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*Adolescence and Health*. Edited by J. Coleman, L. B. Hendry and M. Kloep. (Pp. 256; £19.99; ISBN 0470092076.) John Wiley & Sons Ltd. 2007.

I like this book. It's one of those books that feels good when you first pick it up. It has a welcoming feel and that is maintained through the chapters in the style of writing and the layout. The text has an open style and is generously supported by tables, illustrations, pictures and so forth.

The area covered is of course important to me professionally in my capacity as a Child and Adolescent Psychiatrist, but it should be to all of us, as the deteriorating health and well-being of our children and adolescents should be a clarion call to act.

This book helps consider many of the problems faced and does it in the way that the earlier accompanying text of John Coleman and Leo Hendry, *The Nature of Adolescence* (1999), also managed to achieve. There is a lightness and infomativeness about it all that is refreshing, yet educational, engaging yet not too intense or overwhelming in detail.

There are 11 chapters in all covering just over 200 pages. The topics range from 'Young people: Physical Health, Exercise and Recreation' to, 'Getting It Right in Health Services for Young People', 'Chronic Illness and Disability' to 'Health Promotion and Health Education'. In fact the editors achieve coverage across wide problem areas and on to proposed solutions with critical appraisal of the information built in throughout.

I could well imagine adolescents undertaking college or school projects finding this a useful and easily accessible text.

But it will also be accessible and useful to a wide variety of other students and indeed as a reference point for specialists too, across a range of the disciplines in contact with youth today; community workers, voluntary sector staff, paediatric and young adult staff, staff in General Practice as well as in specialist mental health such as myself. There is something for everyone!

There is a compelling need to take a, 'whole system' approach to the well-being of young people. The stark and saddening statistic that across 40 measures our adolescents were bottom of the UNICEF (2007) self-reported, 'Well Being' league table in the period 2000–2003 out of 21 OECD industrialized nations affirms this.

This book bridges mental health issues with physical health issues, never separate of course but often kept artificially so. Throughout there is a sense of the

offer of solutions alongside definition of the dilemmas and problems. The text is well referenced and the frequent summary tables and questions and answers to aid learning and assimilation are helpful.

On the slightly less positive side, it was curious to see separate chapters on eating disorders and emotional health. Certainly eating disorders are a serious problem but so are early psychosis or suicidal depression and so forth. I think a 'List of contributors' would be useful.

In conclusion, I will recommend this book to my trainees and indeed senior colleagues. I think it should be useful across disciplines and across the range of service providers; from universal services in primary-care settings to specialist services and other students of adolescent development. It represents a helpful addition for us all; it somehow manages to convey what we often experience when working with troubled adolescents, that mixture of recognition of problems yet the facility for change and growth.

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*Genetic Counselling: A Psychological Approach*. By C. Evans. (Pp. 204; \$45.00; ISBN 0521672309.) Cambridge University Press. 2006.

'So, what do you do?' I reply I am a genetic counsellor. The face of the enquirer glazes over, they have no idea what that means. From now on I shall refer them to Christine Evans' excellent book. This beautifully constructed work captures the essence of genetic counselling making it an essential read for anyone working in this profession. This book will also inform those health professionals who may be considering a career in clinical genetics. Dr Evans has worked with counsellors and clinicians in a department of Medical Genetics, and her grasp of the intricacies of this speciality is impressive. As she states 'Genetic counselling has emerged to respond to the individual seeking genetic information and has taken up the challenge of how knowledge of the genetic

contribution of a disease is shared with individuals and families.'

The book has an excellent preface where the author succinctly informs the reader what to expect. This makes it a very useful work to 'dip into' as required. The overview of genetic counselling is thoughtfully constructed and manages to accurately describe the many components of the job. A clear picture is given to the reader of the various aspects of a genetic consultation. The possible motivation for the request for a consultation is discussed and how counsellors might elicit the patient's understanding of the disorder in the family. A typical interview is made up of many parts where communication, science and general medicine meet. Dr Evans stresses the far-reaching effect on individuals and their families of having an inherited disease. Genetic counselling differs from other medical consultations since it is about 'knowledge and its key elements are decision-making and coping with a result'. The author stresses the psychological processes which underpin genetic counselling. She feels that individuals manage anxiety, grief and frustration differently and fall into one of three groups: mature, defensive or symptomatic.

To further the reader's understanding of individual difference in genetic counselling Dr Evans uses the model of attachment theory. The chapter contains a comprehensive and thoughtful explanation of Bowlby's theory together with associated research. This approach to counselling is innovative and exciting and will resonate with many current practitioners. This theory gives a framework for the counsellor to understand how people behave differently in their response to genetic counselling and 'that the differences relate to the management of anxiety and grief and early attachment patterns'. The author uses her experience as a psychotherapist to further explore the role and skills of the counsellor. The importance of empathy, communication, listening skills and the use of the metaphor are discussed. Throughout the book examples and extracts from actual consultations are used to illustrate the point under discussion. This adds a richness and clarity to the text. These extracts are used in a warm yet unsentimental way which practitioners will find most thought provoking.

There are useful chapters looking at the variety of family-centred scenarios that confront the genetic counsellor. These include a helpful insight into the challenges of working with parents and children. Dr Evans looks at the influence of the nature of the disorder on the consultation and uses four specialities to illustrate this. Prenatal work forms a large part of a clinical geneticist's workload and several strategies are discussed to facilitate effective working with this client group. Huntington's disease is a condition that often

challenges the counsellor to call upon all their experience in family dynamics. The author uses examples to illustrate some of the personal struggles which come into the genetic encounter. Other examples are used to explore the skills required in the fields of dysmorphology and cancer genetics. Space is also given to discuss the effect that genetic counselling has on the practitioner. Transference and counter-transference issues are explored and Evans acknowledges that this work can be both stressful and upsetting. She sees psychological supervision as 'a central and essential part of training and on-going practice'.

This book succeeds in finding the language to describe and understand what genetic counselling is. All health professionals in the field and others wishing to learn more about effective communication with patients and their families will find reading this book a thought-provoking and stimulating experience.

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*Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities*. Edited by N. Bouras and G. Holt. (Pp. 424; £48.00; ISBN 0-521-60825-2.) Cambridge University Press: Cambridge, UK. 2007.

The methods of assessment and management of psychiatric and behavioural disorders in people with intellectual disabilities have evolved enormously over the last 20 years. The average life expectancy for men with intellectual disabilities in the 1930s was 15 years. Since then, focused research has served to increase not only our understanding of the aetiology of intellectual disabilities themselves, but also associated psychiatric and behavioural disorders, resulting in increased longevity and improved quality of life. Furthermore, the concept of behavioural phenotypes, the elucidation of neuroanatomical abnormalities, and the recognition that physical disorders may contribute to the unique presentation of psychopathology in people with intellectual disabilities, have led to improvements in the way in which we manage and treat people with intellectual disabilities. The role of psychosocial interventions and the increasing acknowledgement that people with intellectual disabilities have rights, can make their own choices and are able to live independent lives as far as possible, have also been highlighted in recent years.