

(speed, ecstasy and Ritalin)' from a scientist's perspective.

This book is set out in nine chapters. They include an excellent overview of the chemistry of amphetamines and their effects on humans; an account of the history and rationale of their use over the past century for conditions such as narcolepsy, depression, obesity and ADHD; a short chapter on their use in the military and misuse in sport; a social history of amphetamine misuse in the USA and UK, and a detailed account of the methamphetamine epidemic in the USA and South East Asia. Topics covered in the second half of the book include the relevance of amphetamine psychosis to understanding schizophrenia, evidence for the behavioural and neurological toxicity of amphetamines, mainly from animal studies, a summary of their chemistry, history, dangerousness, therapeutic use in post-traumatic stress disorder, and concluding with a look to the future.

The chapters vary in their relevance and appeal to different (although by no means mutually exclusive) professions, with some being more for clinicians, others for basic scientists and a couple primarily for drug policy makers. The book is easy to read and understand, it answers all the key questions it sets out to address, it is interspersed with interesting first-person accounts from amphetamine users, and it takes an international perspective. My only criticism is that it lacks a clinical feel, even on topics such as amphetamine dependence, amphetamine psychosis and the use of methylphenidate in ADHD – perhaps my clinician's bias. All in all, this book provides a very good account of the use and misuse of amphetamines from a scientist's perspective.

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### The Psychiatric Interview in Clinical Practice (2nd edn)

By Roger A. McKinnon, Robert Michels & Peter J. Buckley. American Psychiatric Publishing. 2006. 679pp. US\$65.00 (hb). ISBN 1585620904

Interviewing and communication skills are rightly assuming a prominent position in

medical education. UK postgraduate trainees will soon be responsible for assessing trainees' communication skills, even though they may have had little or no training themselves. Therefore, books such as this appear timely and welcome, although it is unusual for the second edition of a book to be published 35 years after the first. For a book about communicating, however, the title is somewhat misleading. It appears to have been written primarily for clinicians assessing patients with a view to offering psychodynamic psychotherapy.

The book is divided into four main parts which cover general principles, major clinical syndromes, special clinical situations and technical factors affecting the interview. Most of the book focuses on clinical syndromes, with chapters on, for example, the narcissistic patient and the psychotic patient. Each chapter has a similar structure of characteristic clinical features, differential diagnosis, defence mechanisms and developmental psychodynamics, followed by 'the management of the interview'.

This is a large book, written by three wise men with a wealth of clinical experience. It is filled with helpful nuggets of advice. For example, the chapter on the obsessive-compulsive patient beautifully describes the diverting tactics patients use to avoid directly answering questions, with useful suggestions on how to counter them.

The parts on the management of the interview are the most rewarding to read, particularly the section on discussion of suicide with patients with depression. Given the title, I expected more emphasis on basic communication skills, such as question style and responding to cues. There was discussion of listening and facilitation, but in the main the focus was more on psychoanalytic understanding. The occasional excerpts of dialogue were excellent, but it would have benefited greatly from many more of these valuable illustrations.

The book is written in a flowing style with long paragraphs taking up a whole page. Nowadays, however, with short attention spans and many books having attractively laid-out chapters filled with bullet points and coloured boxes, I wonder how many trainees will actually read a book like this.

For clinicians negotiating the early stages of assessment and engagement in psychodynamic psychotherapy, it is no doubt an extremely useful book, but probably not the first choice for those wishing

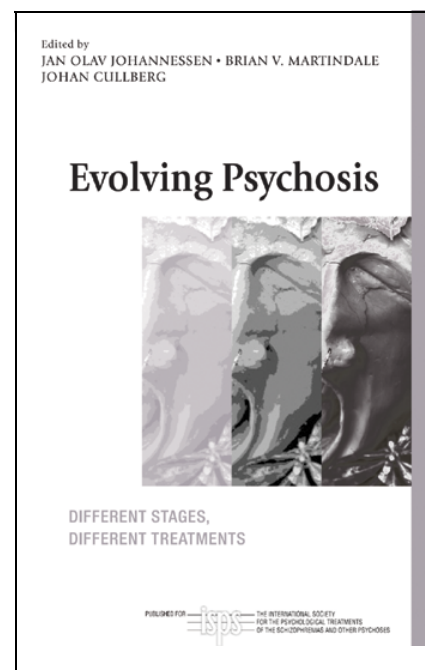
to purchase a more comprehensive book on general psychiatric interviewing. Libraries should definitely have a copy for people to dip into for helpful tips on specific clinical presentations.

Finally, there was a long wait for this second edition and I wonder whether we will still be undertaking standard psychiatric assessments 35 years from now.

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### Evolving Psychosis: Different Stages, Different Treatments

Edited by Jan Olav Johannessen, Brian V. Martindale & Johan Cullberg. Routledge. 2006. 320pp. £19.99 (pb). ISBN 1583917233



What we have here, on the whole, is a series of essays and monologues which invite the reader to focus on the success and importance of psychosocial treatments. There are individual chapters on phase-specific treatment, which go some way to addressing whether early needs-adapted treatment can prevent the long-term effects of psychosis. But what is also contained in this interesting and challenging book broadens its scope considerably.

We learn, for example, about the post-Lancian view, ideas rarely taught in

current times except to dismiss them as an old-fashioned blame of the schizophrenogenic mother. In a fascinating chapter Van Eecke argues, among other ideas, for an increased emphasis on the role of the father. This is about as far removed from the neurobiological basis of psychosis as it is possible to be. Yet, if you persevere, there is considerable sense in what is presented here. Most contributors argue for an increase in the psychological and psychodynamic as a way of understanding our patients and enabling clinicians to engage individuals with treatments in addition to medication. Ideas such as 'the therapeutic work to be undertaken is to help and support the patient' will receive universal agreement but are not always easy to use in practice when balancing our combined roles of risk managers and treatment providers.

There are further controversial ideas in the final chapter. Most people within the early intervention field will be familiar with the debate on the emphasis and frequency of childhood trauma and abuse as risk factors for psychosis, and the arguments are dissected in detail here. However, on closer reading there is also balance. Read & Hammerley agree that 'it is not just child sexual abuse' but also poverty, urbanicity, belonging to a minority ethnic group, etc. that clearly play a causal role in the development of schizophrenia.

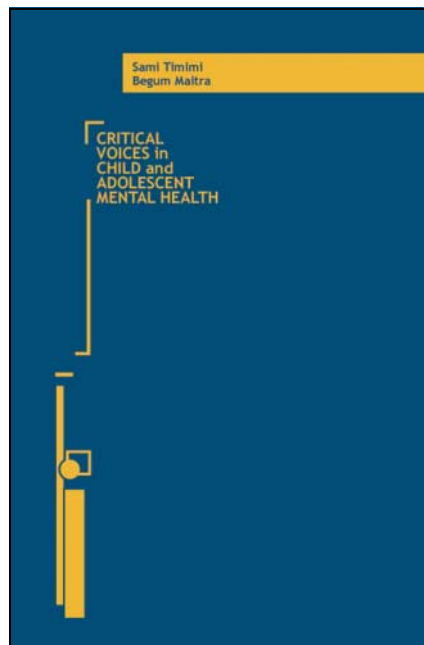
So perhaps this text is not as controversial as it is reported to be, but it will provoke thought and debate and I think that is the underlying aim. We should, perhaps, all break away from taught, firmly held views and at times dare to think about schizophrenia from another angle, as a way to balance, hold and integrate ideas as we reach for the prescription pad. The nature *v.* nurture debate has moved on considerably in recent years but perhaps still has some way to go.

This book challenges the reader to think again about preconceptions of psychotic illness and as such would appeal to those working with such patients. Indeed, the first step in both psychological and biological treatments is to establish a relationship through which effective treatment can be delivered, and ideas presented here can aid this by increasing our understanding.

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### Critical Voices in Child and Adolescent Mental Health

By Sami Timimi & Begum Maitra.  
Free Association Books. 2005. 228pp. £18.95.  
ISBN 1853439436



Child psychiatry should be challenged and this worthwhile, though occasionally uneven, book edited by Sami Timimi and Begum Maitra aims to start a critical debate. In medicine we are too often taught that there is only one right answer, but in psychiatry looking at the development of the formal classification systems should at least cause some doubt.

The authors criticise the increasing dominance in child psychiatry of a biomedical model which implies linear causation of 'disorder' on an individual basis and ignores the historical and cultural context. They are especially well able to take a sideways glance at this phenomenon because of non-European backgrounds and, therefore, observe that although immaturity is a necessary stage, its construction in terms of childhood is culturally determined.

The 19th century was the great age of institutions in Britain. Children were no longer allowed to work and then were required to attend school, thus becoming available for observation, measurement and classification. Many were removed from home and placed in residential schools and children's homes, a practice which continued until the 1980s. As with adult psychiatry, deinstitutionalisation occurred for a variety of reasons, some well-intended,

some scientific and others purely economic. Although the development of psychotropic drugs contributed to the emptying of asylums, this could hardly be said for children's homes and special educational boarding schools. A value shift had occurred.

Nevertheless, the identification of child psychiatric disorders went hand-in-hand with the development of drugs to treat them – especially attention-deficit hyperactivity disorder and childhood depression. This book addresses these topics in some detail. Although a critique of the marketing of stimulants and antidepressants for children is not new, Timimi & Maitra, rather than blame the drug companies, set the issue within a Western cultural system of individualisation for consumption.

Overall, despite the presence of 'straw men' I would recommend this book for provoking thought about the role of our profession.

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### Psychoeducation Manual for Bipolar Disorder

By Francesc Colom & Eduard Vieta.  
Cambridge University Press. 2006. 236pp.  
£24.99 (pb). ISBN 0521683688

This is a clearly written and user-friendly psychological treatment manual for patients with bipolar disorder. Part one

