

co-occurring mental illness and intellectual disabilities. Dr Gillig is Professor of Psychiatry at the Boonshoft School of Medicine, Wright State University, Ohio and she has written on the interface between psychiatry and neurology.

This is a comprehensive 376-page textbook and the 15 chapters cover a wide range of relevant topics. The foreword to the book points out that the field of intellectual disabilities is expanding along many fronts. Over the last 20 years, community-based placement has replaced large residential facilities in many states of America. This transformation has been accompanied by changes in treatment models, legal issues and ideology. There has been a restructuring of services with the aim of providing community programmes for many complex patients. However, availability and access to adequate care can be limited by poor distribution of qualified professionals and fragmentation of health care systems. There is now also a greater understanding of the neurodevelopmental and biopsychosocial substrates for psychiatric disorders and challenging behaviour.

The book opens with an overview of the history of intellectual disability and mental illness. Improvements in classification systems, current trends in nomenclature and the interface between intellectual disability and mental illness (dual diagnosis) are explored. The next chapters outline how to achieve a comprehensive psychiatric and medical assessment in an individual with intellectual disability. Neurological disorders and traumatic brain injury are explored in the following two chapters.

I found Chapter 6 about interviewing techniques, written by the editors themselves, very practical. I plan to introduce this chapter to all of my trainees as I think it will give them a greater understanding of the context of the developmental framework and how it can affect history taking and mental state examination. The next four chapters focus on psychiatric disorders seen in this patient group. Mood disorders, anxiety disorders, psychotic disorders and personality disorders (which can be a controversial area) are all discussed in detail.

The authors point out that challenging behaviour in the form of aggression in its various forms (verbal, physical, property destruction and auto-aggression) is the most frequent cause for mental health referrals. A chapter is therefore devoted to this topic, as the impact of aggression is significant. They outline the literature on challenging behaviour and a useful part of the chapter describes how to assess patients presenting to the emergency department. They also discuss comprehensive assessment and intervention strategies. The use of psychotropic medication in this situation and also in the treatment of mental illness in people with intellectual disability is appraised in depth.

The following chapter focuses on the use of psychotherapy in people with intellectual disability. The focus of the chapter is on the common issues of concern that may arise in treatment, barriers that complicate treatment and modifications in the provision of psychotherapeutic modalities. Behavioural assessment and treatment is covered in the next chapter. The final two chapters focus on the legal issues for treatment providers and the syndromes of intellectual disability.

This is an extremely well researched and referenced textbook which tallies with my experience of current psychiatric practice in the field of intellectual disabilities. What I thought worked very well were the real world vignettes in each chapter, which brought the text to life. They were multifaceted and interesting and they highlighted the depth of experience that the authors brought with them in writing this book. The authors emphasise the biopsychosocial approach and use of structured assessments but also the importance of development of clinical skills. This book is aimed at all psychiatrists and trainees managing patients with dual diagnosis of intellectual disability and psychiatric disorder to assist in improving their practice. There are few books that cover this area in such detail. It brings a wealth of knowledge together and any psychiatrist treating this complex patient group would benefit from having the book in their collection.

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*The LGBT Casebook*. Edited by Petros Levounis, Jack Drescher and Mary E. Barber (ISBN 978-1-58562-421-8).

This book brings issues experienced by lesbian, gay, bisexual, transgendered (LGBT) people into the context of addressing other mental health concerns. They are described in a way designed to help clinicians, trainees, and other mental health professionals address the mental health needs of LGBT people while remaining cognisant of such aggravating factors as homophobia and discrimination and other psychosocial factors faced by this cohort. The first five chapters highlight some of the concerns that affect LGBT populations, including coming out, heterosexist attitudes, the 'don't ask, don't tell' mentality in the US military, legal issues, gay parenting, the use of the

colloquial term 'coming out', and sexual identity in patient-therapist relationships are discussed. The objective is for psychiatry to meet and understand the LGBT experience by including discussions of recent changes, such as the on-going national debate in the United States concerning marriage equality, with its resulting legal uncertainties. While the utility of this to Irish and other clinicians outside the United States is arguably limited, the reader might do well to extrapolate the effect of the experience of repressive legislation on this patient cohort and its impact on overall mental health functioning. Certainly similar debates are taking place in Ireland and elsewhere, and even with the details of legislation being variable, consideration of this in one's home jurisdiction would be valuable and of great utility. The authors include discussions of what is yet to be gained in their own jurisdiction, and how this affects patients and families. As such, this book can be of great use to help Irish clinicians deal with LGBT-related issues within their own shared context.

*The LGBT Casebook* can be of value for all levels of clinician. It includes definitions and descriptions of some of the issues faced by LGBT people. Certain experiences are common to all LGBT individuals, such as the anxiety of being 'secretly' or covertly gay or trans, or that of coming out (embracing one's identity). Others are more particular to an individual's sexual orientation or gender identity; the difference and interface of which is addressed. Each chapter concludes with a summary of key points and multiple-choice questions, including answers and explanations, giving the reader an almost micro-CPD format. Divided into two sections, the first chapter includes abundant background material. These beginning chapters provide an excellent insider's view into the LGBT experience. This includes insight into the developmental perspective and the many variants of gender- and sexual-based identity and behaviour. The book also provides a good discourse on the coming out process. There is a good discussion regarding the special challenges of coming out later in life, and coming out and other experiences as a racial minority who is also LGB or T. Some of the important issues that arise in the coming out process, which can be severe and result in loss of work, family, and community, are discussed. Obviously there cannot be a comprehensive overview of the myriad Axis IV potentialities faced by this cohort, but the reader will see the impact and ramifications of these on overall functioning, and can begin to apply this understanding to their own caseload. Offered advice, such as encouragement not to collude with clients' avoidance and to gently engage around issues of orientation and identity when appropriate is sound and would be of great utility to those clinicians who have not dealt with members of

this population. Clinicians with limited experience in working with the LGBT population can gain a better understanding of psychiatric diagnoses within the context of an LGBT individual's everyday life, and how their sometimes unique axis-IV issues can contribute to and impact their mental health problems. There is also a chapter dedicated to issues of sexuality in the therapeutic relationship and whether/or how clinicians should come out to their LGBT clients, with four 'clinical vignettes' presented for consideration.

Most of the second section is dedicated 20 case studies that focus on particular presentations and the LGBT client. Clearly DSM-IV-TR oriented, various axis I disorders are discussed, substance dependence, anxiety disorders, psychotic disorders, and axis II borderline personality disorder and V-codes are included, as are some axis IV and V codings. The cases are accompanied with DSM-IV diagnostic criteria, as well as recommendations for medication and psychotherapy.

I was pleased to see the level of attention given to patient diagnosed with Gender Identity Disorder (3012.85) As a clinician whose caseload is 70–75% comprised of people with this condition, I am very much aware of the need for increased attention and treatment information sharing among clinical colleagues in Ireland. I had expected that I would admonish its relative exclusion, and point out some of the complexities of gender identity issues relative to ones of sexual orientation. One reviewer rightly points out that it is often is the case that the letter in the acronym LGBT that is most lost is 'T', or the transgender client. I did not find this to be the case in this book. The needs of the transgender individual sometimes overlap to some degree with the needs of LGB individuals, but transgender people have their own distinct issues, particularly when exacerbated by co-morbid disorders and condition can face even more pervasive discrimination and problems. This is given adequate attention in the case studies, although it is right to point out that hard data about the transgender experience are frequently lacking—herein, and elsewhere. *The LGBT Casebook* can hopefully foster motivation within human sciences generally to continue to gather data and experience to advance our understanding of the often complex needs of transgender clients.

Although Ireland is more enlightened presently than in past decades, it still takes courage for many LGBT individuals to 'come out of the closet' and embrace their sexual orientation and identity here. This process, and facing and dealing with internal and societal conflicts related to sexuality and gender roles, can exacerbate fears and anxieties that in turn can permeate other aspects of an LGBT individual's life – particularly when seeking psychiatric treatment.

It is important to recognise that some transgender individuals contest the treatment of gender identity disorder, often requisite for sex reassignment therapy, as a mental disorder. The DSM-V (as well as the new Standards of Care, Seventh edition, World Professional Association for Transgender Health, 2011) has been worded in such a way as to accommodate and reflect this shift. The advice given in *The LGBT Casebook* regarding clinical approach and respect for transgender rights appears to be philosophically aligned, and is not likely to be dated soon. Our responsibility as clinicians is

to continue to gather data that will contribute to the growing pool of knowledge that informs policies and best practice for people who are struggling with internal and external issues around their sexuality, gender orientation, and mental health needs where indicated.

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