

Crisis Intervention and Trauma: New Approaches to Evidence-Based Practice

by Jennifer L. Hillman; New York, Kluwer Academic/Plenum Publishers, 2002, 317 pages, \$65

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Myriad clinical modalities have been proposed for the treatment of trauma, in the form of both crisis intervention and longer-term interventions. However, increasing emphasis has been placed on identifying more evidence-based practices. A consensus panel on mass violence was sponsored by the National Institute of Mental Health in 2001 to review some of those modalities, such as critical incident stress management, cognitive-behavioral therapy, and eye movement desensitization response (1).

The publication of *Crisis Intervention and Trauma: New Approaches to Evidence-Based Practice*, by Jennifer L. Hillman, is very timely. As chair of the American Psychiatric Association's committee on psychiatric dimensions of disasters, I am pleased to see that this book attempts to provide a review of some of the current findings on crisis intervention and discusses how they can be applied in a practical manner to clinical practice. The book presents an overview of trauma and crisis intervention, followed by discussion of special topics such as suicide and violence, domestic violence, workplace violence, and special populations, including children.

Crisis Intervention and Trauma is readable and is very applicable to a diversity of disciplines. Case vignettes are used throughout to illustrate key points. The book begins with a discussion on the role of crisis counseling and raises concerns such as the role of profit versus nonprofit services in the delivery of trauma care. Hillman nicely describes the role of social psychology of trauma

and what clinicians need to know. She touches on such issues as how individuals in crisis are perceived by others and emphasizes the role of clinicians' feelings and countertransference in the treatment of traumatized individuals. Practical issues of personal contact—for example, hugging—are also addressed. In addition, Hillman stresses the importance of addressing safety concerns before delivering care, especially after a disaster. This is an extremely critical point: mental health clinicians, however good their intentions, should not blindly rush in to assist others; often, the situation is not safe for the clinicians or for the individuals they are trying to help.

A comprehensive basic review of posttraumatic stress disorder (PTSD) is also provided. Guilt, a frequent reaction among persons experiencing trauma, is discussed in detail. However, it might have been useful if the author had spent more time discussing the issue of trauma in general rather than PTSD alone, because many traumatized individuals do not necessarily develop PTSD. The author describes the role of eye movement desensitization response, and this discussion is comprehensive, but she does not provide adequate discussion of other treatment modalities, such as the role of cognitive-behavioral therapy. She also makes brief mention of nontraditional treatment of PTSD. However, more mention of the role of social support and the role of community in PTSD would have been useful.

The book also reviews the specific trauma of suicide and violence and their consequences for caregivers, including clinicians. Hillman provides concrete practical steps for clinicians' self-care in these clinical situations. This section is nicely illustrated by case examples, as is true of many sec-

tions of this book. The author also provides a useful violence guideline for clinicians. However, this section might have been strengthened by a more comprehensive description of the various tools currently available to clinicians for assessing the risk of suicide and violence.

Several specific issues related to trauma are described in *Crisis Intervention and Trauma*, including substance abuse, partner abuse, the elderly, and workplace violence, especially the relationship between abuse and reproductive issues, a topic that has not received much attention in the past. Hillman provides a thorough discussion of critical incident stress management (CISM). However, she presents a primarily pro-CISM view. Such a stance may be contrary to the goal of this book, which has a focus on evidence-based treatment, because there has been increasing evidence and debate on the effectiveness of CISM. Hillman provides a fairly descriptive narrative on how CISM is conducted. However, some readers may try to conduct CISM on the basis of this reading. It would have been better if the author had qualified the chapter with a statement that the section is not intended to teach CISM.

In general, Hillman attempts with some successes to address a wide range of trauma-related issues. Although the book is readable, I did think that some of the topics could have been better linked together to improve flow. Furthermore, a comprehensive discussion of both pros and cons of the topics, especially as they relate to treatment, would have been useful. However, despite these weaknesses, I believe that *Crisis Intervention and Trauma* is a nice resource for clinicians working in a rapidly evolving field.

Reference

1. National Institute of Mental Health: Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence: A Workshop to Reach Consensus on Best Practices. NIH pub 02-5138. Bethesda, Md, National Institutes of Health, 2002

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