

## **Book Reviews**

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Edited by Sidney Crown and Alan Lee

**Residential Treatment – A Cooperative, Competency-Based Approach to Therapy and Program Design.** By MICHAEL DURRANT. New York: W. W. Norton. 1993. 203 pp. US\$27.95 (hb).

This is a book by a psychologist and family therapist aimed specifically at those working in in-patient units for adolescents. It is a book of ideas. The content may be challenging and the style Antipodean, but after a day attending a management review of the need for your service, or wrestling with some intricacy of the multidisciplinary team, then this book will refresh the parts other tomes cannot reach. The reason is that Michael Durrant believes enthusiastically in the beneficial potential of creatively applied in-patient programmes for young people, and says so.

The author points to the gulf that often exists between psychotherapeutic ideas, particularly in family therapy, and ideas about residential treatment. He argues that admission tends to be seen as a second-best solution to crisis, and one which reinforces ideas of failure in young people and their families. The task of a unit may seem to be the change or repair of damaged or disturbed young people, rather than the development of areas of competence. The locus of such change is then seen to be within therapeutic sessions which become reified, while other activities on the unit are devalued.

As an alternative, Durrant sees it as the task of the therapeutic team to develop a way of thinking about the residential programme that gives an integrated, consistent framework for all the work and activity which happens there, so that different facets become complementary rather than competing. He suggests that admission is framed as an opportunity for growth, for experimentation in other ways of behaving, and for exploration of alternative narratives about events. The metaphor of a rite of passage involving phases of separation, transition and re-integration is used. The focus becomes goal-directed rather than problem-driven, and young people, their families and professional staff work in cooperative alliance.

None of these ideas are new in themselves, but they are brought together and explored in this book in a clear, practical way. In the past, attempts to integrate systemic family therapy with the context of in-patient

programmes have usually employed structural models of family relationships, often focusing on control issues. Other schools of family therapy have proved difficult to apply. The theoretical developments which underpin the broader, more flexible approaches put forward in the book are succinctly described. The constraints on the wholesale adoption of these ideas are acknowledged, and many pages are devoted to suggestions and descriptions about their implementation which are helpful and easy to read.

Trainees in child and adolescent psychiatry should put this book on their reading list, since they will want to take part in the debate as to whether these ideas form a coherent and positive model around which to shape future service provision, or whether, in the current climate, it is best to regard them simply as an escapist fantasy.

MARK ALLSOPP, *Paxton House Family and Young People's Unit, Bath Road, Reading*

**Neuropsychiatric Disorders.** By GARETH W. ROBERTS, P. NIGEL LEIGH and DANIEL R. WEINBERGER. Aylesford, Kent: Mosby Yearbook. 1993. 300 pp. £80.00 (hb).

If you are looking for a glossy, well-illustrated, Membership level neuropsychiatry text, and money is no object, then this may be for you. It is not comprehensive (so you will also need Lishman) but focuses on a number of currently high-profile topics including prion disease, AIDS dementia and Lewy bodies. There is also a useful section on the neurobiology of schizophrenia and mood disorders. The many colourful tables, photographs and diagrams would make excellent teaching transparencies, and may derive from that source.

The chapters provide a precis of each area under the broad categories of dementias, motor disorders, epilepsy and psychoses. Each area has a list of suggested reading, rather than references in the text. This makes it less of an effort to read than some reference-clogged texts. The principal author is a neuroanatomist, which may explain the only quirky element to the book: the

opening chapter consists of 10 pages of schematic coronal sections of the brain showing all 52 of Brodmann's areas. I liked them, but I have been known to read neuroanatomy books for pleasure. Not, perhaps, the best way to draw in the uninterested psychiatrist.

In summary, it is visual rather than wordy, and too superficial for the specialist, but the illustrations and tables alone would make me recommend it for psychiatric libraries. Well-heeled trainees should also consider it.

**KEN BARRETT**, *Haywood Hospital, Burslem, Stoke-on-Trent*

**Biological Basis of Substance Abuse.** Edited by STANLEY G. KORENMAN and JACK D. BARCHAS. Oxford: Oxford University Press. 1993. 516 pp. £65.00 (hb).

I read this book from the perspective of a general psychiatrist with a particular interest in psychopharmacology and biological psychiatry. I found it very heavy going. There is no doubt that the book provides a very detailed, up-to-date and well referenced account of research into the effects at a receptor and cellular level of commonly abused substances including opiates, cocaine, cannabis, alcohol and nicotine. This will be of great interest to people involved in brain research in this area, but most of the material presented is well removed from clinical relevance and is more detailed than would be necessary for underpinning clinical practice. The interest of this research lies more in its potential for producing new medical approaches to treatment. It is suggested, for example, that it might become possible to identify genetic factors associated with vulnerability to substance abuse (although it is not clear what we would do with that information), as well as to develop novel treatments to prevent substance abuse in susceptible persons and to treat established abuse. Other possibly useful results of this work might include novel approaches to other psychiatric conditions, including memory disturbance and schizophrenia.

The final chapters of the book are more clinically orientated, and as such they testify to the fact that modern neurobiological research has so far not had a substantial impact upon the practical clinical management of substance abuse.

This book will be of considerable interest to brain scientists involved in this area of research. However, few psychiatrists would require such a detailed account of this research. It is primarily a book for the libraries of specialised research centres.

**MALCOLM PEET**, *University Department of Psychiatry, Northern General Hospital, Sheffield*

**Behaviour Analysis and Treatment.** Edited by RON VAN HOUTEN and SAUL AXELROD. New York: Plenum. 1993. 388 pp. US\$65.00 (hb).

The term 'behaviour analysis' refers to the intricate process whereby therapists and teachers attempt to tease out the precise triggers and consequences which are serving to maintain a maladaptive response. It involves an analysis of the problem behaviour from a developmental perspective as well as a consideration of factors operating in the individual's current environment. The various hypotheses which emerge from this process are then tested out empirically before the design and implementation of a behavioural change programme to meet the specific requirements of the given case.

A contentious issue within the behaviourist school is the attention given to variables operating within the individual's internal environment. Thus behavioural psychotherapists view dysfunctional cognitions and inappropriate locus of control beliefs as central to the assessment exercise, whereas behaviour modification practitioners, whose ideas are more firmly rooted in operant conditioning principles, focus exclusively on stimuli and reinforcers which can be directly observed and measured. In this book the term behavioural analysis is used in the narrower sense. This means, in effect, that the material covered will be of interest primarily to clinicians working in such fields as learning disability, paediatrics and forensic psychiatry.

Given that the principles of operant conditioning have developed little in the last 30 years, the various contributors to this volume have struggled hard to offer up fresh perspectives on an approach which has traditionally eschewed hypothetical constructs and speculative musings. The result is a series of chapters which overlap to a considerable degree, with the majority of authors simply electing to regurgitate the basic principles of behavioural assessment as originally proposed by B. F. Skinner, while either emphasising the need for more precise measuring instruments or, alternatively, highlighting the importance of ethical issues.

The exception to the rule is a truly startling chapter by Linscheid who advocates the re-introduction of aversion therapy, particularly for infants whose maladaptive behaviour is causing self-injury. The arguments he provides for justifying the use of physical punishment in a therapeutic context will be all too familiar to those behaviour therapists who employed electric shocks with similar enthusiasm in the 1970s, before moving on to the more humane and sophisticated change methods associated with the cognitive behavioural school.

The general reader will struggle with the unnecessarily obscure language of hard-line behaviourism, while those who already align themselves with this approach will search in vain for new ideas. Since the book fails