Clinical Manual for Management of PTSD
edited by David M. Benedek, MD, DFAPA, and Gary H. Wynn, MD.

Clinical Manual for Management of PTSD is written for clinicians with the goal of providing a comprehensive, up-to-date synthesis of clinically relevant, evidence-based research that is useful in everyday practice. This manual has been published at a time when trauma-related research has expanded dramatically, making it difficult for the overburdened clinician to keep up with this explosion in knowledge. As such, the manual is designed to be a user-friendly bridge between the research and clinical communities.

The manual is organized into 3 parts. Part 1, Introduction and Overview, includes chapters on epidemiology, biology, assessment and diagnosis, and psychiatric comorbidities associated with post-traumatic stress disorder (PTSD). Part II, Therapeutics and Management, includes chapters on pharmacotherapy, psychosocial treatments, violence and aggression, emerging and alternative therapies, and assessment of functioning and disability. Finally, Part III is devoted to Special Topics in PTSD: children and adolescents, sexual assault, military and veteran populations, geriatrics, traumatic brain injury, and sociocultural considerations.

David Benedek and Gary Wynn, the editors of this manual, have assembled an impressive group of experts in PTSD. All of the chapters are well-organized, comprehensive, and user-friendly. The decision to include chapters covering special populations, such as survivors of sexual assault, military trauma, and traumatic brain injury, makes good sense since one size does not fit all when treating individuals with PTSD. Chapters on violence and aggression, assessment of functioning and disability, and sociocultural considerations are of particular interest because these topics can be of critical importance when treating PTSD but are seldom included in treatment manuals. For example, in the chapter on functioning and disability, we are reminded that trauma tends to impact numerous domains of one’s life and that a careful assessment and treatment plan should focus on multiple psychosocial domains in addition to core PTSD symptoms and psychological comorbidities.

Regarding actual therapeutic interventions, the manual is very strong in its discussions of evidence-based pharmacotherapy and cognitive-behavioral treatments and techniques, including coping skills-focused treatments, exposure-based treatments, eye movement desensitization and reprocessing, cognitive therapy, and combinations of these approaches. There is also a fascinating discussion of virtual reality exposure therapy. However, for readers interested in learning about adjunctive interventions, which currently have less empirical support for their efficacy (eg, psychoeducation, psychosocial rehabilitation, and complementary and alternative therapies such as mindfulness and yoga), this manual does not include thorough discussions of these approaches.

What sets this manual apart from most others is its specific focus on clinical relevance. Many chapters have tables that summarize information in a format that is useful for the clinician, and each chapter ends with a section called Key Clinical Points. This is even true for the chapter on epidemiology. Overall, this manual admirably achieves its stated goal. It is a well-organized, evidence-based, and user-friendly reference for clinicians and strikes a nice balance between science and clinical practice. I recommend Clinical Manual for Management of PTSD to clinicians, residents, postdoctoral fellows, students, and others who are looking for an excellent overview of PTSD and evidence-based treatment, as well as a practical and useful desktop reference.

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