

# Book Reviews

## **Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health**

Edited by Lee Baer and Mark A. Blais

Humana Press, 2009, pp. 332, price €106

ISBN: 978-1-58829-966-6

**M**ost clinicians do not use rating scales routinely. The common reasons are time pressure, not knowing which scales to use, believing that rating scales are useful only in research settings and worrying whether scales will truly capture the important aspects of improvement in their patient.

This book attempts to address all these issues, since rating scales, according to the authors, not only facilitate targeted diagnoses and treatment, but also encourage links to empirical literature and systemize the entire management process. The purpose of this useful handbook is to provide the busy psychiatric clinician (psychiatrist, psychologist, social workers, GPs and others) with a practical guide to use in focused assessments.

The book includes “gold standard” rating scales, as well as screening tests in 13 mental health areas. There are ready-to-copy versions of the scales (when copyrights permit) and practical information about the clinical use.

Each author of the 15 chapters wrote about the latest information available concerning the characteristics of the scales (such as reliability, validity, and sensitivity to treatment induced change). There are short discussions about the relative strengths and weaknesses of the scales and other issues concerning the assessment such as how to minimize bias, and assessment across different age groups, cultures, education and comprehension levels.

The book's first chapter, written by both editors, is about basic psychometric and statistical concepts. Like all the chapters, it is concise, intensive and highly practical.

Chapter 6 offers brief but sophisticated screening scales for personality disorder patients. I found this information very useful in clinical settings, where those patients are often underdetected.

Chapter 12 discusses the efficient use of useful rating scales in psychotherapy. According to the authors of this chapter brief scales can be integrated into the psychotherapy process. It seems that data from those scales can enhance the treatment effectiveness.

Chapter 13 deals with a relatively new unique issue

of assessing the ongoing psychological impact of terrorism. After the 9/11 attack clinicians have developed instruments to measure fears of future attacks.

As a clinician the book stimulated me to use some of the screening and assessment scales not only in research settings. The vivid information about the advantages and shortcomings of each of the scales will help me to choose one that fits my patients.

Assaf Shelef, Bat Yam

## **Möglichkeiten sich zu schützen**

Christian Pross, *Verletzte Helfer*

Leben Lernen - Klett-Cotta, Stuttgart, 2009,

pp. 288, ISBN: 978-3-608-89090-7

**T**rauma therapists are listening to personal accounts of torture, cruelty and violence on a daily basis. In this process, we become personal witnesses to massacres, rape and persecution of enormous proportions. We cannot remain personally unaffected by these experiences and they leave indelible marks on all of us, including (or especially) professionals with years of experience. Apparently, we become “vicariously” wounded by the pain and suffering of our clients, and, for some of us, it makes us feel so outraged that we tend to displace our anger on people who have nothing to do with the initial crime.

This is the subject matter of a new fascinating book on the “Wounded Healer” published in the German language by Dr. Christian Pross. The well-known trauma therapist and researcher was the co-founder in 1992 and director, until last year, of *The Berlin Center for the Treatment of Torture Victims* (BZFO). Since 2009, he is the scientific director of a working group for psycho-traumatology studies at the center for survivors in Berlin. His earlier controversial book on the struggle over reparations for survivors of the Nazi terror received wide-claimed praise and was published both in German and in English (Pross 1988/2001, Pross, 1998).

This new book is based on material that was collected from interviews with 72 professionals who worked in treatment centers for victims of crisis regions, war, sexual abuse and political persecution and in organizations for human rights, supervisors and psycho-trauma experts from eight countries. Earlier publications on this theme have clearly described the concepts of “burnout,” “compassion fatigue,” “vicarious traumatization,” and “secondary traumatic stress,” emphasizing the constant need for some kind of “care for caregivers.” However, in contrast to

these earlier studies on the side effects of treating trauma survivors, which mainly focus on the helper and the helped, the present book deals with the effects of trauma therapy on teams and organizations working in this field. Since Pross observed that people working in such institutions “move through a minefield of the abysses of human existence” (p. 28), over-involved therapists tend to re-enact the vicissitudes of trauma within their specific institutional structure, often creating chaos and destruction. Studying such a hot and almost taboo subject is not only courageous, but also very important, since it has been largely neglected in earlier literature.

The book is well researched and written in an easily readable style, with a number of illustrative situations. It is a text suitable not only for staff and leadership, but also for organizational psychologists who are called upon to provide supervision and to facilitate team building and organizational development in such institutions.

## References

1. Pross, C. (1988/2001). *Wiedergutmachung - Der Kleinkrieg gegen die Opfer*.
2. Berlin: Philo (English translation (1998); *Paying for the Past, The Struggle over Reparations for Surviving Victims of the Nazi Terror*. Baltimore: The Johns Hopkins University Press.

Natan P.F. Kellermann, Amcha

## The Oxford Textbook of Suicidology and Suicide Prevention: A Global Perspective

Danuta Wasserman and Camilla Wasserman, Editors

2009; Hardback, pp. 872, £ 75.00

ISBN: 987-0-198-57005-9

**W**orldwide, one person dies every 40 seconds as a result of suicide, and every 5-10 seconds, there occurs a suicide attempt. Suicide is one of the main leading causes of death among certain groups, and has gained global attention as a serious public health problem. However, the nature of suicide is a complex matter, as it is the end result of many underlying biological, psychological, cultural and social factors that often coincide with one another. Understanding the complexities of suicide and suicidal behavior are essential initiatives in formulating effective treatments and preventive interventions.

The present textbook, edited by Danuta Wasserman and Camilla Wasserman, examines the multifaceted factors of suicide and suicidal behavior and provides a comprehensive resource for understanding the intricate context of suicidality. The textbook is strategically

divided into 15 parts and comprises 134 chapters. This textbook has a big folioformat that illustrate an articulate framework of the suicide processes.

In the first five parts in the textbook, there are several fundamental themes in focus, which primarily concentrate on the cultural, epidemiological, theoretical, biological, political and social implications of suicide and suicidal behavior. Depicted in the cultural chapters are the intriguing and sometimes controversial attitudes in different religions towards suicide. The chapters provide an overview on how the role of religion affects the ideology of suicide in modern and historical times. Moreover, it provides a proficient comparison among the diverse cultures (around the world), and the impact it has on suicidality, e.g., feelings of guilt and condemnation in Christianity and acceptance in Shinto religion.

The section on epidemiology underscores the magnitude and implications of suicide and suicidal behavior on all the continents, thus, demonstrating the significance of this major public health problem worldwide. In addition, theoretical concepts are addressed, which provides insight into the social, psychoanalytical and psychological schemes of suicidality, and demonstrates empirical evidence to support those assertions. Moreover, included in part three, are chapters that describe the biological and genetic factors associated with suicide. These remarkable chapters provide evidence-based research that exemplifies that suicide is not only a result of environmental circumstance, but entails also the biological and genetic predisposition. The subsequent chapters in the first five parts concentrate on the political and social implications of suicide across all continents. These profound chapters bring forth the realization of the influential dominance political, economic and social circumstance has on suicidality, i.e., it can amplify or mitigate the problem. One has observed increase of suicide due to unemployment, social hardships and during the political transition periods in the former communist East European countries.

Subsequent parts five through ten focus on the treatment aspects of suicide, consisting of clinical measures, health care and public health strategies, such as increasing awareness in the population about prevention, closing the exits by restriction of availability of lethal means for suicide and responsible media policies about informing the public about suicide. Clinical approaches embrace the various types of treatment of suicidality that include not only pharmacological means, but also psychological treatments such as cognitive behavioral therapy, dialectal behavioral therapy, as well as family

psycho-education. The chapters on treatment are extensive and illustrate professional- and research-based evidence for effective treatments for the suicidal patient.

The final five parts of the textbook describe extensively suicide prevention and what measures are in place among a magnitude of countries across all the continents.

Suicide prevention is vital in addressing the major problem of suicidal behavior, and this is certainly evident in the chapters, as countries depicted with parliamentary and governmental ratified prevention programs are clearly beneficial in counteracting taboos surrounding suicide and legitimating the prevention activities. National suicide preventive programs coincide with decrease of suicide rates in Finland, Norway and Sweden.

This remarkable textbook is unique as it embarks on addressing the many complexities encompassing the framework of the suicidal process.

To date, there has not yet been a book published of this magnitude, which comprises 194 authors who are renowned specialists working in the field of Medicine, Psychiatry, Psychology, Sociology, Anthropology and Suicidology. This textbook is particularly comprehensive with ample concepts and examples from the all continents. It can be utilized by researchers, public health professionals, clinicians, nurses, and other professionals working within the field of suicidology and suicide prevention. This book will indeed be the future foremost resource for those conducting any type of activity in the area of suicidality.

Alan Apter, Petah Tikva

AA is the author of the part on youth suicide.  
This part is not reviewed here.

## The Center Cannot Hold

Elyn Saks

Hyperion: New York, 2007, pp. 351, US \$14.95 (paperback)

**E**lyn Saks needs to be thanked for having the courage to write this book. All her life, as she went from promising high school student to college valedictorian to Marshal scholarship winner at Oxford to Yale Law school to an academic career at the University of Southern California School of Law, she dared tell only her very closest friends that she believed alien beings were controlling her brain, or that she was responsible for hundreds of thousands of deaths, or that during her occasional extended absences she was being medicated or tied to a bed in a closed psychiatric ward. Her beliefs, her disorganized speech replete with clang associations and incoherence, her occasional

hallucinations, leave little doubt that she was correctly diagnosed as suffering from paranoid schizophrenia. Only the security provided by tenure, professional standing, supportive friends, and a loving husband, finally allowed her to come out of the closet, in the hope of helping others similarly beset with shame and fearful of stigma.

Were Professor Saks's book a novel, it would strain the professional reader's credulity. But the fact is that her influential writings on the rights of mental patients and the limits of restraints and other forms of coercion, which have influenced the laws pertaining to these issues in some states, were honed by her experiences of confinement in psychiatric wards in England and the USA. (How, indeed, has England managed to treat psychiatric patients without restraints for the past 200 years?)

The questions she raises about how we treat psychosis may not be new, but they take on a special urgency in this occasionally harrowing memoir. "Were [the inpatient department psychiatrists] wanting to help me get better? Or did they just want me to be socially appropriate?" (p. 161). She testifies that being tied to a bed was far more horrifying than her worst hallucinations and delusions. Coming from a woman who by then had completed three years of Kleinian analysis, and who therefore knew something about treatment, these questions demand our attention, and attempts to improve the way we treat patients. "It was unimaginable to me...that the ancient meaning of the word 'hospital' is 'shelter'" (p. 150).

Most psychiatrists today would look askance at the notion of subjecting a person with schizophrenia to psychoanalysis. But many years on the couch - or, occasionally, upright in the chair - were central to her learning to cope with her illness, and, after much bargaining and denial, to her willingness to stay on medication (most recently and beneficially: clozapine). Her summary of this combination: "While medication had kept me alive, it had been psychoanalysis that had helped me find a life worth living" (p. 298). Professor Saks is the first to acknowledge that her success, fragile as it remains, will not be the outcome of most individuals with serious mental illness. But are we, the people entrusted to help such people, listening carefully enough to our patients to find a way not merely to control symptoms but to actually make their life more gratifying and meaningful? And are the departments where we incarcerate these patients suited to the overwhelming therapeutic challenge?

I hope that this book will become widely known among our patients and colleagues.

Pesach Lichtenberg, Jerusalem