

CD-ROM with all information sheets. The volume starts with a brief "Introduction," followed by "Instructions on how to use this book" (including informative websites and recommended reading), a brief treatise on "Medications in pregnancy" (which includes the risk categories for medications used in pregnancy), and a brief instruction "About the CD-ROM."

The medication information part consists of 11 sections: Antianxiety Medications, Medications for Treatment of Insomnia, Antidepressants: Selective Serotonin Reuptake Inhibitors and Mixed-Action Antidepressants, Tricyclic Antidepressants, Monoamine Oxidase Inhibitors, Mood Stabilizers, First-Generation Antipsychotics, Second-Generation Antipsychotics, Treatment of Attention-Deficit/Hyperactivity Disorder in Adults, Stimulants, and Cognitive Enhancers for Treatment of Alzheimer's Disease and Other Forms of Dementia. Each section contains information on specific medications from this group, listed by brand name, with the generic name in parentheses. Each section/group of medications starts with a brief introduction discussing the group of medications and their use, common side effects, precautions, overdose and special considerations.

The specific "medication information sheets" present medications in a standard format. They include the brand name, generic name, available strengths, whether the medication is available in a generic form, medication class, general information (how it works, advantages, disadvantages), dosing information, common side effects, adverse reactions and precautions, use in pregnancy and breastfeeding (including the categorization for use in pregnancy), possible drug interactions, overdose, specific considerations (e.g., could the pill be crushed, should it be taken with food, how to store it), and space for notes by patient (where they can write side effects they experienced or questions which they experienced). All information is written in simple, easy-to-understand language, avoiding medical jargon. The book also contains a very good, detailed index.

The authors recommend that when prescribing, one should photocopy or download from the CD-ROM both the general information about the class of medication and more detailed information about the specific agent.

The idea behind this book was clearly an excellent one. It should be acknowledged and appreciated that the authors did not just have an excellent idea, but they were also able to bring it to a very fruitful realization. This is a very useful, practical, well-conceived and highly informative volume, which belongs to the office of all practicing psychiatrists. The availability of the information on CD-ROM is a great addition. All patients will love and appreciate the information sheets from this book. Buying this volume is money well spent.

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Working with Families of Psychiatric Inpatients: A Guide for Clinicians. By Allison M. Heru and Laura M. Drury, The Johns Hopkins University Press, Baltimore, Maryland; 2007; ISBN: -13: 978-0-8018-8577-8; \$20 (paperback), 176 pp.

As the authors of this volume point out, the shortening of hospital stays and the lack of funding for community psychiatry have resulted in families bearing the brunt of caring for the patient after discharge from the hospital" (p. 3). But how much do families know, especially after the first hospitalization due to acute psychotic break? How much do we prepare them from the burden they have to bear? Who informs them and teaches them? As psychiatrists still consider themselves the captains of the ship, they should be, among others, talking to families, working with them. However, are psychiatrists well and appropriately prepared for working with families? Do we pay enough attention to educating psychiatric residents in working with families? In the Preface to this book (p. VIII) the authors emphasize that "family skills should be part of the repertoire of every clinician." However, as they also say, they do not suggest that every resident (*mine: and every psychiatrist*) has to "become a family therapist, but all residents should develop skills that will allow them to easily integrate the family into patient care." (p. VIII) Thus, they wrote (except for chapter 10, written by P. Recupero) this little book, to help clinicians to learn the skills to work with families of psychiatric inpatients.

The eleven brief chapters of this book are divided into five parts, *Key Concepts* (chapters 1 and 2), *Research on Families and Family Treatments* (chapters 3 and 4), *Mastering Skills* (chapters 5–7), *Challenges in Working with Families* (chapters 8 and 9), and *The Larger System* (chapters 10 and 11).

Chapter 1, "What It Takes to Work with Patients' Families," emphasizes that there has been "a major shift in thinking . . . among family psychiatrists. The new emphasis is on teaching residents how to interact effectively with patients' families in any treatment setting, rather than concentrating on teaching family therapy" (p. 6). However, they also cite other work that "family skills are the tools least taught during residency and most needed after graduation" (p. 13). Thus, in this chapter they outline the knowledge, skills and attitudes necessary for providing a family-oriented approach to inpatient psychiatric care. They note that families are involved in five of the six core competencies. Last but not least, they summarize the Group for Advancement of Psychiatry (GAP) Committee on Families Proposal for Specific Competencies in Family Systems. Chapter 2, "Biopsychosocial Case Formulation and Treatment Plan," discusses the positive aspects of the biopsychosocial model and its limitations.

The third chapter, "Research on Families," reviews the data on the influence of families in both general medicine and psychiatry. The chapter discusses issues such as genetics and the family environment, the concept of expressed emotion (EE), family risk factors in general medicine (intrafamilial conflict, blame, rigidity, high levels of criticism), and the impact of family on outcome of various mental disorders such

as schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depression and substance abuse. The chapter contains an interesting discussion on the significance of expressed emotion in different cultures. The following chapter, "Family Treatments," provides an overview of research on family-based interventions in medical (e.g., diabetes mellitus, lupus erythematosus) and psychiatric illnesses (e.g., schizophrenia, bipolar disorder, eating disorders and others). The authors emphasize that many studies demonstrated that family-based interventions reduce relapse rates, improve recovery, and improve family well-being.

Chapter 5, "Abbreviated Assessment of the Family," provides guidance on how to complete an abbreviated family assessment. The authors extracted key elements of the McMaster assessment model. The chapter includes a discussion of the Global Assessment of Relational Functioning (well summarized in a table), and a good, comprehensive summary of the McMaster Model of Family Functioning (another good table). The major part of this chapter is two case examples illustrating the use of these two structured assessment tools. Chapter 6, "Managing a Family Meeting," is a clinically very useful summary of five common mistakes in managing family meetings (not recognizing the family's strengths; avoiding the hostile family; just winging it; poor time management; and believing the physician can solve the family's problems), and strategies to manage challenging family members (e.g., setting limits with dominant powerbroker, engaging the silent member). The authors also suggest using role-playing. Chapter 7, "Other Inpatient Interventions," adds a discussion of another two useful interventions, multifamily psychoeducational groups and mapping of family behavioral and other patterns using a genogram (a family diagram that maps relationships and patterns of functioning across generations).

The next two chapters, chapter 8, "The Resident's Perspective. Attitudes and Fears," and chapter 9, "The Family's Perspective. Sources of Anxiety," focus on challenges in working with families. As the authors note, residents may have feelings such as, "it's not my job to meet with families; I work with patients," "I'm anxious and fearful about meeting with the family," or "what if the family meeting gets out of control," while on the other hand family members may feel like a failure or may be hesitant to talk. These two chapters provide some advice on how to face these feelings and problems, and again use very good clinically oriented case examples.

Chapter 10, "Risk Management and the Family" (written by Patricia R. Recupero, J.D., M.D.) reviews issues such as informed consent, patient's confidentiality, family members' confidentiality, alienating family members, and specific risks such as suicidal patients, dangerous patients and prescription medications (!). The last chapter, "Family-Based Services after Hospitalization," summarizes what families want and need and what services are available in the community (education programs, NAMI self-help groups etc).

A brief appendix contains the GAP Checklist for Evaluating Competency in Family-Interview Skills. The book is accompanied by a solid list of references.

While this book's main goal is to help educate *psychiatric residents* in intervening and working with families of psychiatric inpatients, I believe that this book would be useful for almost every *clinically oriented psychiatrist*. As the authors point out, education on working with families (and even more family therapy) has been a fairly neglected part of residency training for a while. Thus many practicing psychiatrists maybe not have been properly educated in this area. I think that the knowledge/skills discussed in this little book would help anybody in working with families of outpatients, too.

The book is well-written, easy to read and filled with useful clinical examples. It is brief, but to the point. I would recommend it to anybody who wants to learn how to work with families of her/his patients. I also hope that the residency training programs will notice that this volume could be used in their teaching

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Cognitive-Behavioral Therapy for PTSD, a Case Formulation Approach. By Claudia Zayfert and Caroline Black Becker, The Guilford Press, New York, New York; 2007; ISBN: 978-1-59385-369-6; \$32.00 (hard cover); 252 pp.

Cognitive behavioral therapy has been an accepted treatment for anxiety and depression for many years. Not so much has been written about its use in the treatment of Post Traumatic Stress Disorder (PTSD). This book gives an interesting introduction to the theory and practice of this therapeutic modality in PTSD. The authors provide an interesting introduction into how and why cognitive-behavioral techniques work.

The first chapter is an empirical description of the history of CBT. Its explanation is brief, but practical. This is followed by a section, which conceptualizes the assessment of PTSD as a problem of cognitive distortions in the dimensions of fear and anxiety. The authors neatly connect the experience of traumatic exposure to later distortions of anxiety and the cognition of apprehension. Clinical vignettes are used to clarify the experience. The first third of the book makes a good argument that the dimensions of anxiety are perpetuated by avoidance behaviors which prevent extinction or habituation to occur in a normal fashion (such as desensitization).

The authors go on to extend the theory that episodes of psychic numbing and "lost time" could represent psychological avoidance of feared objects or topics. Models for viewing PTSD as a conditioned response sustained by cognitive habits are explained in a compelling manner.