tain ways but also loses some of its focus because different clinicians and researchers have different information needs. The book could have benefited from a chapter dealing with practical suggestions for the overextended mental health workers who have this population under their care, as well as from a table listing specific needs cross-referenced with the specific chapters. I would like to see a next edition extended into a handbook about this important topic. It should be required reading for any psychiatrist or mental health worker dealing with older patients who have chronic schizophrenia. Medical students and family members of patients may find useful information to get an idea about the complexity of the disorder.

DANIEL P. VAN KAMMEN, M.D., PH.D.
Neshanic Station, N.J.

POSTTRAUMATIC STRESS DISORDER

Brief Treatments for the Traumatized: A Project of the Green Cross Foundation, *edited by Charles R. Figely. Westport, Conn., Greenwood Press, 2002, 325 pp., $59.95.*

This book is designed to both survey the modalities used in short-term approaches for the traumatized and provide the clinician with enough of the rudiments of five generic and seven trauma-focused approaches to begin to put them into practice. Since the majority of the literature on the treatment of trauma-related mental disorders emphasizes that the treatment of the traumatized should be gently paced, be respectful of the patient's vulnerability, and take as much time as necessary to resolve impact of the traumatic events on the patient, this collection of short-term approaches is a unique contribution to the literature.

Many approaches to the treatment of trauma have been developed over the last two decades. Unfortunately, most remain relatively unfamiliar to the majority of psychiatric practitioners. This is an unfortunate state of affairs, because the events of September 11 have taught us that we may have to contend with large numbers of traumatized individuals at short notice. Medications are at best partial solutions for the vast majority of the traumatized, and "psychotherapy as usual" may prove less than powerful in resolving the remaining sequelae of traumatization.

Brief Treatments for the Traumatized is divided into three sections. The first addresses theoretical issues and is strong. The contributing authors generally embrace a cognitive behavior orientation. The second section discusses what are called generic therapies: cognitive behavioral treatment, narrative therapy, thought-field therapy, sensorimotor processing, and eye movement desensitization-reprocessing. The third explores trauma-focused treatments: multisensory trauma processing, neurolinguistic programming, emotionally focused therapy, brief multiple family group treatment, traumatic incident reduction, couples treatment for trauma, crisis debriefing, and the rewind technique. Some authorities would argue whether some of the treatments are appropriately classified as generic or trauma focused, but this is a minor concern. As in any multiauthor book, the chapters are not equally successful. The majority are competent and thoughtful and address their subjects well. However, some fail to achieve clarity, and some are overly ambitious—in trying to achieve too much they fall short of their objectives and leave the reader befuddled. This text does not offer an adequate discussion of the indications and contraindications for brief treatment in general or for particular brief treatments with particular patients. This is a major omission and compromises the reader's capacity to contextualize the information the book conveys.

Although *Brief Treatments for the Traumatized* is neither a perfect nor a definitive text, I can recommend it strongly as an introduction to the spectrum of trauma treatments currently being developed and refined. I would strongly dispute the series editor's remarks that the book's descriptions of the different treatments give the reader enough knowledge to put these modalities into practice, but I believe that most of the chapters provide reasonably useful portraits of how each modality might be applied to the treatment of the traumatized. The vast majority of the approaches described as short-term can also be used in the context of the long-term treatment of patients with multiple or chronic traumatizations or can be imbricated within an ongoing psychotherapy to address specific trauma issues. One hopes that the reader will be motivated to learn one or more of these modalities in depth in order to help the traumatized more effectively.

RICHARD P. KLUFT, M.D.
Bala Cynwyd, Pa.

Posttraumatic Stress Disorders in Children and Adolescents Handbook, *edited by Raul R. Silva, M.D. New York, W.W. Norton & Co., 371 pp., $22.95 (paper).*

I wrote this book review on September 11, 2004, 3 years after the attacks on New York City and the Pentagon. In that 3-year span, I treated three patients who were within five blocks of the World Trade Center buildings at the time of the attacks, as well as survivors of Myanmar atrocities, rapes, murder attempts, domestic violence, physical violence, and kidnappings. In reaction to their problems, and the many problems facing the United States and the world, I found amazing comfort in the Iowa Hawkeyes beating the Iowa State Cyclones. Like many of my compatriots, I find myself focusing on physical and mental pursuits that are healing rather than obsessing on reopening healing scars of grief. This is the core thesis of this very skillfully and insightfully written "handbook" on PTSD overseen by Raul Silva, a veteran of September 11.

With 28 contributors from New York City and six from Lebanon, this book's 15 chapters cover every conceivable nook and cranny of PTSD, a much ignored psychiatric condition defined in 1980 by DSM-III. Topics covered include 1) epidemiology, 2) resiliency and vulnerability factors, 3) risk factors, 4) legal aspects, 5) neurobiology, 6) etiology and pathogenesis, 7) clinical findings, 8) gender differences, 9) intergenerational links between mothers and children with PTSD spectrum illness, 10) assessment, 11) differential diagnosis, 12) childhood versus adult PTSD, 13) treatment of children exposed to trauma, 14) clinical case examples, and 15) PTSD in children and adolescents following war.

In a world where a hundred dollars does not buy a decently well-written textbook anymore and a million dollars buys a house in Los Angeles that Midwesterners would not pay $80,000 for, this compact little handbook is worth more than its weight in gold.

This is from a reviewer who has been through World War II, who has witnessed murders, rapes, and other acts of violence in a country in postwar transition, and who has been treating hundreds of victims of such atrocities since 1967.

Silva shows an uncanny sense of reverence and irreverence for traditional views of PTSD and, in the process, gives coherent meaning to the often conflicting and muddled views of this disorder, which all mental health professionals deal with. The aggregate impact of this handbook is in shedding light not only on what makes humans break down but also on what makes humans bounce back. Silva and his group, ironically, have made more sense of psychiatry in one volume than all the fragmented, topic-focused books I have read over the past 30-odd years.

By repeatedly focusing on 1) reexperiencing and the need to be retraumatized, 2) avoidance and numbing, and 3) hyperarousal, the contributors give new meaning to the cyberspace term "URL" (uniform resource locator) by allowing clinicians and patients alike to access language and information sources and solutions that actually interface and speak the same language.

For years, I have been struggling with the phenomena of "assortative mating" and "repetition compulsion neurosis." Kowalik's chapter on neurobiology and Linares and Cloitre's chapter on intergenerational links between mothers and children with PTSD spectrum illness made sense of all of these.

More importantly, the effectiveness of an eclectic approach to psychiatric problems versus devotion to a "one-size-fits-all" managed care mentality wins out. Once upon a time, we psychiatrists were exposed to a semiotic approach to all things human. This meant never neglecting the overarching importance of symbols in human nature. "Perception is reality" was once a mantra for most of us. This handbook takes us back to that mantra once again. Outcome studies and studies of the phenomenon called resiliency all point to the importance of engineering and shaping such symbolic reframing of experiences as the one key factor to healing—and perduring. Rising above the incomprehensible and overwhelming to emerge triumphant and stronger provides validation of Frederick Nietzsche's "That which does not kill me, makes me stronger."

The last chapter by Fayyad et al. is a masterful summation of the whole body of PTSD research: "It is not as bad as it sounds; and it can be as bad as we make it sound." I give this handbook a five-star rating.

TRUCE T. ORDOÑA, M.D.
Davenport, Iowa

Posttraumatic Stress Disorder: Malady or Myth? *by Chris R. Brewin. New Haven, Conn., Yale University Press, 2003, 271 pp., $40.00.*

Some of the Marines who survived the battle of Iwo Jima never got the smell of death out of their memory. Few of these men, however, would ever consider themselves to be victims or in need of any specialized postcombat debriefing beyond what happened on the troop ships that steamed away from that island. At the outset of this book, the author notes how much has changed in our culture: "Today we expect that survivors of major terrorist attacks will be offered counseling." The presence of mental health officers among Coalition troops deployed in Iraq underscores the change in our cultural perception about what constitutes good posttrauma professional practice.

This volume is well organized, is clearly written, and uses the current research about trauma's impact on memory. Beginning with an overview of the clinical and cultural aspects of the disorder, Brewin moves to detailed discussions of trauma's impact on identity, the puzzling ways in which trauma is remembered, and the debates around the false memory syndrome. He outlines the dual task for both survivor and therapist: addressing the posttrauma intrusive memories and reformulating the posttrauma identity. In a chapter titled "A Crisis of Identity," Brewin details the variety of ways major trauma affects the self-identity of trauma survivors. Typically, survivors reinvest themselves in family, help other survivors, or demonstrate "an increased involvement with religious and spiritual issues."

The author's distinction between declarative and nondeclarative forms of memory provides us with a helpful way to understand how trauma continues to affect a patient's life. Drawing on neuroscience research regarding the way memory functions, he observes how trauma's capacity to overturn long-held assumptions is reminiscent of catastrophic interference overwhelming an established information system in ways that prevent the system from integrating the new lessons of the trauma with the older and more established patterns of declarative memory. The brain's way of storing and making this new trauma-induced information available to the patient is by storing the information in nondeclarative memory, where it is "automatically elicited in a rather inflexible way under conditions that bear a strong similarity to the condition of the original learning."

Finally, Brewin presents a three-step schema around which responses to survivors of large-scale trauma may be implemented. Immediate posttrauma intervention should be limited to "demonstrating safety, acknowledging the trauma, making support available to those who want it and providing information with a focus on supporting natural recovery." The next 4–6 weeks should be spent "systematically monitoring" trauma victims "so that one can detect any failure of victims to adapt." Finally, he urges that those victims who have "failed to adapt" receive "scientifically established interventions" that will help them recover.

Brewin asks clinicians and researchers to show "the same flexibility and resourcefulness shown by survivors" as we provide comfort and counsel to people "suddenly confronted with the unexpected, the unwanted and the unimaginable."

DONALD D. DENTON, JR., D.MIN.
Richmond, Va.

Early Intervention for Trauma and Traumatic Loss, *edited by Brett T. Litz. New York, Guilford Publications, 2004, 338 pp., $40.00.*

"First, do no harm," could be the motto of this book, a message that always bears repeating. The authors offer a critique