criteria. Spitzer might well have cited Freuh *et al*,² who found that military records did not corroborate the accounts of almost 40% of veterans claiming combat-related PTSD. This supports studies in which clinicians could not distinguish simulation by actors from 'genuine' cases of PTSD. Almost 250 000 US veterans still receive financial compensation for PTSD. Indeed there are concerns that issues of secondary gain and malingering have contaminated the PTSD database, and Rosen³ suggests that journal editors should oblige authors to reveal the litigation status of their subjects.

Similarly, serious questions concerning the role of PTSD in the medicalisation of everyday distress, and whether the dynamics of compensation prolong disability, are brushed aside. Yet most patients given a diagnosis of PTSD do not seem to return to pre-trauma levels of functioning (indeed, when I was psychiatrist to the Metropolitan Police I found that once the diagnosis was applied to an officer he was extremely unlikely ever to return to policing, and that the defining role played by the traumatic stress centre was to support an application for early retirement and medical pension).

I appreciate that the editors might well be unhappy that I, a confirmed critic of PTSD and of the industry it has spawned, have been asked to review their book. In fairness, I would concede that some of the mud I and others have thrown at PTSD would stick to other categories as well (we could start with depression), reflecting a general critique of the construction of psychiatric knowledge and its over-reliance on the biomedical gaze.

- 1 Spitzer R, First M, Wakefield J. Saving PTSD from itself in DSM-V. J Anxiety Disord 2007; 21: 233-41.
- 2 Freuh BC, Elhai JD, Grubaugh AL, Monnier J, Kashdan TB, Sauvageot JA, Hamner MB, Burkett BG, Arana GW. Documented combat exposure of US veterans seeking treatment for combat-related post-traumatic stress disorder. Br J Psychiatry 2005; 186: 467–72.
- 3 Rosen G. Litigation and reported rates of posttraumatic stress disorder. Personality and Individual Differences 2004; 36: 1291–4.

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doi: 10.1192/bjp.bp.107.047175

Coaching & Mentoring at Work Developing Effective Practice Mary Connor & Julia Pokora

Coaching & Mentoring at Work: Developing Effective Practice

Mary Connor & Julia Pokora. Open University Press. 2007. £17.99(pb). 224pp. ISBN 9780335221769 In the introduction Connor and Pokora outline their reasons for writing this book. Both have extensive experience in delivering mentoring skills training and they hope to encapsulate their learning from these programmes. They wanted a book that would be easily accessible for busy people and one that would be of use to both experienced and novice coaches and mentors, and also to their potential clients. They acknowledge the ongoing debate about coaching ν . mentoring which, in their experience, they have found to have much in common: '... this book seeks to identify the common ground, as well as to acknowledge the differences, and to explain the key principles that underpin both effective coaching and effective mentoring'.

So how well do they achieve these aims? First, each of the ensuing chapters begins with a helpful outline and ends with a brief summary of key learning points.

The book is good on definitions in this difficult area. The authors articulate nine key principles that underpin their concept of effective mentoring and coaching, and these are referred to throughout the text. The focus is clearly on the individual at work and they go to great pains to differentiate coaching and mentoring from patronage and other forms of psychological therapies and counselling.

They emphasise the importance of having a conceptual framework to your coaching or mentoring practice and a chapter is devoted to a detailed look at Egan's 'skilled helper' framework. This is illustrated with two good worked examples for both a coaching client and a mentee. Regarding the latter, the example is a hypothetical Paul who is a medical director and the reader is taken through two mentoring sessions helping him deal with a difficult senior clinical colleague and a demanding director of finance. The worked examples are explicitly underpinned with the nine key principles and the reader is encouraged to reflect on how they would act in their role as mentor at key stages during the two sessions. In both worked examples there is a further interactive reflective section where the reader is encouraged to consider their own development and need for support or supervision.

There is a chapter, including helpful references, on useful tools and techniques which are clearly explained along with suggestions on when they should be used and what skills the coach or mentor will need. There are excellent chapters on how to train and develop coaching and mentoring skills and on practical ethics.

Finally, the authors look at how a mentoring and coaching culture can be developed within an organisation, drawing on the experiences of four people involved in such initiatives within their own organisations. The four examples cover both publicand private-sector organisations: '... we hear from the possibilities and problems; the costs and benefits; the highs and lows; the resistances and the rewards'. This approach works very well.

The appendix contains useful contacts and websites and there is a comprehensive bibliography.

This is a superb book and an excellent resource for existing mentors and coaches. It will also be a valuable introduction for potential clients – and is likely to encourage them to become coaches and mentors in their own right.

I am doing an intensive coaching skills course next month – this book will be kept close at hand and referred to extensively throughout the course.

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doi: 10.1192/bjp.bp.107.039487