

## Book reviews

EDITED BY SIDNEY CROWN, FEMI OYEBODE and ROSALIND RAMSAY

### Handbook of Tourette's syndrome and Related Tic and Behavioural Disorders (2nd edn)

Edited by R. Kurlan.

New York: Marcel Dekker. 2004. 534pp.

£110.00 (hb). ISBN 082475316X

This new edition thoroughly deserves its title of handbook, being an authoritative summary of current understanding of these disorders. The preface mentions the increasing interest in Tourette's syndrome at the time of the first edition in 1993. This interest has continued to increase since then, together with interest in associated and parallel disorders, such as attention-deficit and hyperactivity disorders, and these are well covered in the present volume. The book is multi-author, each one dealing well with a particular aspect of Tourette's and its associated disorders. The authors are distinguished in their field and give definitive, contemporary accounts of the disorders they describe. I was impressed by the chapter on premonitory sensory experiences in Tourette's tics. This reviews the increasing appreciation of sensory phenomena as part of tic disorder. Traditional divisions of phenomena into motor and sensory, or objective and subjective, are too simplistic. This realisation will become increasingly important in understanding other neuropsychiatric disorders such as somatoform disorder. Another impressive chapter was that on the natural history of Tourette's. This reviews how the same genetic disorder can be differently expressed according to age at onset, and considers factors leading to protracted disorder or spontaneous remission in different individuals with the syndrome. The chapter on drug-induced tics is a model of clarity, crystallising our current understanding of neurotransmitter function and thought provoking for future understanding in this field. That on rating tic severity allows the non-mathematical reader to understand the statistical concepts underlying such ratings. I found a few chapters,

such as treatment of obsessive-compulsive disorder, to be superfluous to the main theme of the book, but others, such as the neurosurgical treatment of Tourette's, including deep brain stimulation, were quite exciting and those on genetic counselling and on children and adolescents with Tourette's are very thoughtful. Oliver Sacks' contribution ('Tourette's syndrome, a human condition') and that of the Tourette's syndrome association (promoting research into the disorder) provide a fitting finale to this handbook, which can be thoroughly recommended.

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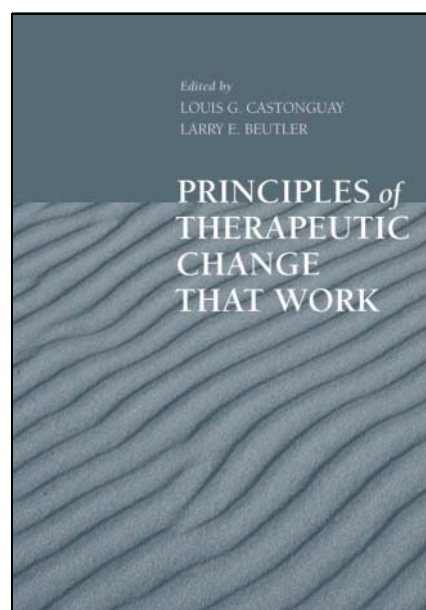
### Principles of Therapeutic Change that Work

Edited by L. G. Castonguay & L. E. Beutler.

Oxford & New York: Oxford University

Press. 2006. 464pp. £35.99 (hb).

ISBN 0195156846



The null hypothesis of this review is that it will be of no possible interest to UK psychiatrists. HO1: British psychiatrists are no longer concerned with working long-term with patients, viewing themselves primarily as advisory consultants and managers of 'complex cases'. HO2: British psychiatrists have little interest in the role of 'relationship factors' in producing good outcomes for patients. HO3: British psychiatrists avoid examining their own personal characteristics as relevant to their efficacy, focusing exclusively, as the medical model dictates, on *what* is delivered rather than *how*, or by whom.

All this, if true, is very sad, since this book should be required reading for all mental health workers. It is the result of a fascinating intellectual evolutionary process in the American Psychological Association. In the mid-1990s a group of psychotherapy researchers in the Association initiated an Empirically Supported Treatment (EST) movement. This resulted in the publication of the *Guide to Treatments that Work* (Nathan & Gorman, 2002) focusing on evidence-based psychotherapeutic treatments for major psychiatric disorders. This inevitably showed short-term, researchable and fundable treatments such as cognitive-behavioural therapy in a favourable light, downplaying the inescapable 'equivalence paradox' of psychotherapy research, which suggests that the change agent is the therapeutic relationship itself, rather than specific therapeutic techniques. That led to a second volume, informed mainly by psychodynamically minded researchers: *Psychotherapy Relationships that Work: Therapist Contributions and Responsiveness to Patients* (Norcross, 2002).

The present volume, comprising collaborative review articles by top US psychotherapy researchers, integrates the findings of both camps and identifies superordinate principles applicable across different psychotherapy schools. It focuses on psychotherapeutic treatments for four major groups of disorders: dysphoric disorders, anxiety disorders, personality disorders and substance misuse. The result is a measured, balanced, open-minded, scholarly, readable and inspiring compendium. Here are a few findings relevant to the reviewer's interest: in working with people suffering from personality disorders, long-term (minimum 1 year) intensive treatments (minimum twice a week) are better than short-term ones; focusing on the therapeutic relationship is an important vehicle for change;

effective therapists are flexible, open, honest, set limits, repair alliance ruptures in a non-confrontational way; and need specialist training and supervisory support.

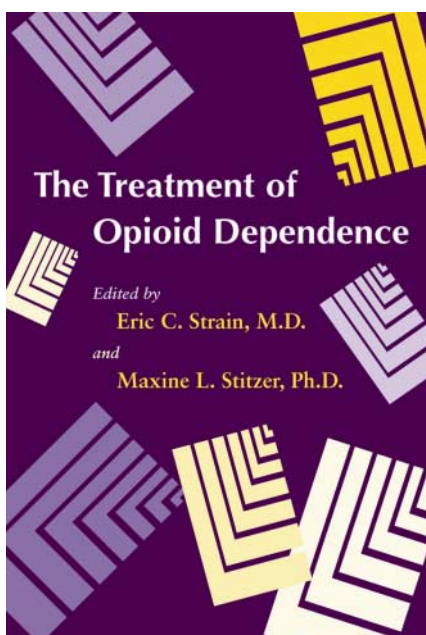
Most of the 'complex cases' that are supposedly our new brief will fall into one if not all of the four groups covered here. If British psychiatrists are to take their newly chosen role seriously, they will have to acquire the technical and personal skills and support they need to work psychotherapeutically, not just pharmacologically and managerially, with them. That is a major personal and educational task. Reading this book would be a good first step.

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### The Treatment of Opioid Dependence

Edited by Eric C. Strain & Maxine L. Stitzer. Baltimore, MD: Johns Hopkins University Press. 2006. 576pp. US\$30.00 (pb). ISBN 0801883032.

The number of patients in treatment for dependence on opioids has rapidly increased over the past few years, not just in the USA and UK, but through much of the rest of the world. Accompanying this



expansion in treatment has been a broadening of the treatment options available. In 1999 these authors produced *Methadone Treatment for Opioid Dependence*. This book, *The Treatment of Opioid Dependence*, is in part an updated edition of the 1999 title; however, it also goes much further than the previous book focused on methadone treatment, with 11 added chapters (out of a total of 24), covering all major treatments for opioid dependence.

Undoubtedly, the authors achieve their goal of providing an extensive and objective overview of treatment options for opioid dependence; they also manage to link treatment to the evidence base, pointing out where evidence is lacking. Methadone, buprenorphine and other pharmacotherapies are discussed at length, as are various psychological and social interventions. The treatment of special populations, such as dual diagnosis and adolescents, is also reviewed. Chapters are clearly laid out and well written. This book is a mine of information and is extensively referenced.

The main criticism I have is that this book is too focused on the USA. Some chapters concentrate on the American treatment system and the rules and regulations that define practice in the USA. Much of this is not translatable to the rest of the world, although admittedly informative on how another treatment system works. This leads on to a curious omission; that of diamorphine prescribing. Although there are prescribing programmes and research trials in several European countries and a long history of its use in the UK, nowhere is it discussed or even acknowledged. A topic of great controversy and an unlicensed drug in the USA, it should not be ignored in a book aiming at an international audience.

I do not think these criticisms should turn anyone involved in the treatment of opioid dependence away from this book. It is concise, very well written and has a clarity that others would do well to follow. It is probably the best single book I have read on the treatment of opioid dependence and I have no hesitation in recommending it.

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### Improving Outcomes and Preventing Relapse in Cognitive–Behavioral Therapy

Edited by M. M. Antony, D. Roth Ledley & R. G. Heimberg. New York: Guilford Press. 2005. 416pp US\$45.00 (hb). ISBN 1593851979

This is a very topical subject. As one of the more evaluable psychotherapies, adherents to cognitive-behavioural therapy (CBT) have generated an impressive corpus of evidence for efficacy. Coupled with a very strong brand image, hardly a set of treatment guidelines seems to go by without featuring a specific recommendation for CBT, often first-line. However, current CBT evidence has an Achilles heel, that of duration of effect, most recently emphasised by a UK National Health Service Research and Development health technology assessment (Durham *et al*, 2005).

This illustrates the latest battleground for continued acceptance of CBT as a broad therapeutic approach, and is the very timely focus of this book. It is edited from a North American perspective (exemplified by a chapter on 'Couple distress'), but with a fair smattering of UK contributors and fairly conventional diagnosis-specific chapters elsewhere it should appeal to most practitioners.

Each chapter stands alone, following a standard format which first provides an overview of the disorder and conceptualisation before moving on to review empirically supported treatments (not just CBT but pharmacological and even electroconvulsive therapy for some disorders), predictors of CBT outcome for each disorder and then the real meat of the book – practical strategies for improving outcome and predicting and preventing relapse.

All the overview sections are good (often extremely comprehensive) as literature reviews, but probably double the size of the book compared to what would be needed purely to cover the crux of what one needs to do to improve outcome, as suggested in the title. This may or may not be good for you, but I certainly found it helpful to put the treatment strategies in context.

Most of the contributors are careful not to discuss CBT to the exclusion of other treatments and explicitly mention evidence for combining treatment modalities – surely a helpful addition for practitioners working outside the selective academic centres where this is less likely to be the norm. Detailed and well referenced case