



## Book reviews

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### Basic Family Therapy (Fourth Edition)

*Philip Barker*

*Blackwell Scientific, Oxford*

*1998, 289 pages*

*ISBN 0-63204-259-1*

*Basic Family Therapy* has been written in a clear, easily read, articulate style that is easy to understand. There are 289 pages and 18 chapters all written by Professor Barker. I like the book and used the previous edition to support my teaching and learning of the complex subjects of family development, stages of transition, family needs and family problems. The aims of this new edition remain the same and no prior knowledge of family therapy is required before scrutinizing the book.

I admire Philip Barker's honesty. He provides practitioners with methods of therapy that he has found useful but states clearly that these are not the only interventions that are meaningful when working with families. He argues that all therapists need to develop their own unique way of working and their own eclectic style of practice. Philip Barker cautions that practice must never take place in a vacuum of knowledge and maintains that knowledge should be drawn from a variety of sources of which, he modestly claims, his book is but one. He advocates that there is no substitute for continuous supervised practice.

The chapters weave their way from historically examining the development of family therapy to the need for family therapy research, clear thinking and writing that is jargon free, clear and deficient in obscurity. It skilfully covers theoretical paradigms on teaching, learning and clinical practice providing case studies to support the theoretical notions advanced. The book closes with a thought provoking chapter on issues of ethics in family therapy.

Chapter four provides readers with an introduction to psychodynamic, behavioural and family systems approaches to family therapy. The author covers all the main techniques that therapists use to change how families function. Several models for the assessment of families are examined in the fifth chapter and these would be very beneficial to use in practice. Family roles, boundaries, beliefs and communication processes are explained in a sensible and practical way.

Of particular importance is the chapter on practical points on the treatment of families. This chapter goes some way in helping all those who work with families in difficult situations where they ask themselves 'what do I do if this happens'?

It examines the therapeutic use of self, involving children in family sessions, agreeing contracts, the spacing of sessions, issues of transference, confidentiality and the impact of observers and other team members on the process of therapy. Professor Barker has that great literary art, which enables him to make complex concepts seem simple and to present them with candour and a richness of knowledge. There is hopefulness at being exposed to this pure and eloquent scholar. *Basic Family Therapy* is an extensive and stimulating text that presents a young and complex field with an examination of an expanding body of literature. This text should be a required reading for all students in mental health disciplines and for all clinicians working with families.

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## **The pool activity level (pal) instrument: a practical resource for carers of people with dementia**

Jackie Pool

Jessica Kingsley Publishers Ltd,

London

1999, 61 pages

ISBN 1-85302-813-4

Inside the front cover it states that this is the fourth in a series of 'jargon-free good practice guides for the carers of people with dementia' produced by the Bradford Dementia Group, originally under the editorship of the late Tom Kitwood. The book, which is really a manual, is certainly written in a very accessible style in large print.

The manual presents an assessment tool, developed by the author, which purports to place dementia sufferers in one of four activity levels: planned activity, exploratory activity, sensory activity or reflex activity. Each level is described and a checklist is provided which scores the abilities of sufferers as being present or absent; if half of the abilities are observed then the person is active at that level and care can be planned accordingly.

The material is presented around case studies, one for each activity level. The case studies are very short and the reader is supposed to make use of the information in them to complete the assessment tool for each of the individuals on which the cases are based. I would have found this very difficult. Moreover, the author tells the reader at what level the person is supposedly operating before completing the checklist. There is no possibility of readers validating their own findings from completion of the instrument against what the author thinks.

The basis for validity of the four activity levels is not provided. Indeed, in addition to being 'jargon-free' the book is almost completely reference free. It is certainly devoid of any reference to research on which the PAL instrument was based. Perhaps this is all part of keeping the manual user-friendly but it is customary, at least, to offer the interested reader the opportunity to obtain some original research data regarding the psychometrics of such instruments or to publish this as an appendix.

Apart from the reflex activity level, the four activity levels bear little resemblance to any other published method of staging dementia. Even at the reflex level, which is similar to the stage three or terminal stage of dementia referred to by other authors, the supposed residual abilities of the

dementia sufferer were optimistic. The activities were planned around activities of daily living (the author is an occupational therapist) but a great deal was omitted. While it is unfashionable to talk about the problems of dementia sufferers, anyone who has worked in this area will refer to problems of aggression, wandering, incontinence and inability to feed. There is no reference to any of these problems in this manual and I believe that any nurse involved in long-term care of dementia sufferers would find the application of the principles and procedures outlined in this manual a frustrating and demoralising experience.

The Bradford Dementia Group has been very influential in shaping the way people currently think about dementia. However, it is time for some evidence that the approaches they advocate are efficacious and based on sound research. This publication, unfortunately, demonstrates neither.

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## **Trichotillomania**

Dan J Stein, Gary A Christenson and  
Eric Hollander (eds)

American Psychiatric Press, Inc, Washington

1999, 344 pages

ISBN: 0-80048-759-3

Tric – the phenomenon of hair pulling is more typically referred to as an aberrant behaviour occurring in the context of depression, frustration, boredom, or other emotional turmoil. It was Hallopeau's 1889 description of a young man who pulled out all of his body hair that launched hair pulling as an identified medical syndrome. Hallopeau suggested the name Trichotillomania, which he derived from the Greek words trich (hair), tillo (to pull), and mania, the last denoting an abnormal love for, or morbid impulse toward, some specific object, place or action or as Hallopeau implied insanity.

The book contains 11 chapters which are written by experts in the field and are very clearly laid out

and cover every possible aspect of tric beginning with a comprehensive description of the sequelae of tric in chapter 1. Chapter 2 aims to summarize existing information about the neurobiology of tric and argues that additional research on this repetitive behaviour may be useful in gaining further understanding of this area.

An increased interest in the recognition of similarities between animal behaviour disorders and human psychiatric conditions has led to the consideration of hypotheses regarding a possible neuroethological perspective of various syndromes across the species. Chapter 3 considers several approaches to investigate the utility of animal models for compulsive behaviour.

Chapter 4 looks at the published literature on trichotillomania pharmacotherapy, which is important in increasing our knowledge on trichotillomania treatment. Chapter 5 summarizes psychoanalytic perspectives on trichotillomania. A clinical vignette is presented that illustrates the theoretical portion of the chapter and illustrates the effectiveness of psychodynamic psychotherapy in the treatment of one patient with trichotillomania.

There is no clear consensus regarding treatment guidelines and chapter 6 explores the literature around behavioural therapy and examines the methodological issues surrounding this area. Future directions are considered in that behavioural techniques offer great promise for the treatment of trichotillomania, yet empirical documentation of their efficacy is still lacking.

Hypnosis is presented in chapter 7 as an alternative to pharmacological and behavioural approaches. The historical background to the topic

and clinical literature are presented. There is a note of caution to the reader against drawing firm conclusions from this in conclusive literature.

The clinical characteristics of childhood and adolescent hair pulling are discussed in chapter 8 along with the possible etiologies of hair pulling and the treatment and prognosis for patients with this behaviour.

Chapter 9 reviews the available information to date on the relationship between trichotillomania and OCD, with specific attention to overlap and divergence in phenomenology, epidemiology, neurobiology, and treatment. A summary of the similarities and differences are presented in table form.

Additional chapters of value to the clinician are contributions on the assessment of tric Chapter 11 and appendices and a detailed cognitive behaviour manual for the treatment of tric in chapter 10.

This is the first textbook devoted exclusively to trichotillomania (tric) and as such provides an excellent introduction to the topic area. This book addresses the importance of the study of hair pulling from both a clinical and a research perspective. From a clinical perspective this work provides a reliable guide to pharmacotherapy and psychotherapy as applied to tric.

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