

## Book Reviews

### **Posttraumatic Stress Disorder: Malady or Myth?**

Chris R. Brewin

New Haven: Yale University Press. £25.00. ISBN: 0-300-09984-3.

DOI: 10.1017/S1352465804211547

This book is a welcome addition to the development of understanding PTSD. It purports to be for the sufferer, families and the general reader. However, some of the technical and scientific detail may be slightly hard going for such an audience (or that could just be me). Overall the book is very readable for the professional. It is helped by all the references being kept out of the main text, and having comprehensive notes and references sections at the end.

The overall structure covers crucial questions about PTSD. What is it? What causes it? How can we understand it? How can we prevent it? How can we treat it? The book predominantly focuses on single event trauma but has some discussion of more prolonged or multiple traumatization. The author constructs the rhetorical device of a debate between Saviors (sic) and Skeptics to examine contentious issues concerning diagnosis and false memory. Lots of studies are described in the appropriate detail to help draw balanced conclusions.

The theoretical framework used is understandably based on Brewin's Dual Representation Theory with some reference to PTSD models of other researchers such as Foa, and Ehlers and Clark. For me his work is at its strongest when discussing and interpreting memory phenomena. It is perhaps slightly weaker when discussing the role of "identity" in PTSD and how that translates into treatment. The discussion regarding "internal voices" is not unique to his approach and it is a surprise that other practitioners were not mentioned in this context.

The contents cover issues including memory, identity, political and legal influences, basic psychological experiments, false memory syndrome, dissociation, repression, and current clinical treatments. The book is an active reminder of why the study and treatment of PTSD is so interesting. So, malady or myth? Malady. But an interesting, provocative, biopsychosocial malady that clearly warrants further scientific investigation. This book is valuable to both clinician and academic, pulling together multiple strands into a coherent, and ongoing, narrative concerning PTSD.

NICK GREY

Centre for Anxiety Disorders and Trauma, Institute of Psychiatry, London

### **Reconstructing Early Intervention After Trauma: Innovations in the Care of Survivors**

Roderick Orner and Ulrich Schnyder (Eds.)

Oxford: Oxford University Press, 2003. pp. 287. £37.50 (paperback). ISBN: 0-19-850834-4.

DOI: 10.1017/S1352465804221543

In the last decade the topic of early psychological intervention following traumatic exposure has represented an area of clinical psychology that has been – to say the very

least – extremely controversial. Questions about the utility of early intervention procedures in the prevention of chronic posttraumatic psychopathology, the optimal time posttrauma at which early intervention techniques should be implemented, and the means by which to identify those individuals who will most benefit from acute intervention in the wake of traumatic exposure have prompted fierce and ongoing debate. The primary objective guiding this line of work has been the delivery of psychological intervention in the acute phase that will facilitate prevention of the subsequent development of posttraumatic stress disorder (PTSD). This endeavour clearly has relevance to the clinical practice of therapists who treat traumatized clients and, more broadly, speaks to issues of best practice and cost-effectiveness in the provision of psychological services following trauma and disaster.

However, given the diversity of views, the vehemence with which competing viewpoints have been expressed and the range of early intervention procedures that have been advocated, turning to the existing literature does not guarantee the clinician clarity about the most efficacious way to address the complex and multifaceted needs of acutely traumatized individuals. The editors of this book acknowledge this, and open their first chapter with the observation that “the debate has become confused . . . and unprecedented levels of scepticism prevail about early intervention both in professional and public domains” (p. 1). Accordingly, in this text they bring together the writings of international experts who have influenced both the theoretical conceptualization and the clinical practise of early intervention, in order for the reader to objectively examine the course of development of the relevant literature, and to evaluate for his or herself the existing evidence-base. The editors preface the text by clearly establishing that their own views are not necessarily in accord with all of the positions argued by the contributing authors. In compiling this comprehensive collection of perspectives, their goal was to contribute to “the continuing quest for promoting a professional commitment to evidence-based practice for early intervention after trauma” (p. vii) – an objective that they most certainly achieve.

The book is divided into five sections. Section 1 contains an overview on the historical and theoretical influences (e.g. military psychology, social psychiatry) from which early intervention after trauma has emerged, and establishes for the reader a clear context for subsequent chapters. Suzanna Rose and colleagues provide an excellent summary of the updated findings of the Cochrane Collaboration Review of psychological debriefing. From their systematic review they conclude that PD has a “very weak evidence base” (p. 34). Further, they report that there are *no* existing randomized controlled trials of group debriefings.

Section 2 presents an interesting combination of theoretical positions employed to account for the onset and maintenance of acute trauma reactions. The authors in this section draw on cognitive, psychobiological, behavioural and systemic models in their conceptualizations of early trauma response. The diverse theoretical approaches outlined in this chapter remind the reader of the importance of considering not one, but rather aspects of each of these perspectives in the assessment, formulation and treatment of each individual client.

Recent developments in the early intervention evidence base are presented in Section 3. This section of the book emphasizes that it is vital to understand the course and natural symptom fluctuation that occurs in the acute phase, so that intervention will be offered when evidence of a disorder exists, rather than when transient stress reactions are experienced. Reported in this interesting and diverse section of the text are examples of the accumulating evidence base in the early intervention literature, such as the findings of a longitudinal prospective study, description of a clinical tool to identify individuals at risk of developing PTSD, and evaluation of psychodynamic early intervention. This section also delivers a strong message about the

role of early intervention in the facilitation of each person's unique coping strengths, and the specific needs of each client to be considered in the delivery of psychological therapy (see chapters by Shalev & Ursano, Orner).

Section 4 is the most relevant to the practising clinician, and provides an impressively broad summary of therapeutic interventions that have been applied to a wide range of acutely traumatized samples (e.g. survivors of road traffic accidents, physical and sexual assault, war-related trauma, natural disasters). Space does not permit detailed descriptions of the procedures and materials employed in each type of intervention, nonetheless the authors provide succinct summaries of the respective therapies discussed, and cite numerous useful references for the reader to follow-up for more specific treatment guidelines and manuals (e.g. Bryant & Harvey, 2000; Foa & Rothbaum, 1998; Resick & Schnicke, 1993; Smith et al., 1999).

In the final section, the editors synthesize the themes that have emerged throughout the text. The principle message that Orner and Schnyder deliver is that evidence-based practice must at all times drive clinical decisions and interventions. This section is an excellent summary of the earlier chapters, in which the editors also highlight areas where future research attention should be directed.

In summary, this text provides a comprehensive overview of the existing empirical status of early psychological intervention following trauma. The early intervention literature is characterized by controversy and inconsistent findings, yet the editors have managed to arrange chapters reporting an array of approaches and views in such a way as to provide the reader with a clear overview of this complex area. This text is an essential read for clinicians working with traumatized clients, whether in a clinical or medico-legal capacity, and an invaluable summary of the most up-to-date empirical findings for researchers in the traumatic stress field.

MICHELLE MOULDS

Department of Psychology, Institute of Psychiatry, London

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### Body Shame: Conceptualization, Research and Treatment

Paul Gilbert and Jeremy Miles (Eds.)

Hove, East Sussex: Brunner-Routledge. 2002. pp. 282. £16.99 (paperback). ISBN: 1-58391-166-9.

DOI: 10.1017/S135246580423154X

While the subject of shame is far from a new one, it has received an enormous amount of research and clinical interest in recent years. One aspect that is particularly interesting is

the way in which individuals feel shame about their appearance and physique. This edited work is clearly structured in a way that should inform and stimulate debate on the subject of body shame. It begins with a section on conceptual, developmental and psychometric issues, proceeding to more specialized sections on physical disfigurement and psychological disorders. Thus, the broad sweep of this book appears to be reflective of the state of our knowledge to date. I did wonder whether future years might see more of a focus on the relationship with axis II psychopathology. I was reminded of the marked social dysfunctions that are associated with a lot of the personality disorders, and I wondered whether shame (or the lack of it) might merit further attention in such populations. Regardless, the scope of this book means that it has something for most clinicians.

While I would recommend this book, I found myself using it to understand gaps in the literature. For example, I was particularly struck by how little literature there appears to be on the subject of gender and ethnic differences. It would have been good to have seen such material expanded on to help us understand why some people are reluctant to seek help or to discuss material about their history of trauma.

The models and therapies discussed frequently have their base in cognitive-behavioural frameworks. However, the authors generally admit that there is a long way to go in the development of treatment programmes. Consequently, one will find pointers here towards effective interventions, but I anticipate that this book will facilitate the development of better models and treatments over the coming years.

GLENN WALLER

Department of Mental Health, St George's Hospital Medical School, London

### **Your Anxious Children: How Parents and Teachers Can Relieve Anxiety in Children**

J. Dacey and L. Fiore

San Francisco: Jossey-Bass. pp. 242. ISBN: 0-7879-4997.

DOI: 10.1017/S1352465804241546

This book joins an increasing number of books that aim to support both parents and Tier One professionals (e.g. Teachers, School Nurses, Health Visitors) in helping their child develop coping skills to deal with a range of difficult emotions, medical conditions or family situations. The book's specific aim is to provide strategies and activities that can be used with children to help them understand, relieve, or contend in new ways with being anxious.

The book has a clear structure, and the language used is understandable to both a lay and professional audience. The use of brief vignettes is helpfully illustrative. The first chapter helpfully covers aetiological factors and sets anxiety within a developmental context. A number of therapeutic models of intervention are discussed, before the authors give a clear rationale as to why they have opted to take a cognitive perspective. The second chapter describes features of eight anxiety disorders in children. While this may be extremely helpful for guiding the thinking of a professional audience, the impact on parents (and their children) of the use of psychiatric diagnostic labels should be considered.

The body of the book describes the COPE model: C = Calming the nervous system; O = Originating an imaginative plan; P = Persisting in the face of obstacles and failure; E = Evaluating and adjusting the plan. The section on calming the nervous system includes practical details on how to teach children a wide range of both physical and mental strategies.

The ideas described in the section on originating an imaginative plan, although not directed at anxiety itself, it is claimed encourage the development of creative problem solving strategies. The third section focuses on strategies to help children persist with their plans for dealing with anxiety. The following section explores evaluation techniques to encourage children to evaluate their plan both during its execution and on completion. Some strategies are soundly based on theoretical knowledge, others appear less so. The final section of the book helpfully discusses how parenting style and expectation impacts on anxiety development, maintenance and intervention.

The book importantly stresses the need to work collaboratively with children and to involve them in the generation of any intervention plan. While this book has an interesting array of strategies, which may help parents and professionals to work collaboratively with children experiencing anxiety, it could be debated whether there is sufficient guidance on the actual content of the intervention plan.

ANN ROWLAND

Clinical Tutor, Oxford Doctoral Course in Clinical Psychology