

Trauma & Disaster: Responses & Management

edited by Robert J. Ursano, M.D., and Ann E. Norwood, M.D.
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 JM, Riba MB, eds. American Psychiatric Publishing, Inc.,
 Washington, D.C., 2003, 169 pages, \$34.95 (paper).

The short- and long-term psychological sequelae resulting from exposure to trauma can vary from complete recovery to various psychiatric conditions of various severities. Why do some persons appear not to have clinically significant long-term effects from trauma, while others do? The text reviews the normal responses to traumatic events and what factors increase the likelihood of developing significant long-term psychopathology. The authors note that the belief that traumatic experiences cause widespread psychological problems underestimates human resiliency and unnecessarily pathologizes the normal emotional responses to catastrophic events. Nonetheless, severe psychiatric morbidities do occur following trauma. Determining the incidence of psychiatric disorders following various disasters is difficult because of the complexity of conducting such research. Furthermore, the authors note that the important point in assessing who needs assistance should not be whether individuals meet full criteria for a psychiatric disorder, but the degree to which their functioning is impaired, whether they are improving, and whether the disaster has adversely affected their views of themselves.

There is much controversy as to what psychological interventions or treatments are needed following a disaster. The authors review a variety of early-intervention strategies after trauma in adults and children. They conclude that the data do not permit definitive confirmation or refutation of the effectiveness of any early psychological intervention after major incidents. Additionally, the text notes political and bureaucratic obstacles to the provision of mental health services to the community at large following a disaster. The authors recommend that communities address in advance a mechanism for mobilizing and organizing mental health clinicians, which mental health organizations will do what, and the credentialing and training of clinicians. There is a chapter on the effects of disasters in children, and this section reviews some important planning issues in providing mental health services to children following major disasters.

The review of agents likely to be used in terrorist attacks is very timely. History tells us that following a suspected chemical or biological terror attack, medical facilities may initially be overwhelmed by people seeking care, many of whom have not actually been exposed. Triage to distinguish those who may be psychologically distressed from those who truly need medical care is a critical first step to help prevent overtaxing the medical system. The more knowledgeable mental health professionals are about biological and chemical agents, the better we will be able to assist with triage and management of the crisis. Recommendations to minimize undue panic are reviewed.

This text is an excellent review of the psychological and behavioral effects of trauma and disasters. Reading through the details of the various research studies can be a little tough, but if one wants a 1-stop source of the latest pivotal research in the area of trauma and disaster, this is a must-have text. While this is not a "how to do it" book, you have to be knowledgeable of the material in this text to adequately provide competent consultation and mental health services to individuals and communities dealing with trauma and disasters.

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Kaplan and Sadock's Study Guide and Self-Examination Review in Psychiatry, Seventh Edition

by Benjamin J. Sadock, M.D.; Virginia A. Sadock, M.D.;
 and Rebecca M. Jones, M.D. Lippincott Williams & Wilkins,
 Philadelphia, Pa., 2003, 528 pages, \$54.95 (paper).

Kaplan and Sadock's Synopsis of Psychiatry enjoys international recognition as one of the seminal textbooks of psychiatry. For the past 20 years, the authors have also published the *Study Guide and Self-Examination Review* to complement the *Synopsis* and to provide a review guide, particularly to assist mental health professionals in preparing for examinations such as the United States Medical Licensing Examination (USMLE) and the American Board of Psychiatry and Neurology exams.

This edition of the *Study Guide* includes new and different questions as well as modified and updated material from prior editions. By using more than 1000 questions, the authors have attempted to cover the full range of psychiatric disorders and treatments. In addition to chapters consistent with DSM-IV disorders and nomenclature, the authors have included other relevant topics in such chapters as "Clinical Neuropsychological Testing," "Theories of Personality and Psychopathology," "Classification in Psychiatry and Psychiatric Rating Scales," "Palliative Medicine and End-of-Life Care," "Ethics in Psychiatry," and "Public and Hospital Psychiatry" to provide a broad-based overview of the field. There is also an appendix on case studies, which provides case histories of actual patients with a discussion of differential diagnoses, treatment strategies, and other related topics. This new section will be of particular value to students in preparing for the USMLE. Questions are structured to reflect the format used by the USMLE and have been designed to address both clinical and theoretical issues.

As with the *Synopsis*, *The Study Guide and Self-Examination Review in Psychiatry* is an outstanding resource for mental health professionals, particularly those in training, who wish to prepare in a highly effective way for licensure, certification, and recertification in psychiatry.

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Handbook of Emergency Psychiatry

by Jorge R. Petit, M.D. Lippincott Williams & Wilkins,
 New York, N.Y., 2004, 340 pages, \$39.95 (paper).

Nowhere is a handbook wanted more than in the emergency department, where mental health professionals must make quick judgments. The *Handbook of Emergency Psychiatry*, a member of the Lippincott Williams & Wilkins handbook series, is a narrow, handy volume, easy to carry in a coat pocket, briefcase, or backpack. The author, Jorge R. Petit, M.D., correctly advocates a practical, problem-oriented approach. He has set out to give his readers the tools they need to do their work, and for the most part, he succeeds.

The *Handbook* has something to offer on every topic relevant to the emergency psychiatrist. Dr. Petit's recommendations are wherever possible evidence based. For the rest, he relies on his experience and point of view. The book has a logical structure, which makes it relatively easy to use.

The opening pages lay a solid foundation with chapters on general psychiatric assessment and the mental status examina-

tion followed by an essential chapter on how to put safety first. Then comes the meat of the book: 24 acute psychiatric symptom presentations organized in alphabetical order from “Abnormal Movements” to “Withdrawal Phenomena.” For each one, the author gives background—a definition and description of the presentation—and makes recommendations for management and disposition. Lumpers may argue with splitters about what should be included in this list, but Dr. Petit’s choices are reasonable, and readers should easily find what they are looking for. The final sections of the book cover special topics, special populations, and legal issues. Appendices finish it all off with guidelines, scales, and tables that don’t easily fit anywhere else.

Down-to-earth advice laces the book, and so does a sensible attitude. When you can’t remember all the causes of acute confusion, the *Handbook* gives you a simple table. If you suspect an overdose, turn to a section that succinctly describes toxic syndromes. Dr. Petit emphasizes the need to stay alert to the medical causes of psychiatric illness and provides lists of those causes. He wants the reader to understand the difference between urgent feelings and true emergencies—what should be treated in the emergency department (for example, agitation) and what should not (a hand-washing compulsion).

Dr. Petit also recommends that you try to establish a relationship with your patient in the emergency department. He’s right to remind us that “when patients feel they are being listened to and taken into account, adherence to treatment” improves (p. 10). He urges us to remember that for many patients, the emergency psychiatrist is the profession’s first envoy, so we

had better pay attention to the therapeutic relationship from the get-go.

The book isn’t perfect. Dr. Petit describes an idiosyncratic approach to suicide risk assessment based on “patient profiles.” It’s interesting but out of step with current guidelines published by the American Psychiatric Association. Also, you can’t do justice to some topics, such as treating the trauma victim, in such a small space. To make more room for the crucial topics, I would have devoted less space to problems that are less significant to clinicians in the emergency department—eating disturbances, agoraphobia, and obsessive-compulsive symptoms.

In addition, the publisher should have devoted more energy to editing. Even taking into account how hard it is to balance comprehensiveness and ease of use, the writing is very dense. Paragraphs are often dauntingly long. Important advisories end up getting buried. The prose could have been livelier and more efficient, given the book’s aims.

Nevertheless, this book works. It contains much common sense. No matter who walks in for treatment and no matter where—emergencies don’t occur only in the emergency department—you’ll find levelheaded suggestions. This book will be a boon when you confront an unexpected urgent situation. It should help you give your patients what they need in an emergency.

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