

Book Reviews

Michael H. Ebert, M.D., Editor

Remembering Trauma

by Richard J. McNally, Ph.D. *Belknap Press of Harvard University Press, Cambridge, Mass., 2003, 420 pages, \$35.00.*

The issues related to memory (or lost memory) of trauma have become lightning rods for therapists, their clients, scientists, and even politicians. Professor McNally provides a critical analysis of this important topic and weaves together data collected from numerous and varied sources. He demonstrates his careful scholarship as he reviews our current understanding of the processes of memory, especially as influenced by emotions and the hypothesized ways in which memory can be repressed or altered.

Research conducted during the past 2 decades has demonstrated that memory is not stored in a permanent manner such as the recording on a videotape. Rather, memory is constantly being reconstructed. Memory can be significantly altered by subsequent events and emotional responses to them. In fact, false memories can be induced, and the subject can develop emotional responses to these memories as though he or she were remembering real-life traumas. Emotional arousal (e.g., intense fear) is more likely to create vivid memories than to generate a repression of such memories. Victims of trauma, such as those exposed to childhood sexual abuse, may consciously suppress the memories of the event for periods of time but rarely "lose" them.

McNally makes every effort to be evenhanded in his exhaustive review of the controversy over the recovery of lost memories. However, the evidence he reports indicates that total loss of memory for a traumatic event is a very rare occurrence. This is, of course, contrary to the claims of some clinicians who make their livings by recovering lost memories of childhood sexual abuse or "ritual satanic abuse."

Remembering Trauma is an exceedingly well-annotated book. Supporting the 285 pages of text are an additional 121 pages of notes and references. This scholarly detail is both the strength and weakness of the book. McNally is most easily read when he is teaching, for example, his irreverent history of early psychoanalysis or his general discussion of the mechanism of memory. But intense concentration is often required in the reading because long sections of the book include such content as analyses of statistical methods used by various investigators and reasons for differential findings. Thus, this volume becomes more a valuable source for persons familiar with the specific literature than a book for the general clinician. All readers will, however, be forced to reevaluate their long-standing and often cherished theoretical assumptions. McNally is the ultimate iconoclastic scientist who makes us challenge our beliefs about basic psychological mechanisms such as repression and dissociation.

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The American Psychiatric Publishing Textbook of Forensic Psychiatry

edited by Robert I. Simon, M.D., and Liza H. Gold, M.D. *American Psychiatric Publishing, Inc., Washington, D.C., 2004, 597 pages, \$75.00.*

This comprehensive textbook of forensic psychiatry is aimed at the general psychiatrist or psychologist who does not specialize in forensic work. The need for such a text, Drs. Simon and Gold explain, is that despite forensic psychiatry's recently attained status as a subspecialty, "general clinicians still perform the bulk of forensic assessment" (p. xvii).

The chapters are easily digested, ranging from 20 to 30 pages each. Though this is an edited text with numerous authors, it is unified by a format that includes clinical vignettes, key points, practice guidelines, references, and suggested readings.

As a textbook, this volume will most likely be utilized as a reference source that practitioners can consult regarding specific forensic issues, and the large number of chapters (23) makes this task easier. However, a drawback of the numerous chapters is some measure of redundancy. Several forensic principles are applicable to a wide variety of situations, and many of the authors repeat concepts that were explained in previous chapters.

The content in Part I, Introduction to Forensic Psychiatry, ranges from the practical to the esoteric. Practical information related to starting a forensic practice, such as ethical marketing, fee schedules, and the pros and cons of Web pages, is provided. Basic details of forensic examination and data analysis, report writing, and how to work with attorneys are all covered. Additionally, the authors provide specific recommendations, such as when it is appropriate to alter one's forensic report upon a retaining attorney's request.

More philosophical topics are also discussed, such as the differing goals of the legal and medical systems and their differing definitions of "the truth." Controversial issues such as the utility of dimensional and subthreshold approaches to psychiatric diagnoses in forensic work versus strict adherence to the categorical approach of DSM-IV-TR are addressed in the coeditors' chapter. Ethical issues such as the avoidance of the dual roles of treater/forensic evaluator and avoidance of bias are emphasized throughout the text.

In Part II, Civil Litigation, variations and definitions of the standard of care are explained as well as such malpractice concepts as proximate cause and the differences between foreseeability and predictability. The importance of practice guidelines, drug inserts, and risk assessment procedures in defining the standard of care is also highlighted. The expanding concept of professional competency is explored, including a reference to a recent court finding that professional societies may discipline members for substandard court testimony.

Cases involving psychiatric damages are addressed in multiple chapters and attempt to illuminate such difficult issues as

the weight of preexisting conditions versus the general legal concept of the “eggshell skull.” Details of the natural presentation and course of posttraumatic stress disorder are discussed to enable the professional to better distinguish malingering.

In Part III, Issues in Criminal Justice, the topics of competency to stand trial and insanity are combined into 1 short chapter. Brief but adequate histories of both types of evaluations are provided, but the detail devoted to these common forensic evaluations is insufficient to fully equip a non-forensically trained clinician to perform such evaluations.

Special topics such as malingering, assessment of children and adolescents, personal violence, prediction instruments, and forensic psychological testing are addressed in Part IV. The chapter on prediction instruments is particularly elucidating because of the clear, step-by-step way the author reviews and explains the development and utility of these complex forensic tools.

This book does not attempt to transform generalists into forensic experts but instead provides them with the basic principles of competent forensic practice so that they may perform the myriad of forensic services in a capable manner and recognize the need for referral or consultation with a forensic specialist.

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Cognitive Therapy Techniques: A Practitioner’s Guide

by Robert L. Leahy, Ph.D. Guilford Press, New York, N.Y., 2003, 347 pages, \$37.50 (paper).

Shortly before receiving this book from the editor, I happened to come upon an article in the health section of the *Los Angeles Times* extolling the virtues of cognitive therapy. In the article, surprise was expressed that more patients did not opt for this type of treatment. Many reasons were put forth, from “being a Prozac nation” to inadequate insurance reimbursement. However, as a general psychiatrist who from time to time uses cognitive therapy strategies in the context of an expressive psychotherapy, I felt that there may be other resistances afoot. Many psychiatrists and other psychotherapists feel that cognitive therapy is boring to practice, stifles creativity, and is too catechistic in approach. Patients frequently balk at doing regular homework assignments, which may activate transference issues.

Dr. Leahy has done a great service by attempting to add vitality to the cognitive therapy line of scrimmage. The techniques he outlines will help engage the patient and the therapist. I found the first few chapters an excellent review of the underpinnings of cognitive therapy and strategies for orienting the patient to this undertaking. As I read through the various techniques, I got a bit lost in trying to remember each one, but the book is a very usable reference, with charts available for therapy homework assignments.

Leahy’s approach is an empirical one—not one size fits all: find what works for the patient. The therapist is encouraged to be engaged and nimble in a Socratic fashion.

This volume is an excellent introduction, refresher, and handbook for the busy general psychiatrist who wants to expand his or her therapeutic armamentaria.

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Quick Cognitive Screening for Clinicians: Mini Mental, Clock Drawing, and Other Brief Tests

by Kenneth I. Shulman, M.D., and Anthony Feinstein, Ph.D. Martin Dunitz, London, England, and New York, N.Y., 2003, 183 pages, \$55.95.

Screening for cognitive impairment has been advocated for over 30 years but has yet to win widespread adoption by clinicians. In *Quick Cognitive Screening for Clinicians*, Kenneth I. Shulman and Anthony Feinstein identify some of the reasons that screening should be more widely utilized, the qualities of an ideal test, and information about choosing specific tests that meet specific needs.

The book has many qualities to recommend it. It is clearly and engagingly written. It discusses the most commonly used instruments and presents data that can guide clinicians and researchers in their selection of specific tests. Importantly, the book is not just a compendium of tests, but, rather, offers the authors’ critical judgments about individual instruments. They make it clear when they offer opinions, though, so the reader can consider both the data and the authors’ opinions.

The book ends with a small section on imaging that focuses on specific cases. These cases illustrate the limitations of cognitive screening and the uses of imaging, but the relevance of this section to the main focus of the book was not clear to this reviewer.

Nonetheless, this book has much to recommend it. It is more accessible and readable than other available compendia. Whether this book will overcome the barriers to screening (lack of available time, difficulty scoring and interpreting, clinician skepticism about utility and effectiveness, lack of reimbursement) is unclear, but as better treatments become available for dementia and as research on the topics of mild cognitive impairment (MCI) and cognitive impairment, no dementia (CIND) begin to identify who is likely to develop dementia, I predict screening will become more central to general medical practice. This book will provide an excellent guide for choosing among the tests currently available.

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