# Book reviews

Edited by Sidney Crown, Femi Oyebode
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Two recently published books on family work are reviewed below, both providing guidance on working with families of those with serious mental health problems. Even though one is published in the USA and one in the UK, there are similarities, with both discussing the literature, techniques (such as the use of genograms), and what to do in family sessions. Both are primarily guidebooks dealing with the practicalities of delivering family work.
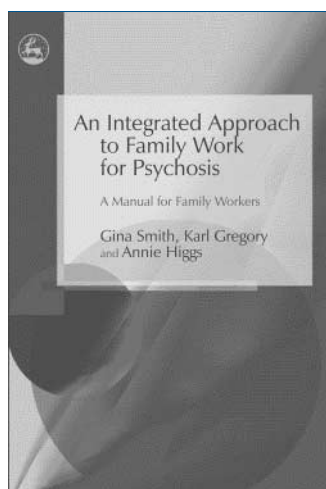
An Integrated Approach to Family Work for Psychosis: A Manual for Family Workers

By Gina Smith, Karl Gregory & Annie Higgs.
Jessica Kingsley Publishers.
2007. 208pp. £18.99 (pb).
ISBN 9781843103691

This book is written by experienced clinicians with a genuine passion, enthusiasm and commitment to working with families. It is clear that they have been attempting for years to implement a family approach to care. Their attitude to families is without fault – empathic, humble, respectful of their feelings, experiences, and strengths. It is confirmed by glowing testimonials from family members who have benefited from their help. Their book advocates a non-prescriptive, non-formulaic approach to family work that is individualised and flexible.

The book is divided into two sections: section one deals with the 'what, why, who, when and where' of family work; section two covers preparation, assessment, managing meetings with families, and how to promote recovery. Throughout, there is useful guidance on a range of practical issues, such as note-keeping, venues for family meetings and the importance of supervision.

The authors describe a particular model of family work, based primarily on the approach developed by Julian Leff and colleagues. It is very much a mental illness model which regards co-working as essential (p. 84). However, not all psychoeducational family approaches comply with this model, and the strict adherence to it as proposed in the book is at odds with the overall flexibility otherwise advocated here. It would have been helpful if the authors had alerted the reader to different models of family work in psychosis, embracing those that marry systemic and family management models and describing how the various models differ.

The book is probably best used as an adjunct for people in training, rather than as a stand-alone manual. Some quite complex concepts, such as enmeshed or estranged relationships, rigid and diffuse boundaries etc., are discussed briefly, but it would have been helpful to have more detail on the actual content of sessions with families.

Although the book might seem repetitive, with text boxes, summaries and key points in each chapter, overall it is a useful practical manual for those delivering family work.

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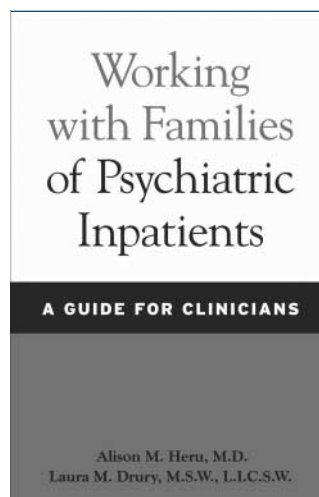
Working with Families of Psychiatric Inpatients: A Guide for Clinicians

By Alison M. Heru & Laura M. Drury.
The Johns Hopkins University Press.
2007. 192pp. US$20.00 (pb).
ISBN 9780801885778

In the UK, family work continues to be seen as an intervention that is delivered mostly by community services and so it is excellent to read a book which addresses the important issue of providing family interventions within in-patient settings. The effects of mental health issues on the family and the benefits of working with both the service user and their family to aid the process of recovery are explained clearly and in a manner that will encourage and motivate clinicians to cooperate with families more closely.

The book is divided into five parts: part one outlines the knowledge, skills and attitude necessary to provide a family-focused approach within an in-patient setting, and the biopsychosocial model, exploring a biosocial assessment and treatment plan. Part two brings together research findings which influence our understanding of the role of family in mental health issues and treatment. Part three deals with mastering the skills a clinician needs to work successfully with the family, such as assessment, family meetings, multifamily psychoeducational groups and genograms. Part four considers the challenges in working with families both from the clinician's and the family's perspective. Part five addresses risk management and family-based services after discharge from hospital.

The authors give very practical guidance following the psychoeducational approach, with excellent case studies demonstrating the procedure and outcome. For instance, there is an example of an abbreviated family assessment carried out to help with time constraints, and practical advice on managing family meetings. Common mistakes made when working with families are also covered.

The book is aimed at medical students and contains information on the core competences required for their training, which relate well to family work. Still, it will also be extremely useful to any clinician from whatever profession working with service users and their families.

Although the book gives very clear guidance to individuals who want to work with families, it does not address the organisational blocks and obstacles to adopting this approach. It is often these that get in the way of clinicians engaging with families.

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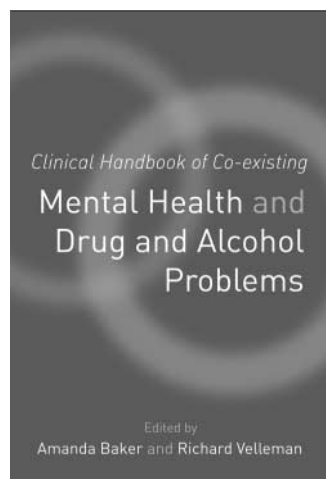
Clinical Handbook of Co-Existing Mental Health and Drug and Alcohol Problems

Edited by Amanda Baker and Richard Velleman.
Routledge. 2007. 424pp.
£27.99 (pb).
ISBN 1583917764

In 1927 Emil Kraepelin updated his pre-War textbook *Klinische Psychiatrie*, highlighting the impact of cocaine on the mental health services of that era. In 2007 Pat McFadden, the Minister for Social Exclusion, discussed the cost of 'chaotic' people, defined by Baker & Velleman as those mentally ill who also have substance use disorders, to public services. He suggested that such a person will cost public services around £500 000 over the period of ten years, and there are an estimated 6400 chaotic people in London alone. With ever wider and more diverse substance use now than 80 years ago, the complex needs of people with dual diagnosis will present an increasing challenge to both clinical and social care.

I began to read Baker's & Velleman's *Handbook* with excitement that evidence-based management, based on a deepening understanding of life with complex disorders, would be taken far beyond routine clinical practice. To begin with the good news, several of the 40 contributors to this 20-chapter book write with vividness and literary ease. The *Journal*'s readers may already be familiar with the eminently readable works of Hubert Lacey or Ilana Crome. Smith & Velleman's chapter on family interventions is a model of concise, informative and practical information and the family nursing case study rings of truth.

However, the more I read this hefty handbook, the more I felt it failed in its aim to 'substantially improve' the 'quality of treatment'. I had hoped I would learn about various assessment scales/algorithms, but these were mostly introduced sketchily and uncritically.

The book seriously lacks neuroscience or genetics in conceptualisation, and a surprisingly limited amount of clinical guidance is provided on prescribing or toxicology. In identifying problem-areas there is very little about lifecourse approaches that might illuminate, for example, the complex relationship in women between traumatic experiences early in life (e.g. childhood sexual abuse or bereavement) and chemical dependence, or might

unravel the multi-factorial interaction between mid-life alcohol misuse and senile dementia. The historic lessons of barbiturate use in the period before suicide are also missing. I personally find the chapter on anxiety as the most disappointing. Particular studies are absent, for instance on individuals with overlapping cocaine rituals and obsessive–compulsive disorder, or on patients whose nocturnal panic follows alcohol nightcaps. A much more serious lack of insight concerns therapeutic addicts. Admittedly, dependence on benzodiazepines is mentioned here, but there is no discussion of the interaction between clinicians and patients with chronic anxiety that might produce this dependence. 'Big Pharma' has almost expunged the term 'benzodiazepine dementia', but when Baker & Velleman state that 'impairments in cognitive functioning may help to maintain substance use and anxiety', they could have nevertheless tried to make the connection.

The *Handbook* can be summarised by a phrase from the chapter on learning disability: 'there are no empirically validated models and no best practice guidelines in this area', but it takes the authors a 22-page chapter to arrive at this conclusion. Outcome statistics are rarely discussed in relation to any interventions. For example, therapeutic communities have long been a key treatment option for the most chaotic patients, but it is only briefly mentioned here as 'promising reports of efficacy' (p. 312). Instead, Lacey's team give structured 'day programmes' in relation to treatment of eating disorders.

The editors finish their *Handbook* with a quotation from Charles O'Brien. It is a pity they did not consider his ongoing research on day hospitals in their discussion on coexisting cocaine dependence and depression.

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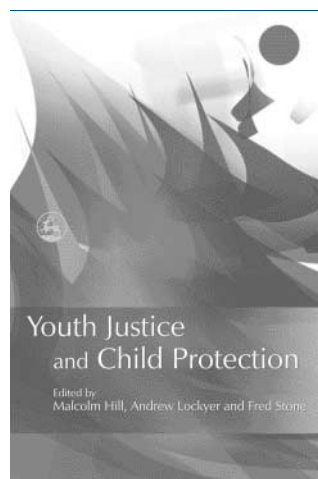
Youth Justice and Child Protection

Edited by Malcolm Hill,
Andrew Lockyer & Fred Stone.
Jessica Kingsley Publishers.
2007. 320pp. £19.99 (pb).
ISBN 9781843102793

Youth justice and child protection has been high on the political agenda within the UK in the past decade. The Laming Inquiry into the death of Victoria Climbie led to subsequent development of policy and legislation such as the publication of Every Child Matters (2003) and the implementation of the Children Act 2004, the latter requiring all agencies to work together in order to safeguard vulnerable children and provide for children's well-being.

The government's approach to youth justice, namely 'to prevent offending by young people and children' had at its centrepiece the Crime and Disorder Act 1998. It is notable that