

Book Reviews

Michael H. Ebert, M.D., Editor

Psychological Debriefing: Theory, Practice and Evidence

edited by Beverley Raphael, M.D., F.R.A.N.Z.C.P., F.R.C. Psych., and John P. Wilson, Ph.D., B.C.E.T.S. Cambridge University Press, Cambridge, United Kingdom, 2000, 376 pages, \$59.95 (paper).

This text is a comprehensive overview of the broad topic of psychological debriefing. Most readers who are trained in traditional psychiatry residency programs will be unfamiliar with much of the background, diversity, and controversies within the psychological debriefing literature. It is clear that the term *debriefing* may be applied to a number of different psychological interventions. The text covers the kinds of debriefings that follow various traumatic circumstances, such as war, police emergencies, fire/rescue operations, and natural disasters. The basic elements of psychological debriefings are reviewed, including emotional abreaction, cognitive processing, and social support. The authors reveal the considerable confusion in the literature regarding what constitutes and how to conduct psychological debriefing in children and adolescents.

The authors point out that debriefing may not be for everyone in every situation. Research on when and how to conduct psychological debriefing is difficult to implement for obvious reasons. There appears to be little benefit of conducting psychological debriefings for victim survivors, the bereaved, or individuals involved in motor vehicle accidents. The bulk of the literature reviewed suggests that emergency/rescue service personnel, the military, and other, paramilitary-type groups are the groups who are most likely to benefit from psychological debriefing. The debriefings should focus on clarifying misperceptions about an event, facilitating communication within the group, reinforcing the learning experience, strengthening group cohesion, recognizing and accepting normal stress reactions, and preparing the group for future action. One of the strengths of group psychological debriefing is that it encourages men from masculinity-based organizations to discuss and share their feelings.

Some topics in the text may be considered thought-provoking, if not controversial, by some readers. For example, there is a chapter on how prolonged societal or governmental racism causes socially induced pervasive trauma in minorities and indigenous populations. Another chapter discusses debriefing women who may have been adversely affected by the experience of childbirth. Furthermore, the authors note that there are few data to support the general belief held by many mental health experts that talking about a traumatic event is somehow able to help people recover from any adverse psychological effects of the event. Can reexposure to the incident through therapy produce additional traumatization in some circumstances? The chapter explaining the "biology" of a traumatogenic stress response indicates that prolonged distress during a critical posttrauma period may enhance or even create a "catastrophic memory" through neuroendocrine mechanisms. Thus, reducing arousal after a traumatic exposure may be as important

as the process of clarifying and working through the experience. Another interesting point is that some mental health professionals may have failed to appreciate man's resilience to stress because the only patients they see are those who have stress-related problems.

Overall, this text is a good reference for the theoretical concepts of psychological debriefings, including critical incident stress management and critical incident stress debriefing. Although this is not a book on how to do various types of psychological debriefings, it is a must reference for anyone who consults with emergency medical response teams, law enforcement personnel, or military organizations.

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Treating Suicidal Behavior: An Effective, Time-Limited Approach (Treatment Manuals for Practitioners series)

by M. David Rudd, Ph.D., A.B.P.P.; Thomas Joiner, Ph.D.;
and M. Hasan Rajab, Ph.D. Guilford Press, New York, N.Y.,
2001, 274 pages, \$32.00.

This 274-page volume, *Treating Suicidal Behavior: An Effective, Time-Limited Approach*, is a component of the *Treatment Manuals for Practitioners* series that is edited by David H. Barlow, Ph.D. Two of the coauthors, Drs. Rudd and Joiner, are academic psychologists; Dr. Rajab is a biostatistician. The stated goal of the book is to "provide an empirically supported treatment approach for suicidality that is specifically tailored to today's managed care environment."

The conceptual framework employed is cognitive-behavioral and includes a number of tables, primarily illustrating a variety of cognitive-behavioral techniques specifically applied to patients with suicidal risk as a major component of their clinical presentation. The initial portion (approximately one third) of the book focuses on the presentation of a theoretical framework, whereas the majority of the text is dedicated to evaluation and treatment. The latter section in particular is richly enhanced by clinical presentations and relevant examples of application of the cognitive-behavioral approaches explored.

Cognitive-behavioral concepts permeate the content of the manual; therefore, at least a basic grounding in cognitive-behavioral theory and terminology greatly enhances the value for the reader. Knowledge of basic cognitive-behavioral theory varies widely among psychiatrists and is likely more familiar to current and recently graduated residents. The 2000 Residency Review Committee guidelines for psychiatric residencies, which emphasize cognitive-behavioral approaches among the psychotherapies, should, over time, facilitate the basic exposure required for readers to profit maximally from the text.

In reviewing the book, I found myself repeatedly thinking that the concepts presented seem most promising in devising a comprehensive and flexible therapy approach for patients with some chronicity to their suicidality, particularly those with a strong characterological and/or interpersonal component to their symptomatology. The ideas seemed to me significantly less applicable to, for example, a middle-aged patient with a stable psychiatric/psychological history, presenting with severe major depressive disorder with suicidal ideation in conjunction with other classic depressive symptomatology. The authors wisely emphasize that each patient deserves a thorough evaluation and that the efficacy of any specific treatment modality could vary significantly depending on the unique qualities of the individual patient.

It should be mentioned that components of the text are fulfilling, independent of the cognitive-behavioral focus. This is particularly true of the sections devoted to a review of the suicidology literature, the evaluation process, and assessing suicide risk. The creative use of clinical examples to demonstrate the principles presented is particularly effective.

In summary, this volume can be particularly recommended for clinicians with basic knowledge of cognitive-behavioral principles. It will quite likely enhance their knowledge and effectiveness in their treatment of a challenging clinical population.

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Points of View: Stories of Psychopathology

by James E. Mitchell, M.D. Brunner-Routledge,
Philadelphia, Pa., 2001, 232 pages, \$29.95 (paper).

In the increasingly competitive market of basic review books in psychiatry, a new arrival has to have some particular feature to distinguish it and place it on the reader's shelf. Two features distinguish *Points of View*: good writing and an appealing format. The format used by the author is fairly original. Each chapter consists of a brief introduction describing a major psychiatric disorder, which is a simplified listing of the diagnostic criteria from DSM-IV, followed by stories (printed in a gray block) illustrating that particular condition. Most of these stories are in 2 parts: one part presenting an outsider's view of the behavior of the individual and the other part that person's

subjective experience. The story is then followed by a 2- or 3-page discussion of the case and the manner in which it fulfills the diagnostic criteria. Brief mention of therapeutic options is followed by questions for further discussion. References and suggested readings of literature are at the end of each section.

All of the major Axis I disorders are covered. Axis II disorders include chapters on borderline personality disorder and antisocial personality. Apart from the coverage of eating disorders in young adults, there is no coverage or illustration of disorders seen primarily in children.

What benefit may a medical student, resident, or general reader derive from the book?

For the uninformed, this may be an eye-opening and easily accessible way of gaining familiarity with the clinical picture of each disorder presented. For someone of moderate sophistication and familiarity, these are easy-to-read and easy-to-retain illustrations that help in review. A brief extract from one of the stories, chosen at random, will give the flavor of the writing:

Judy recalled seeing a T.V. show about bulimia. She knew it involved girls or women who would eat a lot of food and then throw it up to get rid of it so they wouldn't gain weight. She had heard about this but never knew much about it before the T.V. show. She said, "Jeannine, I saw a T.V. show about this a few weeks ago. It's something that girls do. They are worried about their weight so they eat and throw up, but they also diet a lot. They don't eat at other times." Jeannine said, "Yes, I saw the same program." She continued, "It never occurred to me it might be Jennifer. She is using laxatives which they talked about on the program. I started going through the trash this week and I found 2 boxes of laxatives that she bought at Custer's Drug Store. The empty boxes were in the sack with a receipt, shoved into the bottom of the trash, I think it's dangerous." "Have you asked her about it?" asked Judy.

The book is fairly simple and straightforward in its approach. The excellent writing is highly readable. Anyone looking for more thorough coverage of the subject will obviously go to other review books or standard texts.

The case studies are very realistic, and it would have been good to include board-type test questions at the end of each chapter for added benefit. Nonetheless, this is an easy-to-read book that is a nice introduction to, or refresher of, the major psychiatric categories.

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