The Diagnosis of Psychosis

The lack of precision in psychiatric diagnoses often is criticized by our detractors and even by our medical colleagues. The Diagnosis of Psychosis demonstrates that correct diagnosis, done with precision exists in psychiatry. Moreover, it demonstrates that a proper diagnosis is necessary. Psychosis has many causes and the proper assessment of the cause is critical to the correct treatment. It is a pity that many practitioners simply prescribe antipsychotics without caring about the underlying source of the syndrome. This is like treating a fever and never looking into the cause of the infection. The understanding of the cause of a patient’s psychosis is important in effective management and predicting the course of the illness. One can say, what practitioner would treat a brain tumor or autoimmune disease with a phenothiazine? Yet many doctors who ignore the complexity of psychotic conditions essentially do the same thing. This book is a wonderful example of the complex nature and importance of proper psychiatric diagnosis. Anyone who deals with psychotic conditions should have a copy of this compact manual. It is an excellent resource for any physician and should be required reading for medical students.

This book is well organized and highly readable. Although an enormous amount of material is packed into 29 chapters, it is done elegantly and is easy to follow. The first broad section of the text starts out with details of the many causes of psychotic symptoms and begins with a variety of genetic and neurological conditions. Each syndrome and its associated pathology are discussed in fine detail. The use of tables and the organization of data is attractive and not overly complex. The cross referencing of diseases, laboratory values, and clinical signs is done in a masterful way. One feels as if they are being taught a course on the differential diagnosis of psychosis. The book moves on to autoimmune diseases, poisonings, and miscellaneous causes of psychotic illness. Again the perception of actual learning occurs while reading the chapters. This book is not a dreary dictionary of diseases where the reader feels overwhelmed by dry didactics. On the other hand, the authors act like masterful teachers who make complex material a pleasure to read. A wonderful portion on catatonia is included. This is quite valuable due to the rather puzzling nature of the history of catatonic illness. Following the discussion of catatonia, the text turns to functional psychosis.

It is worth noting that at least 148 pages are spent on the organic, “non-functional” causes of psychotic symptoms. It is an unfortunate fact that many physicians omit their medical obligation to consider many potentially curable diseases in the differential diagnosis of psychotic patients who desperately need their help. This book calls us back to our clinical senses.

The second broad section of the book moves on to the clinical approach to the diagnosis of psychotic syndromes. This portion of the text is just as well organized as the material on pathology. The clinical examination of patients is well covered by the authors. The logic of the authors and the fluid nature of their explanation are impeccable.

The Diagnosis of Psychosis is highly relevant to all psychiatrists, residents, and neurologists. This reference should be on the bookshelf of every practicing physician as it is well written and easy to understand. It fills the gap many psychiatrists see between their clinical practice and the world of internal medicine. It is not really a neuroscience book; it is more specific to the topic of psychosis. This strengthens the overall volume, making it easy to look up any topic of interest. This book is well referenced and has a great index section. This text is a welcome addition to my library. It is a wonderful reference and guidebook. I anticipate using it in my work and teaching it to my residents.

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The CNS is interconnected with the rest of the body and influences other organs, body systems, and diseases while those organs, systems, and diseases impact the CNS. Various new fields, such as psychoneuroendocrinology, psychoneuroimmunology, and psycho-oncology, have studied the interactions of the CNS with other systems or organs. The relative newcomer among these disciplines is psychodermatology. The relationship between skin, the body's largest organ, and psyche is assumed in numerous skin diseases, but direct evidence is scarce. The literature is scarcer when it comes to the relationship between the skin and the psyche of children and adolescents and a solid summary text of this topic has not been available. The editors of this large volume fill this void by putting together an international group of 28 authors to bring us all available information about the interrelation of skin, skin diseases, and the CNS of children and adolescents.

The book is divided into 6 parts: I. Interface of dermatology and psychiatry; II. Psychophysiological disorders; III. Psychiatric disorders with dermatologic manifestation; IV. Dermatologic disorders predisposing to psychiatric disorders; V. Systemic [sic] diseases with psychodermatologic manifestations; and VI. Special issues in management of psychocutaneous disorders. The book also includes an Appendix consisting of 4 chapters.

The first part consists of 4 general chapters. Chapter 1, “Perspectives on management of pediatric dermatologic disorders,” is an encyclopedic list of 6 areas: skin infections and infestations, dermatitis, hypersensitivity reactions, miscellaneous skin conditions, dermatologic manifestations of systemic disorders, and disorders of the hair and nail. The description of diseases and their management is brief. The main weakness, as with many other chapters in this book, is the lack of specific illustrations. The Appendix includes pictures of 9 common dermatologic lesions, but are not connected to those numerous diseases listed in this chapter. I am not sure who the intended audience of this chapter is; dermatologists and pediatric dermatologists know many of these diseases or can find them in textbooks and color atlases of pediatric dermatology, while psychiatrists would not be able to use this chapter for either diagnosing or treating these disorders.

Chapter 2, “Psychoneuroimmunology and other interactions between skin and psyche,” contains little information about psychoneuroimmunology, which is understandable, as there is little to write about, but then why have a chapter dedicated to this topic? Chapter 3, “A clinician's approach to psychocutaneous diseases in adolescents: Untying the Gordian knot,” provides a brief guide to interviewing adolescents and even briefer general suggestions on managing an adolescent patient. The last chapter of this section, “Quality of life issues in children and adolescents with dermatological conditions and their wider impact on the family and society,” discusses the impact of skin diseases on the quality of life of children, adolescents, and their families and also includes a solid discussion of quality of life measures in this area.

The 4 chapters of the second part of the book review atopic dermatitis, psoriasis and children, acne (vulgaris, rosacea, and excoriosis), and psychogenic purpura (Gardner-Diamond syndrome). Again, most chapters are too long and focused on providing encyclopedic and minuscule pieces of information (eg, who needs to know
that there is an inverse relationship between the number of siblings and atopic dermatitis, and that having ≥3 siblings is protective against atopic dermatitis?). On the other hand, psychological and psychiatric issues are addressed either superficially or not at all—eg, the chapter on psoriasis does not mention lithium, although it may exacerbate preexisting psoriasis and possibly induce de novo psoriasis or cause nail changes. The chapter on acne briefly discusses the complex relationship between depression, suicidality, and isotretinoin (used in treating acne). The authors of the chapter on psychogenic purpura start by saying that it is a very rare syndrome, typically seen in women with psychiatric comorbidity. Why devote a chapter to it in a book addressing pediatric psychodermatology?

The third part includes chapters on body dysmorphic disorder (BDD) in adolescents; delusional infestation in childhood, adolescence, and adulthood; dermatitis artefacta, skin picking, and other self-injurious behaviors; trichotillomania; and psychogenic pruritus with particular emphasis on children and adolescents. Although these chapters deal with topics at the core of this book, they bring information clinicians may not be sure how to use and, on the other hand, some pertinent information is not included. Examples include the note on eye movement desensitization and reprocessing, a treatment technique suggested for treating BDD, without any evidence to support it, or a suggestion on using amisulpiride in delusional infestation without saying that it is not available in the United States. The chapters on skin picking and trichotillomania include pictures; this is good, yet puzzling (why include pictures here and not in other chapters?), and not very useful (the picture of self-cutting is non-contributory). The chapter on psychogenic pruritus seems useful until one reads that the authors prefer to use benzodiazepines for this disease and list escitalopram as an example of benzodiazepine!

The fourth part includes 3 chapters on dermatologic disorders presumably predisposing to psychiatric disorders: disorders of hair loss and skin pigmentation and skin adnexal disorders. These chapters discuss these disorders fairly well, yet provide little evidence that these disorders predispose patients to psychiatric disorders. It is probably more appropriate to say that there are psychological consequences of these disorders (eg, self-esteem issues, depression, or quality of life in disfigurement due to vitiligo).

The 4 chapters of the book discuss systemic diseases with psychodermatologic manifestations: neurocutaneous diseases (eg, neurofibromatosis, tuberous sclerosis); collagen vascular diseases (eg, lupus erythematosus, rheumatoid arthritis); endocrine disorders (eg, diabetes, thyroid diseases); and inborn errors of metabolism (eg, phenylketonuria, Hartnup disease, porphyria). The most clinically useful are on lupus and juvenile rheumatoid arthritis, as these provide more concrete suggestions on managing psychiatric issues in these diseases. The psychiatric aspects of endocrine diseases are more related to the general aspects of these diseases (eg, diabetes) than to their (rare) cutaneous expressions. The same holds for the inborn errors of metabolism chapter.

The last part includes 4 chapters on psychological complications of dermatological treatments; dermatologic manifestations of psychotropic medications, which includes exhaustive tables of all complications, but does not include pictures, which would be beneficial for psychiatrists; nonpharmacological approaches to treat psychocutaneous disorders (again, useful treatments, but why not include a chapter on pharmacological management?); and psychiatric disorders frequently encountered in dermatology practices. The chapter on dermatological manifestations of psychotropic medications includes an important part on serious and life-threatening cutaneous reactions such as erythema multiforme or Stevens-Johnson syndrome. I wish the discussion of Stevens-Johnson syndrome was a bit more discriminative in its listing of medications possibly associated with this condition and discussed in more detail (eg, Stevens-Johnson syndrome associated with lamotrigine). The chapter on psychiatric disorders most frequently encountered in dermatology practices includes quite uneven suggestions on managing these disorders without a sensible suggestion on when to refer them for psychiatric help (dermatologists will not manage eating disorders or borderline personality disorder and the information on management provided in this book is too rudimental for psychiatrists).

The Appendix contains “chapters” about the editors; listing of FDA-approved psychotropic medications for children and adolescents; a glossary of common psychiatric terms; and pictures of common dermatologic lesions (macule, papule, nodule,.
plaque, etc.). After the Index, the book also includes plate sections with pictures of various conditions. These are useful, but not referenced in the connected text, and some are superfluous, including 3 pictures of a habitual hand washer.

This book is a clear example of a great idea gone wrong, partially due to uneven and perhaps inexperienced editing. Here, while less would be more, the book needs more synthesis and less encyclopedia. It does not contain much child and adolescent information, as there is not much available. A more focused, synthesizing volume with better, clearly defined audience and pictures related to the text—especially for psychiatrists—would be useful. The authors do not focus much on the real connection of skin and psychiatric diseases—the ectoderm. It seems to me that managing disease or disorders of organs originated in ectoderm is more complicated than the rest of the diseases.

Would I keep this book? Yes. Would I buy it? Probably not. Psychodermatology certainly is an important and evolving area; we just need a bit more clinically useful guides.

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The Mental Health Professional in Court: A Survival Guide

By Thomas G. Gutheil and Eric Y. Drogin.

M any, if not all, mental health professionals may be asked to appear in court. As the authors of this slender volume, Drs. Gutheil and Drogin, say this experience “is usually frightening, dismaying, or both” (p xiii). They later add, “For most mental health practitioners, the prospect of going to court—under any circumstances, at any time, for any reason—is about as welcome an idea as dentistry without anesthesia” (p 1). They present us with this book to help those called to court to “survive that experience” (p xiii). Both authors are experts in the field: Dr. Gutheil is a well-known forensic psychiatrist and Dr. Drogin is an experienced lawyer—both authors are Harvard Medical School faculty. They acknowledge that although they will not be able to turn the reader into a court lover, they may decrease her or his terror as “knowledge is not only power but also an antidote to unreasoning fear” (xiii).

The book consists of 11 chapters and 3 Appendices. The chapters sequentially address the entire process of mental health professionals dealing with the court system, from being asked to appear in court to the aftermath of litigation. Chapter 1, “Introduction: ‘What? Me? Go to court?’ ” starts with a reminder that “The mere fact that you have been sued does not mean that you did anything wrong”...
The authors also acknowledge that although the malpractice suit may not even be “about you,” it is difficult to “absorb such advice—let's face it; few of life's experiences will ever feel as personal as this” (p 11). The chapter focuses on psychology of 3 major litigations: malpractice litigation, licensing board complaints, and ethics complaints. In discussing the licensing board complaints, the authors urge the reader to “…not even consider responding to the complaint or attending a hearing without experienced legal counsel.” Chapter 3, “How did I get here?: the path to litigation,” briefly summarizes some of the most common legal situations that trigger malpractice suits—eg, suicide, boundary violations and sexual misconduct, breaches of confidentiality, and treatment issues (too much treatment, too little treatment, wrong treatment). The next chapter, “What is motivating everyone?:” discusses the motives of the many different persons in the courtroom: the defendant, plaintiff, plaintiff’s counsel, opposing counsel’s expert, defense counsel, and defense counsel’s expert.

Chapter 5, “Why is this taking so long?:” reminds us that the litigation process may take a long time and explains the mechanisms of delay, including depositions, the court’s existing docket of cases, a postponement called continuance, and settlement offers (one should beware of them and carefully review them). Chapter 6, “Now do I get my say?:” Interrogatories, depositions and how to survive them,” starts again with a strong warning not to even think of responding to interrogatories without defense counsel by one’s side (p 31). The discussion of the mechanics and content of the deposition includes practical advice, including “honoring the rule of austerity, there are five basic answers” when being deposed: yes, no, I don’t know, I don’t recall, and a brief narrative (p 34). During the narrative, clinicians should make every effort to ensure that her or his answer is not quoted out of context (p 34). This can be done by incorporating the question into the answer, no matter how dull it may sound. Suggestions on “Preserving the court reporter’s sanity” (p 35) include speaking loudly, in turn, speaking slower than usual, spelling out technical terms, avoiding banter, and providing the court recorder a business card. The chapter explains objections, errors and pitfalls, and common attorney deposition tactics (eg, “let’s have a conversation,” “changing up” the order, getting one to “guess,” “conversational” interjections, “personal” and “repetitive” questions), where the deposition should occur, and that everything should be carefully reviewed before signing the transcript. The following chapter, “Where are we?:” the foreign territory of the courtroom,” suggests learning about legal issues on a regular basis from a “tame” or friendly attorney. The chapter also discusses whether one needs a personal attorney over and above the one supplied by an insurance company (usually not, if you are full-time private practitioner, but maybe if you work for an institution or agency).

Chapter 8, “Who are all these people?:” further discusses the litigation process in the courtroom and some basic rules of the process. It also reviews subpoenas and privileges. Chapter 9, “Am I going to win this thing?:” the trial itself,” explains various terms (statutory law, common law, adjudication, burden of proof) and goes through the entire process of litigation step-by-step. It emphasizes preparation (the “Six Ps” of trial preparation: preparation, planning, practice, pretrial conference, pitfalls, and presentation), discusses how to prepare one’s attorney, how to dress for the courtroom (“Dress unremarkably, they notice the testimony” [p 82]), the difference between deposition and trial language, and how to testify (eg, not using “never” and “always”). The following chapter, “Do I still get to have a life?:” self-care during litigation,” emphasizes that the clinician needs to take care of him or herself promote viability as a legal client, litigant, and functional witness, and to take care of sleep, eating habits, and exercise (p 92). The chapter also mentions that the case should be discussed (if discussed) in safe places and provides tips on how to manage one’s practice during litigation. The last chapter, “Where do I go from here?: the aftermath of litigation,” explains there really is life after litigation: “Life truly begins anew when the last deposition has been taken, the last hearing has been conducted, and the last order has been issued” (p 96).

Appendix I goes over the civil litigation process, explaining its phases in definitions and summarizing with graphics. Appendix II is a glossary of legal terms. Finally, Appendix III is a list of recommended readings and online support.

In the Preface to the book, the authors outlined 3 basic principles that “shaped” their approach to this book: 1) it is written in an informal and light-
Supportive therapy is probably the most practiced psychotherapy among psychiatrists, or at least the kind of psychotherapy modality most psychiatrists assume they practice. I write this because, as the authors of this book write, “supportive psychotherapy is a treatment approach that shares tactics and objectives with the medical management that is familiar to physicians who are entering the specialty of psychiatry” (p 1). Most psychiatrists do not have time to practice psychodynamic psychotherapy or cognitive-behavioral therapy (or may not get reimbursed for these psychotherapies) and may practice some mixture of psychotherapeutic techniques they consider to be supportive psychotherapy. Whether it is a true practice of supportive psychotherapy is a different question. The authors of this volume point out that, “The term supportive therapy is frequently used in nonpsychiatric studies to denote the designation for an approach that involves expression of interest, attention to concrete services, encouragement and optimism. This is a supportive relationship or supportive contact, but not supportive psychotherapy. Supportive psychotherapy is based on diagnostic evaluation; the therapist’s actions are deliberate and designed to achieve specified objectives. ...In the psychiatric literature, the terms supportive therapy and supportive psychotherapy have been used interchangeably. This is unfortunate, because the nonspecific support provided to patients who have medical or surgical problems is also characterized as ‘supportive therapy,’ in this case referring to efforts that make the patient more comfortable but do not remedi-

Learning Supportive Psychotherapy: An Illustrated Guide

ate the underlying problem. We will always use the long form—supportive psychotherapy—to emphasize that we are writing about a professional service that is provided in a mental health context by a person trained in mental health theory and practice. We define supportive psychotherapy as a dyadic treatment that uses direct measures 1) to ameliorate symptoms and 2) to maintain, restore, or improve self-esteem, ego function, and adaptive skills” (p 8-9).

The authors write that self-esteem involves the patient’s sense of efficacy, confidence, hope, and self-regard. Ego functions include relation to reality, thinking, defense formation, regulation of affect, synthetic function, and others. Finally, they define adaptive skills as actions associated with effective functioning (also stating that the boundary between ego functions and adaptive skills is not sharply defined).

I have delved into the definition of supportive psychotherapy because I have heard many colleagues and trainees say they practice supportive psychotherapy. However, when I asked what the goals of supportive psychotherapy were, I rarely received an answer close to what the authors of this book describe as goals (ie, amelioration of symptoms, maintaining and supporting ego functions). Thus, there seems to be a wide misconception either in perception or in education of what supportive psychotherapy is. This volume certainly is trying to re-mediate it and help psychiatrists and others learn what supportive psychotherapy really is and how to practice it.

The book consists of 9 chapters: 1. The concept of supportive psychotherapy; 2. Principles and mode of action; 3. Assessment, case formulation, and goal setting (including a vignette on assessment); 4. Techniques (including 2 vignettes: severe, persistent mental illness in an uncooperative patient and supportive-expressive treatment); 5. General framework of supportive psychotherapy; 6. The therapeutic relationship (including a vignette addressing a misalliance); 7. Crisis intervention (including a vignette on crisis intervention); 8. Applicability to special populations (including a vignette on substance use disorder); and 9. Evaluating competence and outcome research. The accompanying DVD (which is almost 86 minutes long) includes vignettes mentioned in the text, featuring patients with therapists and accompanying comments. The DVD is a great addition for any clinician beginning to practice psychotherapy, because it has been more uncommon for trainees to be able to see real psychotherapy sessions.

The first chapter provides most of the definitions and terminology I already mentioned. The authors make defining supportive psychotherapy a bit fuzzy. Unfortunately, instead of sticking to what supportive psychotherapy is, they get into too much of what supportive psychotherapy isn’t and contrasting it with psychodynamic psychotherapy. The second chapter discusses the underlying assumptions about supportive psychotherapy, emphasizing that “Supportive psychotherapy is conducted in conversation-style, involving examination of the patient’s current and past experiences, responses, and feelings. Although the initial focus is on self-esteem, ego function, and adaptive skills, the therapeutic alliance may be the most important element of the therapy” (p 32).

The third chapter reviews assessment, case formulation and goal setting. The goal setting should be organized as follows: 1) amelioration of symptoms, 2) improvement of adaptation, 3) enhancement of self-esteem, and 4) improvement of overall functioning.

The fourth chapter focuses on techniques of supportive psychotherapy: alliance building (expression of interest, expression of empathy, expression of understanding, sustaining comments, conversational style, repair of misalliance); esteem building (praise, reassurance, normalizing, universalizing, encouragement, exhortation); skills building and adaptive behavior (advice, teaching, modeling adaptive behavior, anticipatory guidance); reducing and preventing anxiety (conversational style, sharing the agenda, verbal “padding,” naming the problem, normalizing, reframing, rationalizing); and awareness expanding (clarification, confrontation, interpretation).

The following chapter goes over some practical issues, such as indications and contraindications of supportive psychotherapy; initiation of treatment and office arrangement; initiation and termination of sessions; timing and intensity of treatment sessions; and professional boundaries. The indication and contraindication lists are important. Contraindications include “1) predominance of primitive defenses (eg, projection and denial); 2) absence of capacity for mutuality and reciprocity, exemplifying and impairment in object relations; 3) inability to introspect; 4) inadequate affect regulation, especially in the form of aggression; 6) somatoform problems; and
7) overwhelming anxiety related to issues of separation or individuation” (p 91). More specifically, indications conceptually fall into 2 groups: crisis, which includes acute illnesses that emerge when the patient’s defenses are overwhelmed in the context of intense physical or psychological stress (acute crisis, adjustment disorder in relatively well-compensated people, medical illness, substance use disorders [SUDs], alexithymia), and chronic illness with concomitant impairment of adaptive skills and psychological functions. Supportive psychotherapy is contraindicated when psychotherapy itself is contraindicated (eg, in delirium and other organic mental disorders, in help-rejecting complainers, in con artists and malingers, and in psychopathic individuals) (p 95). This chapter also emphasizes that a formal termination process is not part of supportive psychotherapy; it ends when goals have been reached or when the patient elects to not continue treatment. Chapter 6 focuses on the therapeutic relationship and delves into issues such as transference, therapeutic alliance, misalliance (recognition and repair), resistance, and countertransference. The chapter emphasizes that a robust therapeutic alliance is a strong predictor of positive outcome in psychotherapy (p 122).

The chapter on crisis intervention brings to the reader’s attention that crisis states can lead to personal growth rather than physical and psychological deterioration. It provides specific examples of crisis intervention, including in the area of suicide. The following chapter reviews the applicability of supportive psychotherapy to special populations, such as those with severe mental illness, personality disorders, SUDs, and co-occurring mental illness and SUDs. The role of psychoeducation for patients and family members in all areas is emphasized. The last chapter discusses psychotherapy supervision and methods of assessment of trainees’ competence in supportive psychotherapy. The part on outcome research is mostly non-contributory.

In spite of some mentioned fuzziness in definition discussion (in terms of what this modality isn’t) and a bit much rehashing of psychodynamic issues, this is a useful book. The novice can certainly learn a lot (also by observing the sessions on the enclosed DVD) about what supportive psychotherapy really is and how to practice it. The volume also will be useful to psychotherapy trainers in residency programs and to physicians supervising therapists conducting supportive psychotherapy in the severely mentally ill and/or in patients with SUDs. The vignettes (transcribed and on DVD) are an especially helpful part of the book.

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Care of Children Exposed to the Traumatic Effects of Disaster


Almost daily we are exposed to news of either human-generated or natural disasters. Even though one may not be directly impacted, media coverage of disasters such as earthquakes, hurricanes, tornadoes, violence, nuclear disasters, and accidents has implanted worse consequences in our collective conscious. According to the United Nations Office for Disaster Risk Reduction, children make up 50% of all those affected by disasters worldwide. Although children generally are exposed to similar adversity as adults, they process it differently, according to their own individual developmental level. It is pertinent that the traumatic effects of disaster on children are understood separately in the context of development.

Care of Children sets out with a goal to facilitate understanding of traumatic effects of disasters on children in an effort to equip its readers...
with strategies to support children and their families cope with the aftermath of disasters. The authors of this book all are part of the Miller School of Medicine of the University of Miami (Miami, FL, USA) and have expertise in disaster-preparedness, disaster-epidemiology, and disaster-behavioral health. The book’s content is divided into a Preface and 9 chapters. Each chapter begins with a set of learning objectives and ends with key clinical points.

In the first chapter, the authors define disaster and classify it under the categories of natural, human-generated, and multidimensional disasters, eg the March 2011 tsunami and subsequent Fukushima Daiichi Nuclear Power Plant failure in Japan. Stress is discussed in relative detail by describing spectrum of stressors, stress response, and psychobiological responses to chronic stress in children. The authors underscore the importance of subjective appraisal of stress response: “From a cognitive perspective, stress, like beauty, is often in the eye of beholder” (p 5). They also effectively debunk the myth “that which does not kill us makes us stronger” (p 14) by pointing to the contrary evidence of higher likelihood of developing posttraumatic stress symptoms with increased frequency of traumatic exposure.

The second chapter details natural and human-generated disasters. While discussing distinctive definitions of disaster, the authors point to the common theme of “disproportionate demand on the population” (p 19). The authors use Hurricane Katrina as an example to draw a distinction between disaster and catastrophe because of certain elements—unresponsive emergency systems, leadership failure, destruction of community services, cessation of local mass media coverage, and conflicts around class and race or ethnicity—that were rampant in post-Katrina response. The discussion on disaster life cycle is a sobering reminder that recovery may take years not days—eg, the May 2011 execution of 9/11-mastermind Osama bin Laden triggered unsettling, as well as joyous, emotions across the United States. Each major category of disaster is discussed in detail with preimpact, impact, and postimpact stressors. Though some of these factors are unique, the general discussion becomes redundant and the chapter may have benefited from consolidating some of this content under major disaster categories rather than each and every individual disaster. Although some will argue gun violence in schools as “disasters,” readers may have benefited from the author’s insight into this important issue and are likely to miss this content.

Discussion on the context of trauma, particularly the disaster ecology model, is valuable. Children’s responses to stressors are influenced greatly by the interaction of risk and protective factors encompassing the ecologic context. For maximal positive impact in the postdisaster phase, children would benefit if responders correctly assess the interplay between all the variables at an ecologic level, rather than an individual one. The authors also effectively depict risk disparities for ethnic minorities in a tabular fashion, after all, “disasters are income neutral and color-blind. Their impacts, however, are not” (p 77).

From a clinical standpoint, the chapter on children’s psychological responses leaves a lot to be desired. This chapter begins with discussing the unique needs of children in disasters and developmental effects. However, the discussion is limited in depth, especially on stress reactions and trauma-specific disorders. Sleeper effect is mentioned ephemerally without any text references. Similarly, readers would have benefited from a more detailed discussion on “resilience,” specifically progress or lack thereof in our understanding of the role that gene-environment interaction plays towards a resilient disposition. The discussion on posttraumatic growth should have been paired with the earlier discussion on the adverse impact of repetitive trauma, with accompanying evidence supporting and refuting both models. Nevertheless, readers who are looking for a brief synopsis of this topic will benefit from the discussion.

The chapter on children with special needs during disasters highlights the key point that as a sub-group, children themselves are a special population. Recommendations of the National Commission on Children and Disasters are listed in a tabular format for easy review. The authors also underscore that children with cognitive limitations have unique difficulties, and may be exposed to additional harm due to their limitations in following directions and difficulty understanding. The discussion on traumatic bereavement in a developmental context is very useful. Readers who see these children in a clinical setting as well as their natural supports will find the discussion on children’s...
understanding of death and symptoms of grief valuable. The chapter on child and family assessment discusses screening and clinical assessment in a succinct manner. Clinicians will find the discussion and listing of various assessment tools informative and useful for application in practice.

The chapters on interventions and generally accepted truths are well written and concise. Interventions such as psychological first aid and skills for psychological recovery (SPR) are described in a clinically useful manner and the discussion is punctuated with tables highlighting the key points such as basic assumptions and goals of SPR. Similarly, readers from diverse backgrounds will find the discussion on psychoducation for parents informative. Where applicable, the authors also discuss limitations of intervention strategies, eg, “limited empirical data are available on psychological debriefing with children” (p 196). The authors also underscore the importance of school-based interventions, even with treatments that are effective equally, children are more accepting of the ones that are offered in school. Furthermore, they also point to the importance of “rapid restoration” of the school system for children postdisaster.

Despite some of its limitations, this book is clinically useful. The developmentally sensitive discussion about disaster and its impact on children of different age groups is bound to resonate not only with clinicians dealing with children but also with parents and stakeholders such as school teachers and administration, emergency responders, and community leaders. The book includes useful suggestions for providers ready for immediate application. It may serve as a practical reference for an unfortunate disaster that we all wish never arrives, yet it is highly likely that at some point we may find ourselves in the midst of it.

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