Book reviews
EDITED BY SIDNEY CROWN and ALAN LEE

Child Protection and Adult Mental Health. Conflict of Interest?

This is an important book. The editors are managers and directors of Home Counties-based children’s and community services, respectively; and planners and providers of mental health, child mental health and child protection and placement services should have it on their bookshelves. This book should be part of relevant training programmes. It should be read and used for teaching and debate, not because it is perfect, but because it is almost the only publication of its kind in a field which deserves far more focused planning, audit and research. The range of contributors reflects this; they include adult and child psychiatrists, a policy director, psychologists, managers, the Chief Executive of the Central Council for Education and Training in Social Work, practitioners in that field and a director of housing and social services.

A recurrent theme is the need for multi-disciplinary planning for children and adolescents at risk of abuse or neglect, which evaluates the incidence and prevalence of mental health problems and needs in their care-givers, balancing respective needs and risks in a coherent, reasoned fashion enabling joint evaluation of each decision made.

Of course, this does not happen. At governmental level, mental health, social services and educational legislation have been enacted over the past decade without appropriate interdepartmental planning. The Children Act and mental health legislation lie in separate parts of the map, with few routes between them.

The same thing happens on the ground. Bernard (Chief Executive of the Central Council for Education and Training in Social Work) and Douglas (an executive director of community services) comment in Chapter 11 that mental health staff may be unable to obtain a quick response from a local child care team because “the mental health emergency may not appear to be a child protection issue. Similarly, a child care team may try to arrange for an approved social work assessment of a family member, believing that parental mental health problems are critical to family functioning. To the mental health team, these problems may seem minor and not constitute an emergency. At its worst, action can take days or even weeks to negotiate between the relevant teams”. Audit of such practices seems the bottom line in terms of future achievement, and this will be even more difficult to establish than is audit within individual overpressed agencies.

With regard to psychiatry, Lau (Chapter 9) writes of the need for service managers to address current splits in service delivery in which those for adult mental health and child and adolescent mental health services are often separate. This rings bells with anyone in the latter speciality: all of us work in services which at best obtain 5% of the adult mental health budget and which, although we try to embrace multi-disciplinary work, are hindered by the structural and legal anomalies in relation to social services. We are hindered even more by the lack of longitudinal training for psychiatrists across the age range of our patients. Lau writes: “Service specifications for mental health services must include screening and identification of the mental health needs of dependent children in a family where the parent is mentally ill”. This is hardly controversial: it is simply not addressed adequately in current practice and planning. There is a useful perspective from consumers, though this reflects adults rather than children; as ever, their voices remain distant and elusive.

There are a number of useful protocols, provided by specialist local services such as those in Bath, Lewisham and Hackney. Kumar provides an excellent chapter on the assessment of infants and mothers at the Maudsley Hospital.

All in all, it is extremely surprising to realise that this is a pioneering book which requires and advocates collaboration between professionals from the fields of health and social services. This is hardly an original message, given that it is writ large within every Part 8 inquiry on child deaths and serious injury as required by the Children Act 1989, and each inquiry into homicides by mental health patients. Nevertheless, the message needs repeating and this book is a refreshing contribution to a field of study which is aiming to improve audit practice rather than to learn from tragedies after the event.

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Cross-Cultural Practice with Couples and Families

This American book outlines the complexities of working with people of different cultures from the perspective of a family therapist. It consists of 12 essays, some of which explore issues pertinent to working with people of specific ethnic groups, for example, Native American and African American people. Some are more anecdotal in nature describing specific experiences of therapists working with people of different races, the remainder are more ‘scientific’ – measuring therapists’ attitudes and knowledge of the cultures of the peoples with whom they work.

Although much of the specific information provided is peculiar to the US and therefore would be more useful to North American than to European therapists, this book emphasises the importance of acquiring knowledge and understanding of the history and culture of different races and using this knowledge to facilitate a more effective therapeutic relationship. This skill is clearly of great importance and relevance to those of us who work in ethnically diverse areas such as inner cities. In addition some of the subtleties of the relationship between the therapist and the patient are explored, for example, the effects that both race and gender might have on the therapeutic
relationship not only from the perspective of patients, but also from that of therapists. Necessarily the impact that stereotyping and prejudice has on this is heavily emphasised.

This is an easily read book which highlights the importance of empathy gained through the knowledge of others. Although written from the point of view of social workers many of the conclusions drawn are pertinent to anyone working in the field of mental health. Although possibly not ‘essential’ reading for trainees, I would certainly recommend inclusion of the book in any hospital library. Having read it it made me rethink some of my assumptions and attitudes about the families with whom I work in inner London.

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Cognitive Vulnerability to Depression

The authors overview existing theories and research addressing cognitive vulnerabilities to depression. Models include Bowlby’s development of Adler’s hypothesis that anomalies in early attachment (especially uncaring and/or overprotective parents) generate internal working models or cognitive ‘schema’ that negatively shape processing and interpretation of interpersonal interactions, so inducing and/or maintaining depression. To most clinical psychiatrists, schema models are intuitively appealing, both seemingly confirmed by many patients’ reports of their core beliefs as well as allowing common sense therapeutic application. As a consequence, many psychologists and psychiatrists run the theory up the clinical flag pole every day of their professional lives – and despite increasing questioning about the efficacy of cognitive–behavioural therapy (King, 1998).

There is, however, a problem. The theory, not for the first time in the history of psychiatry, resists empirical confirmation. If, as many cognitive therapists have claimed, negative schema are latent constructs intrinsic to those who develop depression and activated by key life events (particularly ones that mirror early adverse events), certain consequences should follow. Some can be noted.

First, prospective studies of those with or without negative cognitive schema should predict onset of depression in the former group when mirroring life event stressors are experienced – a specificity model. Such studies do not appear to have been conducted.

Second, patients with depression in remission should, when ‘mood-primed’, differ from subjects who are not depressed by the evidence of dysfunctional cognitive patterns. While generally confirmed, such findings do not establish the existence of cognitive schema – as such patterns could equally be a consequence of the state mood disturbance. Third, any such mood-priming should induce consistent schema, an issue apparently not pursued by researchers.

Fourth, returning to the Bowlby hypothesis, if certain parenting behaviours dispose to depression, recall of those behaviours might be expected to identify cognitive vulnerabilities, and the authors note an interesting priming strategy (use of the Parental Bonding Instrument) offering some preliminary support.

Most importantly, patients with depression should, when euthymic, be more likely than subjects who have never suffered from depression to show evidence of ongoing cognitive vulnerabilities. The authors consider the now very large bank of such studies which, almost without exception, fail to reveal such differences. This could reflect over-reliance on two measures which may or may not measure core beliefs and schemas – the Dysfunctional Attitude Scale and the Automatic Thoughts Questionnaire. If not reflecting methodological limitations, and such schema are only evident when an individual is depressed, it is hard to argue for their status as vulnerability factors. The rule of parsimony might then argue for ‘schema’ as more reflecting state nuances of a depressed mood, a possibility conceded by the authors but rather unconvincingly rejected. Thus, they dismiss a significant challenge to the cognitive Zeitgeist with the ex cathedra statement that there exists “compelling theory and research suggesting that there are important cognitive factors at work in the onset and maintenance of depression” (p. 66). This trinitia of faith, hope and charity is akin to arguing that the Emperor cannot be regarded as naked as he has a large wardrobe at home. Thus, cognitive schema currently appear to have a ‘ghost in the machine’ status. Schemas, formulated as being ‘dormant’ or ‘latent’, thus occupy a position which allows a range of explanations for their ‘now you see them, now you don’t’ status, and which risks being all explanatory. Is it not time for definitive proof of their status or conceptual repositioning – at least as vulnerability factors to depression? Perhaps they have greater relevance to the anxiety and personality disorders rather than to the depressive disorders. If not, why not?

The authors assume that their readers have no knowledge base – at least about depression, cognitive schema, model-testing paradigms or the applied studies. Therefore, this is an excellent reference for students seeking such a primer and a review of the field, but somewhat frustrating to those who have followed the field and who will be impatient for the authors to cut to the chase. The authors impress as ‘true believers’; somewhat mystified by the lack of confirmatory research. Rightly so. While this book seeks to inform, its careful preparation raises more questions than answers. That is a noble outcome for an academic product, and worthy of being applauded.


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Panic Disorder

Around half of this book (116 pages) consists of chapters outlining neurobiological theories and drug treatment. The remainder outlines psychological theories and treatments of panic disorder.

The neurobiological perspective is comprehensive. Data are presented from recent radioactive ligand single photon emission computed tomography (SPECT) studies which suggest that alterations at the
benzodiazepine–GABA (γ-aminobutyric acid) receptor may be central to an understanding of the neurobiology of panic disorder, but credec is also given to information from investigations of noradrenergic and serotonergic systems. In an outlining of investigations of respiratory control in panic disorder an interesting argument is developed; that the noradrenergic locus coeruleus represents part of a ‘suffocation detector’ which might be inappropriately activated in the course of a panic attack. Four chapters cover drug treatments for panic, including as widely different agents as imipramine, moclobemide, alprazolam, paroxetine and lithium. These occupy more than a third of the text – this exposition of neurobiological theorising and the results of drug treatment is comprehensive and up to date.

By contrast the chapters addressing psychological perspectives are poorly focused. A single chapter covers psychoanalytic, psychodynamic, behavioural and cognitive theories, and another outlines treatments derived from them, concluding that all have their merits. This aspect of the book lacks depth and detail, and conveys the impression that psychological research and practice are ‘also rans’. Although cognitive–behavioural therapy is referred to it is barely given more coverage than other forms of treatment, despite the fact that many authorities regard it as the treatment of choice. Furthermore, the central role of behavioural experimentation and its theoretical foundations are not emphasised.

Four chapters concern nosology, epidemiology, comorbidity, clinical course and economic aspects. These remind the reader that panic disorder occurs in many cultures although details of presentation vary, that it is associated with identifiable and partly inheritable premorbid vulnerability factors, that it is poorly recognised and thus frequently left untreated, and that it is responsible for considerable economic and social disruption.

Although the editors aspire to psychological integration, the book favours a psychopharmacological approach. Intriguingly the range of neurobiological models and treatments offered proves to be no more focal or conclusive than the proffered range of psychological models and treatments.

**Obsessive–Compulsive Disorder: Practical Management (3rd edn)**


Research into obsessive–compulsive disorder (OCD) is advancing on many fronts: from genetics to phenomenology, to neuroimaging, to treatment by medication and psychological approaches including some guided by computer. Much of the recent progress made is detailed in this encyclopaedic volume. It is edited by three of the leading workers in the field. All but two of the 43 contributors to its 30 chapters are from the USA. The majority of those authors are from the east coast with far the greatest cluster from the Massachusetts General Hospital, Boston. Contributions are of a high order, often with detailed references to 100–200 or more articles.

Various chapters in this massive tome cover the clinical picture – epidemiology, clinical aspects, features in juveniles, personality disorders and OCD, pregnancy and OCD, so-called OCD spectrum disorders (Tourette’s syndrome, trichotillomania), pathophysiology and assessment. Half the text reviews treatment by medication, behavioural and cognitive methods (including group and family issues, when using those methods), neurosurgery, and points to be taken into account with religious patients. There are detailed guides to practical clinical management with case examples. Two appendices are guides for consumers in readable style, one for patients and another for parents of children and adolescents with OCD. A contact list of support groups in the USA runs to 50 pages and in other countries to seven pages. Commonly-used rating scales are reprinted.

Being really several books in one, the volume’s next edition could ease navigation so that each kind of reader could quickly look up what interests them in particular. Adding an author index would enable researchers to get to descriptions of particular studies. Editorial summaries of various parts of the volume would be helpful. Patients and their relatives would benefit from having more front-end highlights to what might interest them within the mass of material; perhaps the main consumer-relevant parts could be pulled together into one section. It is surprising that the index does not include self-help, given that one of the editors, Lee Baer, has written an excellent popular guide on the subject.

This compendium is a notable feat and is an essential reference work for all libraries and serious researchers. It brings into one volume a huge amount of information relevant to OCD, especially that from an American perspective, for researchers, clinicians, patients and their families.

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**Management of Drug Users in the Community: A Practical Handbook**


From the mid-1980s there has been a progressive movement in the management of drug misuse from specialist treatment alone towards therapy in the community by a variety of care-givers. The latter centres on the general medical practitioner, albeit often in conjunction with the specialist. The transfer stemmed from two disparate factors: HIV infection and financial constraints. The present volume meets a need to update primary care practitioners about techniques within their reach that develop their comprehension, accessibility, assessment and treatment of drug misusers.

The text also contains information to broaden the perspective of psychiatrists. The chapters on psychiatric and other medical disorders as well as the descriptions of the social difficulties that underlie, accentuate or result from drug misuse are especially to be commended.

Bad luck attended the timing of the publication. Guidelines for the management of drug misuse have since been provided by the Department of Health, together with proposals for tighter restrictions in the UK on the prescribing of substitute methadone by general practitioners. The book would benefit from pruning of frequent repetitions between the authors of separate chapters and by abridgment of outdated and unrealistic attacks on drug laws.

Despite some shortcomings the editor and his international contributors provide a balanced narrative for those working in

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general psychiatry as well as for the main readership in primary care. There are useful accounts of interactive services between general practitioners and specialists, but the text repeatedly warns that some treatments (for example, relapse prevention and injectable drugs) are beyond its scope. The volume offers a convenient introduction for the novice trainee in substance misuse. Further information is required to gain sufficient knowledge for unsupervised practice in the speciality. This is a book for the general psychiatric library, rather than more specialised books.

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Therapeutic Communities. Past, Present and Future

The therapeutic community movement has been in decline since its heyday after the Second World War. The timing of this book may well be prescient: is a revival of the therapeutic movement taking place? There are a number of books on various aspects of therapeutic communities. This book does not set out to emulate these, but to paint a picture of the diversity and colour within the movement. It is a multi-author book, several of the contributors having written their own authoritative works. It embraces the roots of the therapeutic community movement and goes on to span present practice and possible future development. It is easy to read and there is considerable factual content, not only of the historical development of the therapeutic community movement but the basic concepts of therapeutic communities, their psychoanalytic roots and their application – including the application of group analytic approaches and understanding. Contributors from current therapeutic communities address various clinical issues that arise in the management of their patients who, by and large, have severe personality disorders. These issues include containment, the significance of management of boundaries, the process of attachment and separation, and the management of the conflict between encouraging personal responsibility and the inherent paternalism in the Care Programme Approach.

Chapters describe the application of therapeutic community approaches to various settings, including that of the prison service. The final section of the book responds to contemporary challenges of survival in the market, research and evidence, and issues regarding training in an approach that is fundamentally multidisciplinary. The book is written with passion and conviction and conveys the creative experimentation and radicalism that has characterised the movement. It is salutary to note how few therapeutic communities now exist within the National Health Service.

The content of this book, its tone, the energy that is conveyed and the commitment of the multi-disciplinary teams contrast vividly with what, by many, is seen as the creeping increase in social control and bureaucratisation of the present time. The style and presentation, with an emphasis on the art of therapeutic practice, is a challenge to the current dominance of the scientific clinical approach with the apparent idealisation of a logic, which would appear to be applied even in such complex and challenging cases as the management of severe personality disorders. I recommend this book to all aspiring and practising colleagues, if only to remind ourselves of times when the practice of psychiatry could more comfortably embrace notions such as creativity and play, and to consider whether the time has come for their reelection.

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Psychoanalysis and Mental Handicap

This book arises from European conferences held in Belgium in 1996 and France in 1997 to exchange ideas on the relations between psychoanalysis and learning disability. The editors and translators for this book have provided a supporting structure for diverse chapters from European psychoanalysts, psychologists, educationalists and an anthropologist to reflect on their psychoanalytical work with people with learning disabilities and the similar work of others.

As such, the book benefits from having chapters written by authors from a wide range of European cultural, professional, theoretical and service system backgrounds. Several authors pay tribute to the pioneering clinical, theoretical and political work of the French psychoanalyst Maud Mannoni who died in March 1998. Chapter authors also draw on the work of Bettelheim, Bion, Freud, Gaedt, Goethe, Klein, Lacan, Oe, Sinason, Tustin and Winnicott.

Given the authors’ diverse backgrounds, languages and psychoanalytical perspectives, chapters vary in their organisation, accessibility and overall quality. Though the book covers individual psychoanalytical therapy and family issues extensively, and to some extent systemic and institutional psychodynamic issues, I was disappointed by the relatively limited consideration of group psychoanalytical work with people with learning disabilities (apart from in the final chapter by the only UK contributor, Valerie Sinason).

Key themes include needing to acknowledge and tolerate the anxieties associated with difference, disability-associated thinking and communication difficulties; appreciating transference and countertransference issues; and defence mechanisms for all people encountering disability, handicap and debility. Several chapters use rich clinical material to illustrate the key psychoanalytical issues in the lives of people with disabilities namely identity, dependency, sexuality, trauma and bereavement.

Several authors also provide theoretical and clinical evidence that people with learning disabilities have the capacity for insight and can make good use of psychoanalytical therapies, despite their primary organic disabilities and particularly given their frequent secondary psychosocial handicaps and psychic-numbing and stupefying traumatic experiences.

Some chapters explore family issues including mother–child dynamics, the effects of trauma and guilt on the siblings who are not disabled, the relationship between a sole-caring father and his disabled son, and intra-familial abuse. Other chapters draw on the fields of anthropology, politics, literature, mythology and art, particularly when considering monstrosity, sexuality,
exclusion/integration, institutionalisation and normalisation issues.

Overall, given this book’s wide-ranging European professional, service and theoretical perspectives, it should prove a useful contribution to the growing international literature on psychotherapy for people with learning disabilities. In the UK, analytical psychotherapy provision for people with learning disabilities is extremely patchy and mainly provided in specialised centres such as the Tavistock Clinic, London.

I recommend this book primarily to professionals undertaking and supervising analytically-informed psychotherapy work for people with learning disabilities. They should find that this interesting and easily readable book will broaden the theoretical perspectives underpinning their clinical psychotherapy work and lead to better psychodynamic understanding of people with learning disabilities, their families and carers. The book would also be a useful addition to psychiatry and psychology of learning disabilities and psychotherapy departmental libraries.

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Basic Family Therapy (4th edn)


In recent years, the family therapy movement seems to have sometimes deliberately enjoyed producing obscure texts using impenetrable jargon. This book does what its title claims and is a basic, clearly written overview of the subject. The format has remained the same since the previous edition in 1992, but the text has been updated where necessary, for example in the chapter on research and the section on informed consent.

There are issues that cannot be explored in depth, and content on particular complications such as family violence and child abuse is limited. However, there is a large bibliography to allow more detailed reading.

As a text for trainees, it is helpful by being clear and is interesting enough to tempt beginners into reading further works. The book is good value for money and worth any library updating to this edition.

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Cognitive Vulnerability to Depression: By Rick E. Ingram, Jeanne Miranda, & Zindel V. Segal.

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