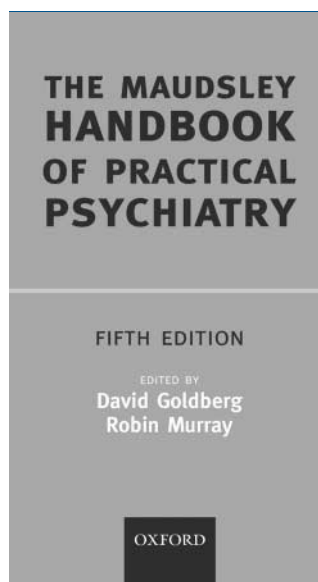
But what is effective help, and what do we know about the approaches that are most effective for children? This book seeks to address these questions and others. For example, what are the priorities for intervening in situations such as natural disaster? What type of support can prevent the development of mental health problems? Can resilience be enhanced? How can mental health professionals make a useful contribution to the mental health of refugees and children affected by war? The evidence base for guiding mental health interventions remains scanty in many key areas.

This ambitious book sets out to provide clinicians working in the challenging and diverse field of child trauma with an accessible summary of the available evidence and a guide to current good practice across a broad range of topics, for example, diagnostic assessment, building resilience, dealing with natural disaster such as hurricane Katrina and work with refugees. The contributors are experienced clinicians from the UK and the USA. Each chapter provides a clinical perspective and also a helpful review of literature with extensive references. The chapter on psychopharmacology, however, is disappointing, lacking adequate coverage of the neurobiological or developmental perspectives. In addition to the topics already mentioned, this book gives space for some important contextual issues, for example, the need to consider how best to protect clinicians from the effects of secondary trauma and burnout; working across different cultural perspectives and the importance of working with parents and families of children affected by trauma.

- 1 Morgan L, Scourfield J, Williams D, Jasper A, Lewis G. The Aberfan disaster: 33-year follow-up of survivors. *Br J Psychiatry* 2003; **182**: 532–6.

Guinevere Tufnell Great Ormond St Hospital, London WC1N 3JH, UK. Email: guinevere.tufnell@nhs.net

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The Maudsley Handbook of Practical Psychiatry (5th edn)

Edited by David Goldberg
& Robin Murray. Oxford University
Press, 2006. 256pp. £24.95 (pb).
ISBN 0199299765

Practical skills in any subject are best learnt by apprenticeship, wherein the less experienced student learns from a more experienced teacher. This is especially important in psychiatry where the practical skills of assessment, formulation and management require a teacher to have wide experience to be able to teach their students the nuances of assessing psychiatric patients where no two patients present the same way. The challenge for the editors was to provide a simple and structured guide to practical skills in the assessment and management of patients in psychiatry, while also covering the wide variations in, and associated challenges of, psychiatric presentations.

The eleven chapters cover four main themes: interviews and assessment, mental state examination, formulation/summary and management. Practical guidance is included for interviewing children, adults and elderly and neuropsychiatric assessment. Also covered are different interview situations including wards, out-patients and emergency departments. The areas that new trainees find difficult during assessment (i.e. personality, sexual abuse, family relationships) are covered in adequate detail.

The chapters on mental state examination and formulation/summary are brief, yet cover the necessary subject matter. Management covers early treatment interventions and when to refer to experts. The treatment plans provided for different disorders are to the point and in-line with current guidelines. The wide variety of conditions for which information on when to refer is provided should prove a useful resource for trainees.

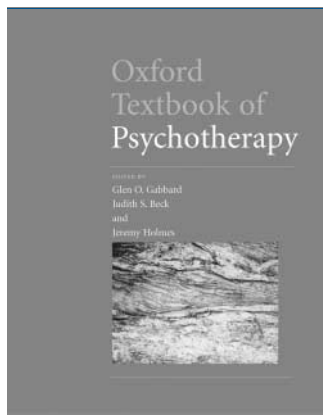
Deserving a special mention is the chapter on special interview situations. The wealth of experience of the editors is most evident here, where guidance on many a difficult situation that trainees face daily has been provided in one place. The section on special problems covers a range of disorders/situations requiring different approaches. The final chapter provides information on legal and service organisation issues. The appendices contain information that will be useful on a daily basis to a trainee in psychiatry.

The breadth and richness of the editors' clinical and teaching experience has been distilled into a succinct yet erudite handbook of practical psychiatry. It is a refreshing change that, despite being a handbook, it does not just contain endless lists. The narrative style is simple, yet authoritative. In fact, reading the book transported me back to when I was inducted into psychiatry and one of my favourite professors would say, 'This is the way it is done . . .', which is one of the strengths of this book.

This is a must read for trainees new to psychiatry and an interesting one for medical students during their placements in psychiatry.

Pavan Mallikarjun Division of Psychiatry, University of Nottingham, A Floor, South Block, Queens Medical Centre, Nottingham NG7 2UH, UK. Email: pavan.mallikarjun@nottingham.ac.uk

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Oxford Textbook of Psychotherapy

Edited by Glen O. Gabbard, Judith S. Beck & Jeremy Holmes. Oxford University Press. 2005. 545pp. £65.00 (hb). ISBN 0198520646

Disenchanted with the temporary cure affected by 'mesmerism', Freud turned his focus to the patient once more. The patient was asked to relax on the couch, close his eyes, and (as Freud placed his palm on the patient's forehead) tell his story. The patient began to talk unrestrictedly; and Freud listened. Later he discovered that he needn't even touch the patient. All Freud had to do was to listen.

Psychotherapy has evolved since Freud's time and a multitude of psychotherapy schools abound. The editors of the *Oxford Textbook of Psychotherapy* have cautiously orchestrated a meeting of a hundred authorities from both sides of the Atlantic. The barriers between behaviourism and dynamism have been pole-vaulted, and a conciliatory approach is employed in explaining the major modalities of therapy. One chapter (Chapter 10) deals exclusively with the concept of integrative therapy and a 'common factors' approach.

Psychotherapeutic treatments of schizophrenia by Turkington *et al* (Chapter 14) is an example offering a splendid ten-page read. Beginning with William Tuke and the founding of the Retreat at York in 1792, the chapter follows the development of psychodynamic, cognitive-behavioural and family interventions for schizophrenia. Theoretical discussion of each model is accompanied by key practice principles, case examples and challenges. The authors evaluate the evidence base for every approach and provide comprehensive references.

Such chapters are independent, which allows the reader to select particular sections of the book. The thematic range of the textbook is exhaustive, from chapters on cross-cultural issues and sexual orientation to topics like psychotherapy supervision.

The merit of the textbook is also in what it is not. It is not a manual, or a collection of prescriptive guidelines. It is not one

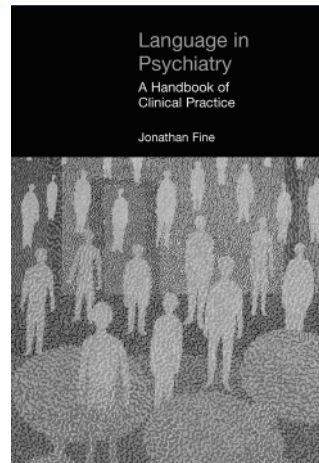
school of therapy against another but neither does it espouse a 'one-size fits all' mantra. Such absolutism would be pernicious to psychotherapeutic thinking. Instead the reader is invited to read about all the psychotherapies available for different conditions, and then form their own opinion. Such an attitude underlies how psychotherapy works on the therapist, as well as on the patient.

The presentation of the book could be improved. The cover is a gaudy orange with an image of a close up photograph of a tree trunk while the text is devoid of any artwork. There is disconnect- edness in the text at times; however, this is inevitable given the multiple authorship.

As with psychotherapy itself, some parts of the *Oxford Textbook of Psychotherapy* resonate with one's personal persuasion. It is essential reading for all who wish to hone their own Freudian art of listening.

Muzzaffar Husain Maudsley Hospital, Denmark Hill, London SE5 8AZ, UK. Email: mazaffar.husain@iop.kcl.ac.uk

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Language in Psychiatry: A Handbook of Clinical Practice

By Jonathan Fine. Equinox Publishing. 2006. 352pp. £65.00 (hb). ISBN 1904768121

'There is a necessary relationship between language and psychiatric disorders', and with this every psychiatrist would surely agree. *Language in Psychiatry* has some chapters explaining how linguistics can be used to clarify psychiatric symptomatology and others examining the language of individual disorders. It expresses its credentials in the first sentence by advocating 'listening in psychiatry'. The author introduces the psychiatrist to a new 'language', satisfactorily explained – clinical history strategies, lexicogrammar, the speech community, information space, theme and rheme – and states that language is disorder, not just a sign of disorder.

The psychiatrist's assessment of atypicality of speech becomes more refined when the distinction is made between 'observed' and 'expected' on linguistic principles, rather than reporting that the patient speaks oddly. The primary phenomenon in language disorder is atypicality of meaning: 'odd meanings and odd wordings of meanings'; how can we structure what is odd about language? The three major categories of meaning (experience of the external world, the relationship to the listener and fitting the language into context) may be compromised in psychiatric disorders. Genre – that is how language is organised to achieve processes in context – is important for mental illness.

This book is unashamedly didactic, which is just as well as most Anglo-American psychiatrists were never formally taught English grammar. It takes what the patient says seriously, worthy of detailed analysis. One can attempt to link specific disturbance of language and the organisation of language to particular