



psychological issues. Supervision and management of clinical teams are also important clinical tasks.

The important teaching role is discussed in relation to both undergraduate and postgraduate medical education and the education of professions allied to medicine. Strategic advisory and clinical governance responsibilities are discussed and the particular remit to bring a

psychologically minded approach to these discussions is highlighted.

Finally, the report highlights the future development of the role in relation to the changing role of medical consultants within the health service. It stresses the importance of developing a capacity for flexible ways of working, employing a range of therapeutic modalities, learning new evidence-based therapies and

participating in the research base for and development of new treatments. In addition, the changing structure of adult psychiatry is discussed in relation to developing therapeutic roles for consultant psychiatrists in psychotherapy more generally, including involvement in developments such as assertive outreach, crisis intervention and home treatment teams.

## reviews

### The Frith Prescribing Guidelines for Adults with Learning Disability

Sabyasachi Bhaumik  
& David Brenford (eds)  
London: Taylor & Francis, 2005,  
£24.95, pp. 155  
ISBN 1841845736

As a child it was often said to me that 'Good things come in little parcels'. This sentiment applies to this book, which although being slender contains invaluable information to guide clinicians faced with the task of managing adults with learning disability who have additional mental health problems, behavioural problems and/or epilepsy.

Compared with the general population, individuals with learning disability often respond differently to standard psychiatric (and other) medication and may be exquisitely sensitive to such medication and its side-effects. Many clinicians are justifiably cautious when prescribing for these patients and are often obliged to seek the advice of their more experienced colleagues; advice that may be more anecdotal than evidence based. Thus it was with a sense of professional delight, mingled with relief, that I received this book.

The book covers all the major psychiatric disorders and challenging behaviours that most professionals working with people with learning disability are likely to come across in their daily practice. Each chapter has a clear, logical format and benefits from being succinct with a pleasing absence of verbosity. The authors use sub-headings to full effect and bullet points draw attention to important facts. Chapters that are particularly strong are those on the management of epilepsy in people with learning disability and the management of affective disorders.

The authors clarify treatment options/pathways by the liberal use of treatment algorithms in most chapters. Although this strategy is helpful, some of the algorithms are difficult to follow (particularly that for the treatment of aggression (pages 59–61)).

Having read this text several times I am convinced that it will become an

invaluable aide, not only to my psychiatric colleagues but also to other mental health professionals and general practitioners, all of whom regularly treat people with learning disability. For the future, the publication of guidelines for prescribing for children and adolescents with learning disability and co-morbid mental health problems, epilepsy and/or challenging behaviours would be very welcome... please?

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### Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care

National Collaborating Centre for Mental Health  
London & Leicester: Gaskell  
& The British Psychological Society,  
2005, £50.00, pp. 168  
ISBN: 190467125

Post-traumatic stress disorder (PTSD) has its believers and non-believers, but the balance appears to be moving in favour of the former. Despite numerous descriptions of the disorder since the First World War (and before), it was not a formally recognised clinical diagnosis until fairly recently.

The increased number of victims of violence within our society, including political refugees and the victims of the recent bomb attacks in London, places PTSD at the centre of the current health and political agendas. All of this makes this book more than welcome, as it responds to the clear need for understanding, training and clinical guidelines.

This book introduces the reader to the concept of PTSD, mainly from the medical/clinical point of view and includes some observations about the psychosocial dimensions. We are offered a summary of the majority of well-conducted randomised clinical trials of its treatment modalities, both psychotherapeutic and

pharmacological, both in adults and children, in whom its presentation is less well described. It covers disaster planning (very topical) and early intervention, and makes recommendations for future research. Furthermore, there is a very moving and enlightening chapter dedicated to the views and experiences of sufferers and carers from different backgrounds.

It is important to note, however, that anyone looking to gain a thorough understanding of more complex and severe cases of PTSD will not find it here. The main research trials select populations of the more simple cases of trauma – this might be owing to the costs, length and complexity of including studies of the more complicated and severe clinical cases. This book also misses the opportunity to satisfy the reader's curiosity in relation to newer treatments for PTSD such as eye movement desensitisation and reprocessing (EMDR), which is briefly described but only from the perspective of cognitive-behavioural therapy, which predominates in this book.

As a summary of current trends and practices, however, this book is invaluable. It will be useful to a range of health and non-health workers, including general practitioners, psychiatric services, children's services, psychotherapists, and others within the National Health Service and non-statutory services.

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### Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association

Norman Sartorius & Hugh Schulze  
Cambridge: Cambridge University Press, 2005, £30.00, 233 pp.  
ISBN: 0-521-5493-4

Essentially a factual report upon an international programme to reduce stigma, this book develops many interesting ideas beyond those which might be expected from the title. It gives a detailed account



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of the interesting, varied and often difficult initiatives undertaken in 19 countries across all continents in a bid to combat the stigma experienced by those living with schizophrenia and those around them.

It also, by relating plainly a wide variety of initiatives, gives the reader numerous ideas how they themselves might change their practice to combat stigma; it is worth noting that a recurrent source of stigma reported by those with schizophrenia was their psychiatrist.

The authors, one an eminent psychiatrist and one a senior communications consultant in industry, approach the programme from very different backgrounds, which makes the book more than simply a description of a 'medical' initiative. The book embraces the principles of marketing and public relations and attempts to evaluate their use in medicine. The results are interesting, and the overarching idea that we need to work with those within business communities, journalism and the teaching profession (among others) in a meaningful way, as well as with people with schizophrenia and their loved ones, seems an important one.

The results from national programmes show that relatively small, poorly funded initiatives can make a significant difference to experienced stigma, sometimes more so than larger and less local initiatives. The book subtly brings the reader to the conclusion that it is not a matter of having time in our lives to challenge stigma, but rather one of making time. Importantly it also suggests that times of change and upheaval, in services or society at large, are times of great opportunity for challenging attitudes and providing education. The implicit message that stigma is not necessarily a 'fact of life' for those living with schizophrenia is a refreshing one, although perhaps harder to believe if you have been experiencing it personally for some time.

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### Three Therapists – Approaching Challenges to the Therapeutic Relationship (video)

Manchester: University of Manchester Counselling Service

Very early in the course of psychotherapy training the trainee is introduced to the concept of 'common factors' that contribute to successful outcomes in any model of therapy. This video demonstrates such common factors in action within three

different therapeutic modalities: cognitive–analytic therapy, psychodynamic interpersonal therapy (the conversational model) and cognitive therapy. It was initially shown at a psychotherapy research conference and has been reworked and presented as a training video for 'therapists and other mental health workers... to develop skills for working with challenges to the therapeutic relationship.'

The video includes role-plays of three 20-min sessions with a therapist representing each therapeutic modality and is followed by discussion of the interaction among the three therapists. The role-play is very competently performed by an actress which adds to the verisimilitude of the production. This is particularly welcome since the 'patient' material is standardised and hence potentially repetitive.

The video evoked strong reactions from a panel of 'guinea pigs', which included senior house officers in psychiatry and a selection of mental health workers experienced in psychotherapy but not in the specific models of therapy presented. The technical elements of each interaction were not named and those without a grounding in the therapeutic models felt they needed prior theoretical instruction in order to appreciate how the common factors and differences were demonstrated. This could be overcome by frequent pausing of the video and explanation.

The video is 80 min long and it can be difficult to assimilate all the material if watched at a single sitting. However, if watched over three sessions, the comparative aspects of the exercise were diminished. Given the dearth of such resources for psychotherapy supervision, the video is an extremely valuable training tool, but it should be used with some form of teaching on the techniques and interventions used.

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### Treating Drinkers and Drug Users in the Community

Tom Waller & Daphne Rumball  
Oxford: Blackwell, 2004, £36.50, pb, 457pp.  
ISBN: 0632035757

It seems strange to realise that managing drug and alcohol misuse in the community is a relatively new phenomenon. Not that many decades ago most treatment would involve a long hospital stay for detoxification, followed by an even longer period of in-patient rehabilitation. The move to community management has been

possible owing to the involvement of general practitioners who, although slow coming forward, now occupy an important place alongside psychiatrists in the management of drug and alcohol misuse.

When I was dipping my toe into the world of drug misuse, Tom Waller was already a major player in the field of primary care. He provided care to people with drug problems, not just as medical adviser to the City Road crisis hostel but also in his general practice. Many fledgling general practitioners such as myself turned to one of the only textbooks specifically addressing the management of drug misuse in primary care – *Drug Misuse: A Practical Handbook for GPs* by Banks & Waller. For many years their book was one of the few to describe the management of drug use within the community. Over the years many have followed, the latest being the excellent book *Treating Drinkers and Drug Users in the Community* by Daphne Rumball, an addiction specialist, and the late Tom Waller.

The book describes the treatment options for substance misuse – focusing on psychosocial interventions, many of which can be carried out in a community and indeed primary care setting. The evidence in support of the treatments is well presented and the book is superbly referenced, acting as a valuable resource for further study. The book is well written and is accessible to professionals and the general public. It goes without saying that this book will provide an invaluable source of information. Moreover, it is a scholarly text and is extremely well written. Sadly, Tom died last year and will not see how useful this book will be to professionals working in the field of substance misuse. I strongly recommend this book and hope that in time it will become a classic.

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### Coping with Schizophrenia: A Guide for Patients, Families and Caregivers

Steven Jones & Peter Hayward  
Oxford: Oneworld Publications, 2004, \$17.95, pb, 192 pp.  
ISBN: 1-85168-344-5

This book is primarily for people with schizophrenia and their families and gives an overview of the disorder, its treatment (pharmacotherapy and cognitive–behavioural therapy) and the role of the family in management. It contains many case studies, is comprehensive, comprehensible and very well laid out, and the notes at the end of each chapter complement the clear style. My main criticism