feelings aroused in encounters in the clinical room.

Michael Rustin's chapter is a thoughtful analysis of the 'collective state of trauma', which has been induced in all of us, in all spheres of public life, both nationally and internationally since the events of NINE ELEVEN. In juxtaposing the internal unconscious states of mind (of both the perpetrators and victims) and its effects on the political decision making processes, he provides a framework for the understanding of the escalating violence which have resulted from certain foreign policy decisions of western governments and the retaliatory events of recent times. The significance of psychoanalysis in addressing the states of anxiety, which can and already have had such devastating effects, is explicitly stated.

Garland, Levy, Hume and Kleebergs’ focus on the breakdown of symbolic functioning and its damaging effects on the individual's personality and capacity for interpersonal relating, bear clinical relevance for the therapeutic task of facilitating the process of mourning leading to the path to recovery. Illustrated with rich clinical material it offers practitioners invaluable clinical knowledge and instills hope in all of us.

This book is an important source of knowledge and great relevance to mental health practitioners everywhere.

**Reviewer:** Kajori Mukherjee
Consultant Clinical Psychologist AFBPSs
She has worked as in the Mental Health system for 15 years. She is currently working in Enfield and Haringey Mental Health Trust she is interested in Refugees and Asylum Seekers.

**Psychotherapy and the Law Questions and Answers for Counsellors & Therapists**
by Peter Jenkins, Vincent Keter and Julie Stone pp 147, Whurr 2004 £19.99

**Reviewed by:** Bernadette Hawkes

After reading Psychotherapy and the Law (hereafter PATL) I realised that there were several areas of clinical practice, which can have legal implications for a psychotherapist or a counsellor. This text without raising my anxiety too much, made me more aware of situations that could arise whilst working as a psychotherapist or counsellor. Psychotherapists in the United Kingdom are becoming increasingly aware that they need to know about the law and how it could impinge upon their practice. There is a great deal of anxiety around which seems to be concentrated on the notion of being sued for some form of malpractice or negligence. The cause of apprehensions are usually centred on the area of clients who self-harm and/or make suicide attempts.

The other dread seems to be the potential accusation of inducing ‘false memory syndrome’ together with unease as to the right thing to do if one finds oneself working with someone who is committing some kind of crime, particularly crimes against the person, such as child sexual abuse or other offences of a sexual nature towards another adult.

The book is laid out in the form of questions and answers to specific issues that one might encounter in the course of work with a client. The questions covered are laid out in the Contents section of the book. We are given the page numbers in order to find the answers alongside the questions. This means one would not have to plough through the whole book to find the answer to a specific question. The question where it is relevant is cross-referenced. The questions are useful in
that they help the practitioner to think about issues such as record keeping both in private practice and in an organisation, the purpose and use of assessments and of course the thorny subject of confidentiality. I thought the first three chapters were the most relevant for practitioners, as a way of thinking about everyday legal issues. The remaining chapters four to seven (inclusive) focus on more specific questions that may arise if problems arise both within the course of treatment or after completion. I was astonished to learn, in chapter five on record keeping that the authors felt that any records or notes should be kept for a minimum of six years pg 78 this is because you might have to refer to them some time after a client has finished their work with you. Organisations may have their own requirements about keeping records so one needs to be attentive to this in adhering to practice and policy.

Chapter one – The law; friend or foe? Engages the reader in a brief introduction where we are asked to consider our relationship to the law, however, this is a theme which continues throughout the text perhaps not always explicitly. In Chapter 2 – Therapy and the law: contracts and liability, e.g. we are asked to think about is ‘Is a contract for therapy the same as a legal contract or is it something different? What do I need to be aware of in drawing up and using a contract with a client?’ pg 8 Another question of interest is ‘I provide analytic psychotherapy for students taking a local diploma in psychotherapy. My problem is that one trainee has had the last year's therapy on account but has now moved away suddenly and is reluctant to pay up. I don't want to resort to legal action, but I do want to be paid for my work!’ pg 11 Chapter three – focuses on – The law in specific contexts – there are seven examples including: ‘My agency, an Employee Assistance Programme, requires that brief written reports be sent to the personnel department on each client – indicating the nature of the work undertaken and the outcomes of counselling – on completion of their counselling. Do I have to comply with this practice?’ pg 38

Many counsellors are becoming engaged with this kind of work so this chapter is particularly relevant in this day and age where counselling and psychotherapy are no longer confined to private practice.

Chapter four is concerned with Risk and Responsibility; it is in this chapter that the issue of dealing with clients who self-harm is examined. Amongst other examples, which are also elsewhere in the text, is the notion of being sued if a client commits suicide pg 53. Although it is worrying to work with clients who make real suicide attempts it is not an everyday issue but nevertheless an important one. Chapter five addresses the concept of Record-keeping. I was already aware that there is no statutory requirement as such for therapists to keep any notes at all; this is because we do not necessarily prescribe care in the same way as doctors or nurses. pg 77. However, most people keep supervision notes when they are in training and in some legal situations they could called upon but they would be considered to be an ‘aide me moiré’ rather than bona fide evidence. Nevertheless in statutory organisations failure not to keep notes could be a breach of contract. This chapter also considers questions such as: Can a therapist act as an expert witness in court? Do I put myself at risk in any way if I take on this role? And the local police are putting me under pressure to hand over my case notes on a client, where they are gathering evidence for a criminal prosecution for child abuse. Do I have to give in to their requests? Pg 86/87. I found this chapter pertinent as I have had to consider the latter question in my private practice. The issue of record keeping and access to them is a debate that will run and run.

Chapter seven examines – Training, supervision and the law. There are five questions covered including ‘what could
happen to me if my client were to recognize herself in a published case study, even if heavily disguised (she left therapy before I could get her permission)? Pg 95 I believe the thought of this situation arising has put of many therapists from writing about and seeking to have their work published. The answer in PATL is that client's records should not be used without express consent.

The final chapter deals with - Professional activities and the law. The notions deliberated on range from

'Where do I stand if I come across bad practice in therapy within the NHS where I work? How could I report such practice without running the risk of being disciplined or even dismissed? And when is the government going to regulate counselling and psychotherapy to protect clients from unqualified and dangerous practitioners? Pg 103

Both these questions are the subject of heated debate at the moment so make an interesting read. Finally there is a list of resources including insurance for therapists, official organisations, therapists' organisations, advocacy and consumer-support organisations, complaints concerning legal representation and mediation.

I found this book useful and I think it will assist both experienced and inexperienced practitioner.

Bernadette Hawkes
Psychoanalytic Psychotherapist

**Working with Interpreters in Mental Health**

edited by Rachel Tribe and Hitesh Raval
Hove and New York, Brunner-Routledge 2003, 270 pp, £18.99 Pb

**Reviewed by: Ali Azarbafi**

This is a thorough overview of the complexities and challenges awaiting a clinician who uses an interpreter as well as an interpreter who is faced with the limitations and assumptions present in any clinical situation. The book covers a vast range of topics from the training of interpreters and the skills required, the various organisational contexts, how to conduct a bi-lingual interview to vignettes from interpreters and interpreting agencies working with different client groups in mental health such as children, adults with a learning disability as well as three chapters devoted to working with refugees.

One of the central points made in this book is that the interpreter 'interprets meanings' rather than translating directly. 'If interpreting for an accountant is the least ambiguous, interpreting for an mental health service user is at the opposite end of the spectrum' (p.79) The interpreter's job becomes one of being a very skilled ambassador trying to impart to both therapist and patient the different ways of seeing, thinking and feeling which exists in the room in order for communication to occur. A therapeutic encounter with an interpreter is like a bridge, which sways in the wind; a lot of care and focus is required in order to get across or meet halfway.

One of the most succinct and useful chapters is by Minoo Razban, an interpreter herself, who discusses a whole host of practical details of particular interest to the psychotherapist. It is recommended that the interpreter have a good understanding of mental health issues and language as well as experience of working with mental health patients. Other recommendations include a briefing between clinician and interpreter up to 30 minutes before the interview. If there is a misunderstanding in the session between clinician and interpreter it is suggested to allow time out to discuss things rather like family or couple therapy where this practice can be useful for the two therapists conducting the session. A clinician should not speak for more than two minutes to make it