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The Oxford Handbook of Clinical Geropsychology. N.A. Pachana and K. Laidlaw. Oxford University Press, Oxford, 2014. ISBN 978-0-19-966317-0 (hard copy).

If you are interested in grounding yourself in the field of Clinical Geropsychology, this Oxford University Handbook would be a good place to start. The foreword to the book highlights that while geropsychology has been a developing field for several decades, this new handbook provides one of the first comprehensive overviews of work in the field, and of the contribution of the psychology profession to gerontology.

The handbook is divided into five sections, comprising 51 chapters. The opening section provides an overview of clinical geropsychology which is defined as “a subdiscipline in psychology that covers a broad spectrum of topics at the intersection of clinical psychology, lifespan developmental psychology and neuropsychology (p. 3).” It then moves to *Assessment and Formulation, Sources of Psychological Distress, Interventions, and New Horizons*. This provides a logical flow to the handbook, contextualising ageing, before addressing clinical issues and interventions, and ending with a focus on new horizons and emerging practices.

Over 100 contributors bring the handbook to life, ably edited by Professor Nancy Pachana who is the Professor of Clinical Psychology at The University of Queensland, Brisbane, Australia and Professor Ken Laidlaw, University of East Anglia, Norwich, United Kingdom. The contributors also come from around the globe, reflecting the global nature of the field of gerontology, while also providing insights into developing areas; for example, Chapter 50 focuses geropsychological research and practice in mental health in mainland China.

A key focus in the discussion of clinical practice is the focus on summarising the available evidence. As an example, chapters nine and ten focus on assessment, providing an excellent summary of the key considerations that clinicians need to consider, and outlining a step by step approach which would be very helpful to beginning practitioners in the field.

For clinicians, suicide, end of life care, loneliness, depression, substance abuse, dementia, elder abuse, loss and grief, and the needs of the LGBTIQ community are all explored, allowing the reader to ‘dip into’ the handbook to focus on specialist areas of practice. The intervention section is excellent, providing information on the use of particular therapies, including: cognitive behavioural

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therapy; psychotherapy; acceptance and commitment therapy; reminiscence therapy; family therapy; loss and grief; and, work with carers.

The key focus of the book is on the psychology profession: but the field of gerontology is interdisciplinary, with older people often being treated and cared for by a range of professionals. This collaborative enterprise is explored in Chapter 36 – *Interprofessional Geriatric Healthcare*, focusing on team performance. An area that warrants further attention, however, is the role of older people themselves in the development of clinical practices, research and service models. There is a growing demand from older people themselves to be key partners and co-designers in the development of services and the design of research, rather than just grateful recipients of care – this paradigm shift could have been given a stronger focus.

Researchers will find the handbook very useful because of the strong focus on evidence based/informed practice. This is the key strength of the handbook—the focus on context, theory, research and clinical practice is incorporated well into each chapter. Overall the handbook is a terrific resource for clinicians, students, teachers, and researchers who want to learn more about geropsychology, which this handbook demonstrates is a complex, exciting field of practice, with much to contribute to the lives of older people, their families and carers, through the development of evidence based approaches and systems that contribute to a ‘good old age’.

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