

problem, and overall provides a good summary of what we know—and don't—in the vast and vexed arena. This book is important for all professionals who work with disturbed juveniles, and I would recommend it for purchase by any library.

In the event, despite the entreaties of his family, his attorney, and his victim, Tad was convicted of attempted murder and will remain in durance vile, probably at least until his 25th birthday. What he will learn there is anybody's guess; mine is that it will involve neither responsible values nor a sustainable trade. And what will we learn from this and countless other examples of zero tolerance run amuck, of family values twisted into a rationale for tossing kids into the slammer, where their plastic, adolescent brains will harden into contours we may not care for? As detailed by Rosado, we need far more than just research; we must get the benefits of that information to the people who use it—physicians and parents, judges and juvenile court officers. When will the messages finally filter out? Juveniles in court need more legal protections than adults, rather than fewer as they have now. They should be evaluated as to whether they actually pose threats to society, as opposed to just making them, and the factors of intelligence, education, and relationship with a supportive adult actually mitigate the risk of future violence.

If the (as I imagine) headline-chasing prosecutor had had the benefit of such training, instead of pursuing a faith-based jurisprudence, who knows—perhaps this young man could have been salvaged. And I might have felt a bit less despairing of a society that now spends billions on retribution, bupkis for rehabilitation.

James Morrison, MD  
Portland, Oregon

***What Works for Whom? A Critical Review of Psychotherapy Research, 2nd edition.*** By Anthony Roth and Peter Fonagy. New York, The Guilford Press: 2005; ISBN 1-57230-650-5. \$60 (hardcover); 661 pp.

The demand for evidence based decision making in treatment for psychological illness is of interest to patients, clinicians, third party payers and health planners. This volume represents the updated version of the authors' well received book published 10 years ago. The first edition of this book was commissioned by the British National Health Service in its review of psychological services and this edition updates and expands these efforts. Written by Anthony Roth, PhD, Joint Director of the Course in Clinical Psychology at the University College London, and Peter Foray, PhD, FBA, Freud Professor of Psychoanalysis and Director of the Sub-Department of Clinical Health Psychology at UCL, with contributions from Glenys Parry, PhD, FBPsS, Mary Target, PhD and Robert Woods, MA, Msc, psychologists at UCL, it provides a comprehensive evaluation of the many research studies that utilize the major psychotherapeutic approaches to treatment of psychiatric

disorders. It also offers references to the addition of pharmacotherapy. The book consists of 17 chapters followed by 114 pages of references and detailed author and subject indices.

The authors begin by using H.H. Strupp's definition of psychotherapy as "an interpersonal process designed to bring about modification of feelings, cognitions, attitudes and behavior which have proved troublesome to the person seeking help from a trained professional." Using this broad definition, they note that there are over 400 therapies. They limit their focus to six major orientations — psychodynamic, behavioral and CBT, interpersonal, supportive and experiential, strategic and system, group and counseling — and define each in detail. The authors limit their review to controlled studies or those based on meta-analyses. The second chapter is devoted to a consideration of research practice and methodology. This chapter sets the tone for the authors' approach to their task by defining what is known about therapy characteristics. They note the difficulties involved in defining research versus clinical subjects, the problem of co-morbidity that is frequent in the latter, the complex interaction between patient and therapist including the expectations and biases of each, defining the experiences of suffering patients who may differ from others with similar diagnoses, and problems of consistency of therapeutic technique even with the use of manuals. These and other obstacles complicate translating research results into practice. There is also the problem of the applicability of some therapies, for example, dynamic/analytic, to classic research methods and the resistance of therapists from some schools to this approach. The authors note that because there are few research papers of some therapies and an abundance for others does not mean that the therapy is ineffective. The authors also caution that there is a difference between efficacy demonstrated in a research population and effectiveness for a particular patient. The uniqueness of each patient and the treatment requirements of those with severe mental illness compound the complexity of translating research results into health policy and reimbursement protocols.

Subsequent chapters deal with the major psychiatric illnesses including major depression, anxiety disorders obsessive-compulsive disorders, post traumatic stress disorder, eating disorders, schizophrenia, personality disorders and sexual dysfunction as well as specific chapters devoted to therapy of children and adolescents and interventions in the elderly. Each chapter begins with definition of the disorder, generally following *DSM IV* criteria, its prevalence and natural course, and a discussion of co-morbidity. This is followed by a review of meta-analyses and controlled studies of therapy approaches, both qualitative and quantitative. When available, studies that compare therapies and augmentation with medication are reviewed. The authors provide detailed critiques and evaluations of studies while noting where research has been inadequate or non-existent, thus providing direction for future studies. Each chapter concludes with a summary of the data described.

It should come as no surprise that majority of studies involve CBT in some form. The authors caution that the

predominance of such papers may reflect the adaptability of this therapy to research methodology and not its superiority over other therapies. In fact, every therapy has been shown to be more effective than placebo but when studied head to head differences between therapies diminish.

The next to last chapter deals with the contributions of the therapist and the patient to therapy results. I was surprised to learn that there has been little research on this significant aspect of therapy. The few studies performed seem to reach varied conclusions with few differences noted. The authors suggest that this may reflect the complex nature of the relationship, the limited number of patients a therapist is able to treat and the varied nature of patients as well as the severity of the disease being treated.

The final chapter — “conclusions and implications” — begins with the major diseases and lists those interventions for which research indicates clear efficacy and those for which it is limited, with a concluding comment for each. The remainder of the chapter focuses on the lack of publication of negative studies, absence of long-term data, the limitations of current diagnostic criteria for defining patient populations and the problem of treating therapies as analogous to medication, implying that all therapies are provided in a similar manner. They note the “irony of the fact that although there is increasing requirement for practice to be based on evidence they are not aware of systematic evidence demonstrating the benefit of this process.” The chapter concludes with suggestions for future research, training, supervision, and case tracking.

During my training as a therapist, a professor whom I admired suggested that if I were interested in pursuing a

research career I should investigate the bases for many of my assumptions about therapy and how surprised I'd be at how meager they were. *What Works for Whom?* confirmed this advice. I found the book difficult to review. While the efforts of the authors is enormous, detailed, and unbiased — the lead authors are dynamically oriented — I was uncertain who would use this book. It certainly would be of benefit to those who wish to pursue research studies in psychotherapy, particularly if they paid attention to the precautions noted. Teachers will find it useful in preparing lectures and seminars. However, what of clinicians, third-party payers, and health planners? The latter two may use the book to appreciate that providing therapy is not a simple task and would learn the limitations of evidence supported therapies and the dangers of using this as the sole basis for determining treatments. As an eclectic therapist of sorts, I chose to use it to review treatment for an illness I had limited knowledge of. I found the effort to be enlightening, somewhat daunting with its detail yet clearly written by someone who had been faced with a patient suffering from a similar problem with all its variabilities, complexities and uncertainties. I came away realizing that what works for whom is not given to easy answers and that this well-written text serves to emphasize this point to all in a well-researched, scientific manner.

Owen C. Grush, MD

Department of Psychiatry and Behavioral Sciences  
Medical University of South Carolina  
Charleston, South Carolina