Book Reviews

COMFORTING THE CONFUSED—2ND EDITION. STRATEGIES FOR MANAGING DEMENTIA
Stephanie B. Hoffman and Constance A. Platt.

This easy-to-read book was written for dementia caregivers, with a particular emphasis on professional caregivers in residential care settings. It aims to provide an understanding of the communication difficulties encountered in dementia care and some strategies for the management of challenging behaviors. Nonverbal communication is a specific focus. The book was designed for personal reading and for in-service training. Indeed it is readily apparent that it has evolved from practical research based on the education of caregivers.

There are 14 chapters including an introductory overview of dementia. The chapters are split into four sections that cover communication issues, dementing illnesses, management issues, and special issues. Each chapter begins with learning objectives and a 10-question true/false pretest and answers. After the chapter text are a number of learning exercises designed for use in a group setting. These are one of the main strengths of the book because they are often innovative and encourage interactions between caregivers as well as self-reflection on some difficult ethical and experiential issues. For example, the sensory loss simulation exercises in chapter 1 and the scavenger hunt for enjoyable activities for residents with dementia in chapter 12 are two that caught my eye. At the end of each chapter is a posttest based on the chapter content.

The chapters on communication and management issues are the strengths of the book. They are written clearly and are full of good basic information and sound practical advice. Topics covered include sensory and communication changes in dementia, communication strategies, managing depression, solving difficult behavior problems, feeding strategies, wandering, and use of restraints. I was impressed with the lists of suggestions in chapter 6 on solving behavior problems. These chapters could easily be used as the basis of in-service education in nursing homes, utilizing the learning exercises as a teaching device.

The special issues section deals with an important array of topics. The chapter on care of younger residents addresses the common transference and countertransference issues that often occur between residents and caregivers, especially relating to professional boundaries. AIDS dementia complex is well covered. The two chapters on working with families and on dying and grieving are both informative and sensitive to ethical concerns. Special care units with an emphasis on their design are the focus of another chapter.
There are a few weaknesses. One area that requires attention is the use of the term “reversible dementia” interchangeably with delirium. As one might expect from this type of book, medication issues are not a strength and there is a tendency to use American brand names. There is also insufficient mention of cholinesterase inhibitors and their role in Alzheimer’s disease. Finally, the management of sexually inappropriate behaviors is only briefly mentioned.

For a book designed for caregivers, it is surprisingly heavily referenced in the text. I would imagine that this might be a little disconcerting for a nonacademic reader. Some chapters have not been as thoroughly updated since the first edition as others, which leaves a few chapters with most references at least a decade old. Perhaps it would have been better just to have a bibliography at the end of each chapter.

These criticisms, though, are minor because I thoroughly enjoyed this book and unhesitatingly recommend it to all professional caregivers in residential care facilities. Educators from psychogeriatric services will find the learning exercises a great resource to call on. Informal caregivers and primary care health professionals are also likely to benefit.

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CAPACITY TO DECIDE
D. William Molloy, Peteris Darzins, and David Strang.

A common question in clinical practice with older people is “Is this patient competent?” The assessment of decision-making capacity is an important process that demands thoughtful attention. This is the core message of this book, which is based on a series of research projects that were designed to develop instruments to assess capacity. The three primary authors of this book, all geriatricians, say that they use the model presented in this book in their practices. Their aim is to help the reader understand and assess capacity in both a valid and reliable fashion. They suggest that health care professionals who might benefit from the book include physicians, nurses, and allied health professionals such as social workers, occupational therapists, and physiotherapists.

The book begins with an overview of the authors’ capacity assessment process and a description of how to use it (chapters 1 to 3). Specific areas of capacity assessment are then described. In chapters 4 and 5, the capacity assessment process is applied to personal and health care. Intimacy and sexuality are discussed in chapter 6. Assessment of capacity for property and advance directives is covered in chapters 7 and 8. Issues to do with assessing capacity to drive are discussed in chapter 9. Wills and power-of-attorney capacity assessments are covered in chapter 10. The final two chapters deal with
problems with capacity assessment (chapter 11) and future considerations (chapter 12).

Many of the current issues surrounding capacity assessment are outlined. In particular, the reader is made aware of the distinction between domain and specific capacity. People may be incapable in one domain yet capable in another, and there is a continuum from simple to complex decisions in each domain. The reader is cautioned to restrict assessment to the area of capacity relevant to the individual case.

Capacity is a difficult concept to measure and should involve more than cognitive testing. The authors outline a useful six-step capacity assessment process. In Step 1, a trigger for the assessment is established. Engaging the person in the process makes up Step 2. Gathering information fulfills Step 3. Step 4 involves providing education for the patient, so that ignorance is not a factor in the determination of competence. The actual capacity assessment is Step 5, and Step 6 involves acting on the results of the capacity assessment.

The crucial assessment phase consists of a structured interview. Record sheets called “decisional aid sheets” are provided in the book to form the framework for the interview and to ensure that assessments are comprehensive. Useful interview techniques are outlined, such as beginning with open-ended questions, and checking for consistency when using closed questions.

The text is illustrated with case examples and figures. Key points are provided in boxes, which is helpful for scanning the content of the book. Dividing the book into specific areas of capacity assessment means that the reader can go straight to the relevant chapter. One of the pitfalls of a multiauthored book is that it can become repetitive at times, and I felt that the content could have been condensed.

Health professionals who are new to the area of capacity assessment will find this book provides a thoughtful and thorough introduction to the area and the many complex issues involved. The book also contains important discussion at a deeper level surrounding ethical and legal standards that will make more experienced capacity assessors rethink their approach to competency assessment.

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Including the Person With Dementia in Designing and Delivering Care
Elizabeth Barnett.

The title of this book, although not particularly captivating, does in fact do justice to what it aims to be about. As a prominent United Kingdom advertising campaign for a brand of wood varnish states: “It does exactly what it says on the tin!”

The book is written by a UK health service manager given the task of evaluating a newly built care facility for elderly people with dementia. It is presented in a readable format that lends it an almost story-like quality. A number of valid points
and ideas are raised about this important subject.

The first chapter deals with the benefits of listening to people with dementia. It does this by setting the scene in the historical context of dementia care from the 18th century "Poor Law," right up to the present and the emphasis on including consumers in care planning such as the UK’s "Patients’ Charter." The author attempts to deconstruct the medical model of dementia as a neurological entity, favoring a more humanistic, emotional approach.

The second chapter concentrates on how the author went about interviewing the recipients of the service. Descriptions are given of the tools that were used to assess the views and experience of the patients—a combination of discourse analysis and dementia care mapping (DCM). The rationale and explanations for using such tools are somewhat lightweight, but, in keeping with the style of the book, accessible to a wide range of readers. One is given a very realistic picture about the difficulties of communicating with this group of people, which reveals the author’s understanding and sensitivity to the subject.

The next chapter is reserved for the story of how the unit came into being from its planning in the early 1980s to its opening in 1991. This section betrays the author’s background in management as we are told of one strategy meeting after another, but it is mercifully short.

The next three chapters, which occupy almost half the book, present the results of the evaluation. They cover a broad range of topics including patients’ views and experiences, an evaluation of their awareness, the significance of other people around them, and their sense of dependence and loss. In addition, these themes are also explored through the use of semistructured interviews with staff, carers, and health service managers. There are intermittent references to the investigative tools used in the evaluation (particularly the DCM), but the author prefers to concentrate on qualitative descriptions, peppering the text with quotes from informants.

The penultimate chapter describes how lessons learned from this evaluation were implemented in a wider pilot study involving other units in the same health authority. This led to a variety of improvements using the DCM as a measure of well-being for individuals with dementia. This underlines and leads into the final chapter, which emphasizes the centrality of the person with dementia in service provision.

What comes across is an energetic optimism the author has for her subject. This is communicated extremely well in this enjoyable and thought-provoking work, successfully aimed at anyone involved in the design, management, or delivery of care to patients who have dementia—from health authority executives to clinicians to carers. Although certain sections are clearly aimed at specific sections of the target audience, this does not compromise the flowing nature of the book. In an age where patients have increasing say on policy in health care delivery, this book addresses consumer-led practice in this hitherto relatively underresearched field of dementia. As such, it will be of considerable interest to those associated with old-age psychiatry and is heartily recommended.

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**Speaking Our Minds: Personal Reflections From Individuals With Alzheimer’s**

Lisa Snyder.


Written primarily for carers, and individuals with early Alzheimer’s disease (AD), Lisa Snyder’s book aims to provide us with personal reflections from individuals with the disease. The book succeeds in providing us with an insight into a hitherto rather neglected aspect of the disease—the subjective experience—although it is written in a style that feels excessively rose-tinted.

We are introduced to seven individuals, six of whom have AD. Each of the book’s chapters deals with a different person, whose stories vary considerably. Bea is a churchgoing 72-year-old, who brings up the stigma attached to the disease. Bill is in his 50s and the author concentrates on the difficulties of his nominal aphasia. Jean is rebelling against the diagnosis, while Bob is despondent at the loss of his right to drive. Booker moved in with his daughter after the death of his wife and has profound memory loss. Betty is a social worker, relatively spared from the devastation of the disease during the book’s time frame. Consuelo, the last presented, has not yet been diagnosed, but carries the gene for familial early-onset AD. She presents the difficulties and dilemmas of genetic testing.

A very subjective difficulty with the book is the style in which the material is presented. Each chapter introduces an individual in a mixture of his or her own words and the words of the author. The ensuing structure has a censored feel to it, which is further contributed to by Lisa Snyder’s tendency to reframe very negative experiences or handicaps in a positive light. Only in the last two chapters is this not so much of a problem—with Betty, the social worker, whose experience of the disease has not as yet been unduly negative, and with Consuelo, whose profound sadness is keenly felt.

The attraction of the book’s style is that it might appeal to an audience who would not normally read a more factual book about AD, and enable them to learn not only some facts about the illness, but also individual coping strategies for people with the disease. It is also conceivable that the book might go some way towards diminishing some of the stigma surrounding the illness, through greater understanding. Enabling carers and others to have a glimpse of the world of the person who has AD from within might help in terms of being able to conceive of AD as a “disease” like any other that is affecting the way the sufferer presents, and altering his or her “inner world” but not necessarily changing their underlying identity. We are reminded of the spectrum of age and presentation of the disease, although the book, by its very nature, does not cover the more severe or late stages. Perhaps the greatest contribution of the book is that it firmly conveys the message that persons with AD, despite their limitations, also have something important to say, although it is difficult to avoid the feeling that the book would be richer if the seven individuals were allowed more say with less comment from the author.
In an area that is not neglected in terms of publications, it is significant that there are no books directly comparable to Snyder’s. Understandably, perhaps, the bulk of the literature to date has concentrated on the carers’ perspectives, with a handful of books written by individuals with AD themselves.

Speaking Our Minds is definitely not for everyone, because it is easy to be irritated by its rather emotive and overpositive style. I would steer carers and persons with AD towards a more objective and comprehensive book on the illness in the first instance. Some of the information provided might also be more usefully gained through first-hand contact, possibly through an AD support organization if one is available locally. However, Speaking Our Minds is a welcome addition to the literature on AD, because it deals with the hitherto neglected area of the subjective experience. The primary niche for the book would be for carers and possibly persons who have early AD, especially those attracted to a more narrative-based publication on the illness. Another possible audience might be healthcare workers who are not familiar with anyone with AD and who need an introduction to the disease—for instance, student nurses or medical undergraduates. Lisa Snyder had the aim of promoting communication with individuals with AD, and the idea that hope can be gained from the fact that others have learnt to cope with the handicaps of the disease. She succeeds at the former, but perhaps tries too hard for the latter, resulting in a feeling of unreality.

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FOUNDATIONS OF CLINICAL PSYCHIATRY. 2ND ED.
Sidney Bloch and Bruce S. Singh.

This multiauthor work was a pleasure to read. It is a pity that such a comprehensive textbook directed at undergraduates was not available when I was a medical student. This book is divided into four sections: (a) an approach to clinical practice; (b) the range of psychiatric disorders; (c) special clinical areas; and (d) treatment.

The first section provides an excellent overview and background to psychiatry. There is an excellent chapter on psychiatric examination of the patient; interview techniques and mental state examination are difficult to teach and this chapter will enable readers to learn about them more effectively. Chapters on individual groups of psychiatric disorders are well organized, readable, and illustrate critical points very well. The section on specific clinical areas is well organized and highly informative. This section should guide the reader through the complex maze of psychiatric specialties and subspecialties in a systematic manner. The final section on treatments covers three broad areas relevant to treatment, including service delivery and specific treatments. This final section brings together issues related to treatment referred to in earlier chapters on disorders and special clinical areas.

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This comprehensive book is ideal for undergraduates in medicine and allied professions. It would also help any new trainee in psychiatry to get a good basic grounding in psychiatry at the start of his/her career. Although written primarily by Australasian authors, with a "down under" flavor, the basic principles referred to in the book can easily be applied to other developed countries. It was educational to read a well-written comprehensive undergraduate textbook on psychiatry.

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