

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

Richard Balon, MD
Wayne State University
Detroit, Michigan

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.

Examples of psychoeducation and exposure therapy are well explained. Given the premise put forth in the beginning of the book, the exposure techniques seem quite reasonable. Strategies to use imaginal exposure and to titrate anxiety are explained and sound as though they would be effective.

The book ends with rather detailed examples of cognitive restructuring and methods to use restructuring in a variety of post-traumatic conditions. A number of helpful scales for measuring cognitive change and other supplemental tools are included near the end of the book.

This book is very helpful. It eloquently packages PTSD as a Cognitive-Behavioral Disorder and guides the reader to practical methods of managing patients with such issues. The approximately 250 pages of text do not allow space for all the details one would like to see from this book. It is, however, a very informative introduction to the topic of CBT for PTSD. I believe the general audience of mental health professionals will find it useful and pleasant.

James A. Wilcox, DO, PhD
Professor of Clinical Psychiatry
University of Arizona

Gambling as an Addictive Behavior: Impaired Control, Harm Minimization, Treatment and Prevention. By Mark Dickenson and John O'Conner, Cambridge University Press, New York, New York; 2006; ISBN: 0-521-84701-X; \$95.00 (hard cover), 176 pp.

It is obvious that gambling is addictive. An observation of any Las Vegas casino will show many people engaged in self-destructive, maladaptive spending at the gambling tables. One may reasonably ask why this book is necessary when the topic is already well known. A quick look in the text will provide the answer.

This book describes theoretical mechanisms of re-enforcement for gambling behaviors. It gives interesting information about risk factors for this kind of addiction. The authors cite research on various models for this behavior and also provide interesting statistics about which kind of people are likely to engage in different types of gambling activity. A good case is made for a model of vulnerability involving biological diathesis and psychological patterns leading to poor impulse control in compulsive gamblers. This is then linked to stimulus-response activity, which they hypothesize, causes great difficulty terminating the gambling habit. When one stands back and considers this type of addiction, the ideas of the authors make sense.

Various methods for treatment and harm minimization are discussed in the latter half of the book. The authors address the question of whether any treatment is effective for gambling addiction. They look at old treatment methods and explain how epidemiology indicates a need for vigilance. Issues of education, prevention and models for treatment are well handled.

The end of the text includes considerable data on outcome and on trends among gamblers in Australia.

This is a timely book. While gambling has existed for centuries, the depth of the problem has never approached current levels in terms of availability, variety and potential risk. These days we have gambling of all types as well as both state and national lotteries. Perhaps most dangerous is the acquisition of internet gambling on a continuous basis with electronic losses via on-line credit cards and balance transfers, current technology that allows continuous modest betting to liquidate one's savings overnight. As many individuals fall prey to addiction to gambling, this book is welcome. It is a good addition to any clinician's library.

James A. Wilcox, DO, PhD
Professor of Clinical Psychiatry
University of Arizona

Psychotic Symptoms in Children and Adolescents: Assessment, Differential Diagnosis, and Treatment. By Claudio Cepeda; New York, Routledge (Taylor & Francis Group, LLC); 2006; ISBN: 10: 0-415-95364-2, retail price: \$75.00 (hardcover), 552 pp.

At first glance, this would seem to be a very long book about a relatively rare set of symptoms. However, once you begin reading, it becomes clear very quickly that Dr. Cepeda has produced a detailed compendium of how to assess, categorize, and treat psychotic symptoms in youth, and that the length of the book is due to the fact that Dr. Cepeda discusses each step and, indeed, each question in the assessment process for thought, mood, and affect, and in most chapters has a clinical vignette illustrating each point.

He devotes the first chapter to an overview of psychosis in the lives of children. In this chapter he states that illusions, hallucinations, and delusions are common in children, and that reports of these psychotic events are fairly common in the clinical setting. However, he goes on to note that clinically *relevant* psychotic disorders are not so common and that schizophrenia itself in children is quite rare, a finding with which most child psychiatrists would, I think, agree. The next segment of the book is a grouping of six chapters on assessment and diagnosis. This is followed by a chapter on etiology and pathogenesis and then another six chapters dealing with treatment.

The tables in the assessment chapters are helpful, but they are really adjuncts to the text which describes everything found in the tables in greater detail. The treatment chapters are very detailed as well, and include discussions of psychosocial interventions as well as anti-psychotic and mood stabilizing pharmacotherapies. These chapters also make use of tables to summarize information for quick reference, but again one could skip the tables and read only the main body of the text and miss no information. Side effects and approaches to treat