

Reviews

Adam

Written and directed by Max Mayer,
Fox Searchlight Pictures, 2009

Hollywood has chosen autism, more than virtually any other psychiatric disorder, as its cinematic subject. The quintessential *Rainman* (1988) engaged public awareness of autism, winning plaudits from disability awareness advocates.

Regrettably, the majority of *Rainman's* successors have been misguided, inaccurate and detrimental to those for whom autism is more than just a cinematic spectacle. Autism-spectrum disorders are variously depicted as self-induced, evil, dangerously volatile, worthless, supernatural, instilled with genius or miraculously curable. A disproportionate 45% of Hollywood's characters with autism are 'composite savants'. Most are hopelessly dependent and the majority are children.

Its rejection of such misrepresentations makes *Adam* a bold, refreshing film.

The film concerns the blossoming relationship between an attractive, independent, intelligent thirty-something with Asperger syndrome, and the neurologically typical gregarious Beth. Beth is intrigued by Adam's behaviour and sets about educating herself about the syndrome.

A well-researched, sincere script combined with a polished, convincing performance from Hugh Dancy, commendably portrays the autistic triad without inaccuracy or hyperbole. Adam's interests are restricted to astrophysics and historical facts. He finds social interaction difficult, being unable to keep eye contact, or read body language: 'I can see you are upset, but I don't know what to do about it'. He depends on rigorous routines. In addition, his literalness makes the nuances of everyday speech challenging: 'That was a joke, Adam'. The film accessibly introduces current medical theory. Adam elegantly describes the experiences of 'mind blindness' and sensory 'overload'.

Crucially, Adam challenges popular thinking about autism. Beth is attracted to Adam despite his complex social difficulties. Where one character suggests Adam is not 'prime relationship material', another asserts that, among many other things, 'people with Asperger's get married'. Unlike other Hollywood portrayals in which autistic traits present an absolute barrier to independence, Adam's idiosyncrasies provide an employment advantage (as an electronic engineer).

Although Adam's eccentricities are occasionally manipulated to suit the 'Rom-Com' formula, this is not at the expense of Asperger syndrome itself. The film is forthright about the challenges Adam faces. It is romantic, not romanticised; informative, but not didactic. In its accurate portrayal of autism, *Adam* is every bit as unique as its eponymous character.

Rory Conn FY2 in Old Age Psychiatry, 6 Woodland Crescent, London SE16 6YN, UK, email: rconn@doctors.org.uk

doi: 10.1192/pb.bp.109.028217

Understanding Repeated Self-Injury: A Multidisciplinary Approach

Digby Tantam & Nick Huband
Palgrave Macmillan, 2009, £19.99, pb, 180 pp.
ISBN 9781403936967

People who repeatedly self-harm evoke strong emotions. They are often very unpopular with NHS staff and are frequently seen as time-wasters. Tantam & Huband take this emotional baggage as their point of departure for a book that is rich in experience and common sense. It should be essential reading for junior medical staff. Even though the book deals primarily with that subset of people who repeatedly self-harm, there are lessons here for all staff who deal with people who self-harm whether once or repeatedly.

With self-harm getting such a negative press, it is perhaps unlikely that most will even pick up a book that tackles the area head on. The authors have spotted this. Their solution is to provide a series of 14 boxed key messages. My favourites are 'the strength of other people's reactions to self-injury should not be under-estimated' and 'it is not always possible to pin down in words the clear function or meaning of self-injury', so 'immediate challenges for professional carers include assessing risk, deciding about safety and offering short-term coping strategies'. So relevant are they that the key messages from this book should probably be printed on a sheet of A5, laminated and stuck to the desks in GP practices, accident & emergency departments, and mental health teams.

The rest of the book provides the context through which to understand the key messages. That really sets the style of the work which mixes the experiential with the practical and a smattering of evidence. It's a case of horses for courses. Some medical books take an evidence-based approach to their subject matter; others draw on experience and expert opinion. Self-harm gives rise to difficult emotions and experiences: a book which provides the reader with support and therapeutic interventions when confronted with this sensitive issue is to be welcomed.

Keith Lloyd School of Medicine, University of Wales Swansea, Singleton Park, Swansea SA2 8PP, UK, email: k.r.lloyd@swansea.ac.uk

doi: 10.1192/pb.bp.109.026534

Cognitive Behavioral Therapy for Anxiety Disorders – Mastering Clinical Challenges

Gillian Butler, Melanie Fennell & Ann Hackmann
Guilford Press, 2009, £24.00, hb, 224 pp.
ISBN: 9781593858308

A look at National Institute for Health and Clinical Excellence (NICE) guidance for treatment of anxiety disorders reveals a revolution: first-line treatment for anxiety disorders is cognitive-behavioural therapy (CBT) and some other psychological interventions. Cognitive-behavioural therapy of severe anxiety disorders has reached a high degree of

effectiveness through almost 25 years of treatment development and testing in randomised controlled trials. Improved access to Psychological Therapies (IAPT) is the only logical consequence of putting decades of research work into clinical practice and making it available for the wider population.

Gillian Butler, Melanie Fennell and Ann Hackmann, all of whom have played a leading part in this revolution, have summarised their insights in a great book.

This book is diagnosis driven, the CBT treatment models vary for each disorder, and it is essential to know the models to conduct therapy successfully. The authors though take a transdiagnostic approach to help deal with complex cases. The advanced CBT practitioner will find a wealth of practical ideas on how to progress when one gets stuck. Every step is backed up with easy-to-grasp diagrams and algorithms. Formulation of the case represents the 'map' for the 'journey' that the therapist takes with the patient through CBT to reach the 'destination', the goals of therapy. The authors suggest a generic way of using the formulation as an important step to deal with complexities. The 'surgical blade of the mental health practitioner', the appropriate concise questions targeting a particular symptom or leading guided discovery are outlined verbatim. We are being reminded that CBT, like mindfulness-based therapeutic approaches, promotes not only a more balanced and fair content of our thinking, but also a distanced, more objective relationship with our thinking process as a whole.

The book puts emphasis on overcoming common obstacles in CBT: the chapter about low self-esteem and the intolerability of uncertainty are highly useful for our understanding of factors indirectly related to anxiety. The chapter about emotional avoidance, a common and ill-understood phenomenon, is invaluable. In CBT the therapeutic relationship is generally not valued as highly as in other psychological therapies: here, the authors dedicate a whole chapter to exploring the opportunities and difficulties arising between therapist and patient.

I feel that there would have been an opportunity to dedicate a chapter to the intricate psychopathology and physiology of anxiety. I also would have liked to read more about the fascinating aspects of evolutionary psychology on anxiety disorders. Both can be useful to normalise anxiety experiences to patients and validate their symptoms.

This is a book for the experienced CBT practitioner. The authors should be congratulated for advancing the field with this structured and easy-to-read book.

Florian A. Ruths Consultant Psychiatrist and Cognitive Behavioural Therapist, South London & Maudsley NHS Foundation Trust, David Pitt House, 24–28 Norwood High Street, London SE27 9NR, UK, email: florian.ruths@slam.nhs.uk

doi: 10.1192/pb.bp.109.026559

Children with Mental Disorder and the Law: A Guide to Law and Practice

Anthony Harbour

Jessica Kingsley Publishers, 2008, £25.00, pb, 245 pp.
ISBN: 781843105763

Child psychiatric care occurs within a complex legal framework that has seen major changes in recent years, particularly with

the Mental Capacity Act 2005, the Mental Health Act 2007 and the Children Act 2004. So a book such as Anthony Harbour's is welcomed when it promises readers an 'accessible and jargon-free guide' to the law in this area.

So, what works well? The chapters on service provision and the case law on treatment refusal are engaging and well written, showcasing the author's knowledge of these areas. The service provision chapter highlights statutory responsibilities of health and local authorities in meeting the needs of children and carers, relevant to inter-agency negotiation and care planning. The 'refusal cases' highlight the previous underuse of the Mental Health Act in children, the issue of stigma, and an increasing awareness of its benefits and safeguards.

Unfortunately, the bulk of the book struggles to put the law into context or to summarise key principles. There are no introductory or concluding chapters, for example. Instead it offers the 'letter of the law', rather like a revision guide for law students, but without the bullet points, summaries and case commentaries that assist learning. Furthermore, the text itself is hard to follow. Often it makes reference to sections of statute which have not yet been introduced, assuming the reader already knows what they mean. The result is a sense of frustration, confirming the reader's anxiety about the complexity of the law.

However, the main problem is that the Mental Health Act 2007 came into effect as this book was being published, so it refers primarily to the 1983 Act, the 2007 amendments mentioned as interesting extras. The appendix includes a chapter from the Draft Code of Practice, which has since been revised.

Overall, this book does not achieve its aim of making the law in relation to young people accessible to the general reader. As a concise, authoritative and practical guide to the current legal framework, the recent National Institute for Mental Health in England publication¹ does much better. Together with the Codes of Practice for the Mental Health Act and Mental Capacity Act, this provides busy clinicians the working knowledge needed to practice confidently and lawfully.

1 Department of Health, National Institute for Mental Health in England. *The Legal Aspects of the Care and Treatment of Children and Young People with Mental Disorder: A Guide for Professionals*. Department of Health, 2009.

Arif Khan Specialty Registrar in Child & Adolescent Psychiatry, Youth Support Clinical Team, Birmingham & Solihull Mental Health NHS Foundation Trust, 1 Miller Street, Birmingham B6 4NF, UK, email: arif.khan@bsmhft.nhs.uk; **Anne Jasper** Consultant Child & Adolescent Psychiatrist, Youth Support Clinical Team, Birmingham & Solihull Mental Health NHS Foundation Trust

doi: 10.1192/pb.bp.109.023564

Developing Mental Health Services for Children and Adolescents with Learning Disabilities: A Toolkit for Clinicians

Edited by Dr Sarah Bernard & Professor Jeremy Turk
RCPsych Publications, 2009, £10.00, pb, 59 pp.
ISBN: 9781904671619

This informative toolkit for clinicians was a response to the recommendations of the National Service Framework for Children and the Public Service Agreement 12 (2007). As part of the comprehensive spending review, these documents set