

not easy reading and it will not be everyone's cup of tea. However, it is essential reading for all psychiatrists if they are to understand and contribute constructively to the rapidly changing future in which they will practise.

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**Trauma Organised Systems: Physical and Sexual Abuse in Families.** By ARNON BENTOVIM. London: Karnac Books. 1992. 122 pp. £11.95.

In the last ten years the day-to-day work of child and adolescent mental health workers has been changed radically in two ways: firstly through the new awareness of the prevalence of all forms of child abuse and violence in families; and secondly through the growth in our understanding of the long-term effects of traumatic childhood events.

Dr Bentovim, one of the chief practitioners in the treatment of child abuse, has linked research on childhood trauma (Eth, Pynoos & Terr) with new developments in systemic family therapy. The result, set out in this book, is his description of what he calls "trauma organised systems". Bentovim describes trauma organised systems as "action systems" where abusive action creates its own justification and its own perpetuation, encompassing and neutralising those who seek to intervene.

Bentovim starts the book by considering the wider sociological aspects of family violence. He traces the influence of aberrant attachment behaviour and describes the process whereby these negative interactions set off abusive cycles.

The book proposes ways in which focal family therapy – the theoretical method developed with Kinston – can be integrated into the treatment of trauma organised systems. Bentovim offers a satisfying descriptive classification for use in the assessment of families. Chapters on the investigative process, assessment, and treatment, form a considerable part of the book.

The last chapter presents what amounts to a check-list of the therapeutic process and a plethora of treatment approaches are suggested, including group work for victims and perpetrators, individual work, family and marital therapy, all in various combinations, addressing different levels of the system at particular stages of treatment.

Amply supported by case material, the style is clear and scientifically succinct, perhaps at the cost of the subject matter becoming occasionally epigrammatic.

This is a practitioner's book. All those working with families and individuals where physical, sexual, and emotional abuse and family violence are well established patterns will welcome the conceptual framework, the well defined criteria for assessment, and the specific treatment advice.

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**Managing Stress in Families: Cognitive and Behavioural Strategies for Enhancing Coping Skills.** By IAN R. H. FALLOON, MARC LAPORTA, GRAINNE FADDEN and VICTOR GRAHAM-HOLE. London: Routledge. 1993. 281 pp. £12.99.

As the community care reforms are implemented with funding that assumes a continuing programme of discharge from long-stay psychiatric hospital beds, it is evident that increasing numbers of patients with psychiatric disability will reside within their families, supported by planned professional care programmes. Many families caring for a chronically disabled member find this stressful, and high levels of ambient discord may contribute to the relapse of psychiatric conditions. Family intervention will thus become an increasingly important facet of psychiatric management in the community.

This book is presented as a training manual for a form of family intervention developed by the authors. The model used is based on the assumption that intra-familial stress arises from deficits in communication and problem-solving skills in family members directed towards achieving family and personal goals. Evidence to support this is not elaborated. Care is taken to avoid implications about the aetiology of the psychiatric conditions. The methods described are based on those of behavioural family therapy, the history of which is briefly outlined.

The description of cognitive-behavioural techniques applied individually and collectively is detailed, but numerous examples, charts, lists, and revision points prevent it from becoming too dull, and many are useful. Chapters are included on assessment of the family unit, education, communication training, problem solving, and crisis intervention. More experienced therapists are likely to find the approach overly didactic and prescriptive, as when invited to deliver long speeches to families verbatim or to follow highly structured session-by-session guides. The authors' hope that mental health professionals from all disciplines with a basic training in cognitive-behavioural approaches may be able to learn and apply their family intervention strategies from studying this book seems optimistic. The chapter on coping with problems in application and an appendix on therapist competence are inadequate. A specific course in the techniques is suggested as desirable, but many potential users will wish to enhance their basic skills in family interviewing, engagement, and intervention as well.

The green shoots of interest in family therapy in general psychiatry are encouraging. While therapies based on systemic theories of family function cannot be ignored, not all family work uses such analogies and