

entirely uncritical, though; p. 143), unflappability, tolerance of uncertainty, ability to maintain boundaries, being streetwise and being aware of “what am I getting out of this?” i.e., some unusual, yet not necessarily pathological motivations (e.g., personal experience of mental illness, psychological voyeurism, fantasies of omnipotence, vicarious care receiving, pseudo-altruism, and displacement of emotional distress). The authors remind the reader that, “To be a psychiatrist you have to like people. Not everyone does.” (p. 143) Drs. Poole and Higgo believe that the mentioned desirable qualities are evident in naturally talented mental health professionals from the day they start training. I would agree with this assertion. They also believe that, “The rest of us have to cultivate these qualities, which is perfectly possible, as long as you know what they are” (p. 142). I am personally less optimistic regarding this issue—we can cultivate these qualities, but the results are usually questionable. The older I get the more I feel that some people either “have it” as Drs. Poole and Higgo suggest, or “do not have it” and not much can be done about it.

The fifth part of the book consists of three chapters on *Interviewing with other team members*; *Interviewing families and other informants*, and *In the community*. The last chapter deals mostly with issues of interviewing some patients at their homes (unusual in the US) and gets to some interesting points, such as the fact that dogs in patients’ homes are usually not “a species of psychiatrist lovers (though some dogs have an erotic interest in psychiatrists’ legs)” (p. 173).

The last part of the book deals with some diverse issues such as *Personality*; *Risk and Safety*; and *Note-keeping, letters and reports*. The discussion of risk assessment and risk factors is again very useful and clear (including issues such as driving), and emphasizes the fact that predicting behavior is difficult. The final chapter starts with a treatise on note keeping and psychiatric charts, very close to my heart. The authors note that, “Once you enter your fifth decade of life, it is very noticeable that nothing is quite as good as it used be. There can be little doubt that this is predominantly an effect of the ageing process, but in two particular areas, it is quite certain that the perception is correct. You eventually reach a point where you, yourself, are nothing like as good as you used to be; and neither are psychiatric records. One day, someone in authority will realize that the quality of case notes cannot be measured by their weight” (p. 208). The authors make a strong case against including an enormous number of forms in charts and emphasize that “the plethora of documents can also give a false impression that everything has been recorded . . . when the opposite is, in fact, the case” (p. 208). In another part of this chapter the authors suggest that paper records will always be with us, that they will never totally disappear (computers crash, suffer from viruses, systems merge, etc.). They also remind us that hard copies of e-mails, faxes, etc. have added to the bulk of paper notes.

Even though this book is predominantly written for a British reader and frequently emphasizes it and points out

differences of the British system compared to other systems, especially the US one(s), I found it very useful and entertaining. It is written with a great sense of humor, lucidity, and without the unnecessary quest for political correctness. The authors’ clinical acumen and experience are obvious. The chapters are straight to the point, well-written, with good clinical illustrations, and with another good feature—the main points of each chapter are at the end of it. The most useful parts of this book—the ones dealing with understanding patients and understanding oneself—are usually discussed in other texts on psychiatric interview. The book is also written from the psychiatrist’s point of view, yet emphasizes the importance of social psychiatry (which went out of fashion a bit). As the authors point out, “social psychiatry is the dominant (though implicit) model for clinical psychiatrists, especially for those who work with deprived populations” (p. 219). I would definitely recommend at least parts of this book as a teaching text for residency programs, and as good clinically oriented reading for the rest of us.

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What Your Patients Need to Know about Psychiatric Medications, by Robert E. Hales, Stuart C. Yudofsky and Robert H. Chew; American Psychiatric Publishing, Inc., Washington, D.C.; 2005; ISBN 1-58562-203-6; \$59.95 (paperback, spiral bound); 356 pp. (+CD ROM).

We live in times of information, patient rights, openness, and also suspiciousness about medications in general and psychotropic medications in particular. Considering this mixture, one would expect patients asking numerous questions about medications. Yet, as the authors of this volume, Drs. Hales, Yudofsky and Chew point out, patients ask less frequently than one would expect and think about many more questions when they get home. Drs. Hales, Yudofsky and Chew state that, after pondering this paradox, they came up with several reasons for it—patient’s anxiety in the doctor’s office, possibly impaired attention and concentration due to psychiatric disorder, stigma/resistance/denial, patient skepticism about the efficacy of medication, complexity of brain functioning and medication action, and finally physicians’ limited time. Thus, as several other authors before, they wrote a book for patients called “What Your Patients Need to Know about Psychotropic Medication.” Many readers will sigh “oh, another patient cookbook . . .” However, this book is different from other patient-oriented books. It is a book to be used by psychiatrists to inform their patients about specific psychotropic medications.

The book consists of comprehensive information sheets about various psychotropic medications, which could be either copied or printed out, as the book includes a

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