

Peter Hobson was published previously in *Psychoanalytic Psychotherapy*. It presents a good case for the services provided at the Tavistock. There is little evidence of Tavistock NHS psychotherapy wishing to learn from current research so that clinical practice may be improved, and the planning, organisation and delivery of psychological therapy services made more effective. Chapter seven emphasises that 'it is no longer a disorder that is being treated but a person'. Phil Richardson here presents a good overview of evidence-based practice and the psychodynamic psychotherapies. However, this chapter seems rather discouraging and dispiriting for an individual attempting to base practice on evidence. Such an individual might well wish for guidance on a range of solutions, rather than just reading about the complexities and problems inherent in much evidence-based practice.

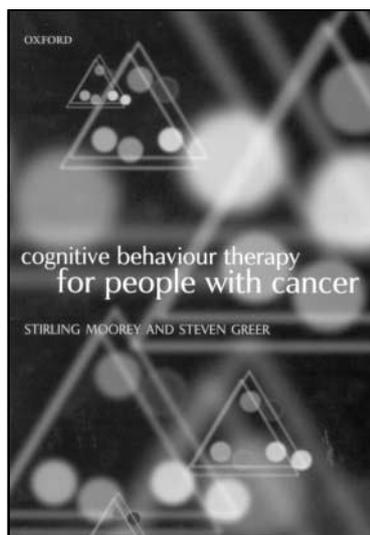
In their useful overview of the audit cycle, McPherson and Richardson recognise that the most difficult part of the audit cycle is in implementing change. I believe the attempts to distinguish between audit and research in chapters nine and ten create confusion and are not helpful. In the later chapters, complexities and problems are raised in the choice of outcome measures. The writers do not write as if the measures have been incorporated into the everyday evaluation of Tavistock Clinical Services. The examples given come from services outside the Tavistock Clinic, such as the Brandon Centre. I was disappointed that health service users seemed to be mentioned as a two-page afterthought in chapter fifteen. Clinical effectiveness in psychotherapy and mental health services might be greatly increased by the thoughtful involvement of health service users in the planning, organisation, development and delivery of psychological therapy services at the Tavistock and elsewhere.

I hope the next book on clinical effectiveness will be more forward-looking and will present a clearer vision of how things can move on in evaluating the psychological therapies, and with the Tavistock Clinic at the forefront of developments.

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Cognitive Behaviour Therapy for People with Cancer

Moorey, S. & Greer, S.
Oxford: Oxford University Press,
2002, £24.95 pb, 208 pp.,
ISBN: 0-19-850866-2



Psycho-oncology is a rapidly growing subspeciality, and this book should be an extremely useful aid to those involved in, or connected to, the subject. It is described in the foreword as a new edition of a previous book, *Psychological Therapy for Patients with Cancer: A New Approach* (Moorey & Greer, 1989), but it has been substantially rewritten and updated.

Within the covers of a commendably short book the authors provide: a concise account of cognitive theory; an overview of the current evidence base of psycho-oncology; a description of the adaptation of CBT (cognitive-behavioural therapy), termed APT (adjuvant psychological therapy), for people with cancer, and practical descriptions of the application of APT in a variety of situations. The information is presented clearly, and is a pleasure to read.

Much of the material in the book will be familiar to experienced CBT therapists, who may feel that detail is either lacking or superficial. On the other hand, oncologists and other professionals working in oncology may well feel that it is too specialised to be of use to them. My main concern is therefore: does the book fall between two stools? Hopefully not: this

is a handy text that should prove useful to a variety of professionals. Oncology nurse specialists, liaison nurses, liaison psychiatrists, health psychologists, and CBT therapists who only occasionally work with people with cancer are just some of the groups who may benefit from this book. Anyone negotiating with service commissioners may also find it a handy reference.

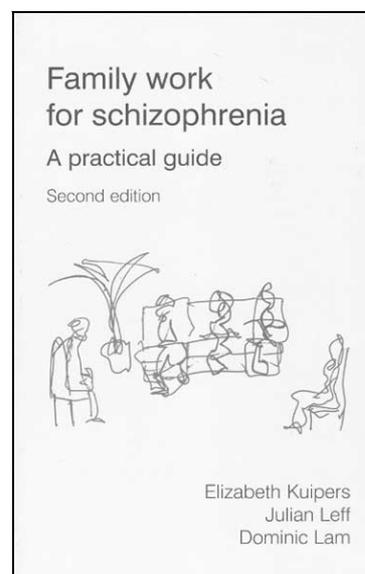
The techniques described in the book are mostly equally applicable to people with other serious, chronic or terminal physical illnesses, but this is not a point made in the book. Inadvertently, therefore, the book could be seen as giving the message that psychological responses to cancer, and subsequent therapeutic interventions, are somehow peculiar to cancer. It would be unfortunate if this book reinforced such a misapprehension, already prevalent among some colleagues in medicine.

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Family Work for Schizophrenia: A Practical Guide, second edition

Kuipers, E., Leff, J. & Lam, D.
Gaskell, 2002, £15 pb, 152 pp.,
ISBN: 1-901242-77-3

There is ample evidence going back more than a decade that working with the families of people with schizophrenia reduces the rate of relapse significantly, yet in practice this rarely happens. This book, written by the most prominent researchers in this field, could help change that. It offers strategies, as well as describing issues and concerns that need to be kept in mind while working with these families.





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It is primarily a practical guide; after a brief theoretical description, it moves on to describe strategies in family work. The book offers advice on setting up and running family groups; and discusses engagement, co-therapy, psycho-education, communication training, and dealing with the emotional responses of the relatives. Some of the commonly occurring problems in high expressed emotion families like anger, conflict, rejection, overinvolvement and grief and loss are also discussed and advice is offered on how to deal with them. At the end it talks about running a relatives group in parallel with the family work, and emphasises the importance of cultural difference.

Although it is meant to be a manual for family work, it will be of interest for professionals who come into regular contact with the families of people suffering from schizophrenia, since it can help colleagues in dealing with conflicts within family settings and their own conflicts with the family members. There are many transcripts from real life to explain the issues under discussion. Although there is an excellent chapter on improving communication among family members, it could be expanded, as this is the most vital part of family work.

Being a manual, the book does not describe and discuss in detail the theoretical background or the evidence base for family therapy for schizophrenia. But it does describe the family therapy techniques in an easy to understand way. Useful practical details and advice on commonly arising situations, e.g. what to do when the therapist is offered tea, coffee, or a cake during a family therapy session in a patient's home! But the most outstanding feature of this book is its brevity and conciseness – the kind of book you can read while waiting for your train.

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Racial Identity, White Counsellors and Therapists

Tuckwell, G.
Buckingham: Open University Press, 2002, £16.99 hb, 188 pp., ISBN 0335-21021-X

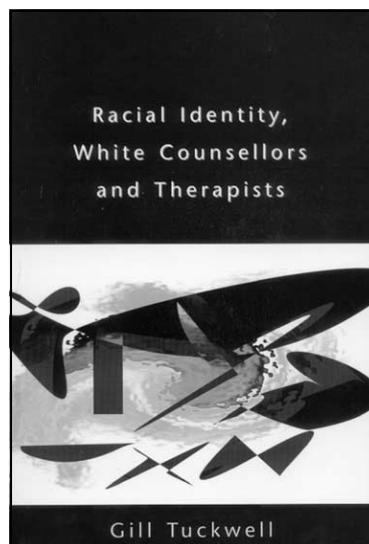
This book, written by a school teacher turned counsellor, aims to address anxieties facing white counsellors and psychotherapists, working with clients from other racial groups. It explores issues and processes associated with race and racial identity and also offers a framework for extending the understanding of race on the sense of self. As such, it is one of the few books available to do so as most

of the existing literature concentrates more on understanding the different cultural groups, the impact that their race has on them, their experience of society and the impact of racism on them. Fewer people from Black and other minority ethnic groups are known to be referred for talking therapies. Even less is known about how they respond to these treatments – whether it is from white therapists or from the small (but growing) band of black therapists. The publishing of this book is therefore timely.

This book discusses frankly the euro-centric model of white supremacy and domination, which influences important attitudes relating to superiority and inferiority. It proposes a broader and deeper understanding, which should take account of intra-psychic, interpersonal and socio-political factors. The author argues that practitioners need to recognise their own racial attitudes and counter-transference reactions in relation to clients, as collective beliefs about white supremacy can be damaging. The case for the role of supervision and training to help develop racially aware practice, is well-made and well accepted by all practitioners.

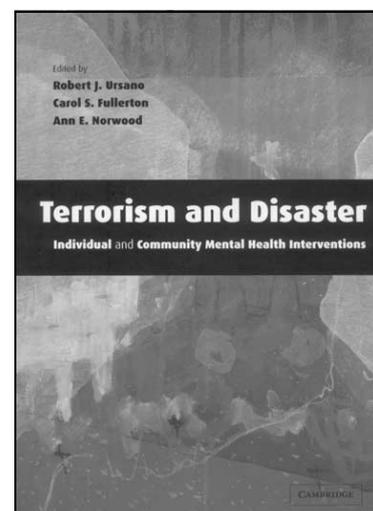
It is a shame that the style of the book could deter novices to this field as it coherently brings together world-wide expert views and current thinking in this complex field. A shame too, because it is a refreshingly honest attempt to grapple with much that is never openly spoken about, but that nevertheless exists. I particularly found the summing up section at the end of each chapter useful as this promotes reflective practices. This book will probably be avidly sought by experts in the field of counselling and psychotherapy rather than the majority of the readers of this journal because of its specialist stance.

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Terrorism and Disaster. Individual and Community Mental Health Interventions.

Ursano, R. J., Fullerton, C. S. & Norwood A. E. (eds)
Cambridge: Cambridge University Press, 2003, £40 pb, 364 pp., ISBN 0-521-53345-7



The events of 11 September 2001 changed our world for ever. The world has become a more dangerous and uncertain place, and no-one is safe or immune from the threat of terror. In an instant the lives of victims and their families are irreparably transformed; leaving for some an enduring scar blighting lives with disability as great as any physical injury.

How best to respond to these needs is not obvious and there is little evidence to tell us what exactly we should be doing, when and to whom. Conducting methodologically robust trials of any intervention in the chaos and confusion that follows a disaster is almost impossible and the evidence, such as there is, is limited. What is clear however, is that inappropriate or ill-timed early interventions can do considerable harm. Responding to traumatic events therefore requires a cautious pragmatic approach building on the experience and lessons learned from those who have first hand experience of dealing with disaster.

Spawned in the wake of 9/11, *Terrorism and Disaster*, accompanied by a CD-Rom, makes compelling reading. Recent terrorist atrocities, their aftermath and the response of mental health services are described. The efficacy of early interventions is reviewed, as well as the pre-exposure screening of high risk groups such as soldiers and emergency service workers. Particular problems associated with more unusual traumatic events such as body handling, radiation exposure and contamination are described in addition to a review of wider public mental health