

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.

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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 mi-

nor 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.

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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.