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# Book Reviews

***Severe Personality Disorders. Everyday Issues in Clinical Practice***, edited by Bert van Luyn, Salman Akhtar and W. John Livesey, Cambridge University Press, New York, New York; 2007; ISBN 978-0-521-85651-5; $99 (hardcover); 245 pp.

Personality disorders, especially the serious ones, constitute unquestionably a serious management problem. Some patients, with the exception of those with self-cutting borderline personality disorder, frequently may not look disturbed enough to require treatment. Others, if not all, stir up such a severe countertransference that barely anybody likes to treat them. Their treatment is complicated, requires special skills, patience, a lot of experience, and frequently a very thick skin. We do not have clear guidelines for their treatment and the evidence of effective treatment of personality disorders is scarce.

Drs. van Luyn, Akhtar and Livesey put together an international team of authors to help us understand and treat severe personality disorders. As the editors state in the Preface, they intend to focus upon issues of day-to-day management of patients with severe personality disorders, eschewing biological, psychoanalytic and cognitive behavioral theories. They attempt to cover a wide variety of topics, such as early predictors, treatability, common elements of effective therapies, psychopharmacological intervention, countertransference, disruption of treatment alliance, suicidal crises, and management of the dangerous, refractory, and stalking patient (p. xi).

The Preface is basically a short and sweet summary of all 13 chapters, written by the editors. Chapter 1, 'Treatability in severe personality disorders: how far do the science and art of psychotherapy carry us?' by Michael Stone discusses factors that influence amenability to psychotherapy (e.g., psychological mindedness, mentalization, intelligence, empathy, likeability) and various spiritual factors. The author points out that the personality and the skill of the therapist should be included as one important variable affecting the treatability of severe personality disorders (p. 6). This chapter also reviews estimates of treatability and focuses mostly on borderline personality disorder, schizotypal personality disorder and antisocial and psychopathic personalities. The author reminds us that the poorest prognosis for treatability will be found in persons who show the full-blown picture of psychopathy (p. 19). The chapter ends with a brief discussion of hurdles to treatability in various clusters of personality disorders. Chapter 2, "The treatment of choice: what method fits whom" by John Clarkin starts with the list of issues that may discourage many from treating severe personality disorder, such as the fact that most patients present with more than one clearly defined DSM diagnosis, focused cognitive-behavioral treatments are limited in their effectiveness in the short run, and often seen inadequate in the long run, the emphasis on therapy as a set of technical interventions tends to ignore the attributes of the therapist beyond her/his skills, and the fact that if the treatment fails, it is often assumed that it is due to the patient's characteristics and the therapist's contribution to the failure has been less frequently considered and examined (p. 30). The author continues in reviewing treatment choices facing the clinician, patient characteristics and heterogeneity, and the match between the therapist and the patient in transference-focused psychotherapy. Chapter 3, "Countertransference: recent developments and technical implications for the treatment of patients with severe personality disorders" by Otto Kernberg is a very thoughtful, interesting and well-written discourse on countertransference. Dr. Kernberg emphasizes that the concept of technical neutrality is often misinterpreted as implying a "studied indifference." He also reminds us that "the therapist is not 'neutral' in terms of not having emotional reactions to the patient, but in his/her effort and capacity to contain them, and use them for a better understanding of the therapeutic situation rather than discharging these emotions in the relationship with the patient" (p. 43). Kernberg also stresses that countertransference could become an important diagnostic tool. He discusses classification of countertransference, its management, complications and contemporary controversies regarding countertransference. The following chapter, "Beyond management to cure: enhancing the positive dimensions of personality," by Robert Cloninger attempts to instill some optimism by focusing on the development of well-being. He suggests that the lack of positive personality features is the cornerstone of the dynamic understanding of these disorders (also p. xii). He focuses on issues such as what reduces disability and enhances well-being, the wishes of the suffering for spiritual meaning, and pathways and obstacles to well being.

Chapter 5, "Personality disorders from the perspective of child and adolescent psychiatry" by Arnold Allertz and Guus van Voorst deals mostly with the developmental aspects of personality disorders (heredity, prenatal issues, attachment, temperament, maltreatment). The chapter also briefly discusses possible prevention and treatment from the point of view of child and adolescent psychiatry. In chapter 6,

"Disruptions in the course of psychotherapy and psychoanalysis," Salman Akhtar identifies some of the reasons for disruptions in therapy (unconscious guilt, anxious retreat from "higher" level conflicts, sadomasochistic need to destroy a helpful situation, retreat due to separation anxiety, shift in psychic organization, empathic failures of the therapist), their manifestations, and treatment approaches to them. He suggests that from the developmental point disruptions are not necessarily bad and are the rule rather than the exception. The following chapter, "Managing suicidal crises in patient with severe personality disorders" by Joel Paris is a brief, skilful guide to suicidal crises, their management and chronic suicidality in severe personality disorders. In chapter 8, "Borderline personality disorder, day hospitals and mentalization" Anthony Bateman and Peter Fonagy provide some guidance to the management of borderline personality disorder and suggest that "placing mentalization as central to therapy with borderline patients may unify numerous effective approaches to this challenging group of patients" (p. 133).

Chapter 9, "Pharmacotherapy of severe personality disorders: a critical review" by Thomas Rinne and Theo Ingenhoven addresses some conceptual and methodological issues of pharmacotherapy of personality disorders first and then reviews various classes of medications used (antipsychotics, SSRIs, mood stabilizers). The authors also discuss three main targets—cognitive perceptual symptoms, impulsive-behavioral dyscontrol and affective dysregulation. The following chapter, "Severe cases: management of the refractory borderline patient" by Bert van Luyn provides some tips on how to handle these difficult patients (e.g., "no alliance, no therapy," rehabilitation, assertive community treatment, intensive outpatient programs, split treatment, integrating hospitalization into the treatment and team support). The next two chapters, chapter 11, "Dangerous cases: when treatment is not an option" by J. Reid Meloy and James A. Reavis, and chapter 12, "Stalking of therapist" by Paul E. Mullen and Rosemary Purcell discuss some dangerous circumstances and consequences of treating severe personality disorders. The chapter on stalking emphasizes that one cannot entirely avoid it. The authors also suggest careful documentation, including keeping copies of all unwanted communication, recording unwanted contacts and retaining records of unwanted phone calls.

The final chapter, "Common elements of effective treatments" by W. John Livesey reviews contemporary perspectives on treatment of personality disorders, common or generic factors (building and maintaining a collaborative relationship, maintaining a consistent treatment process, building motivation), general treatment strategies and structured approach to treatment (therapeutic stance, contract, consistency).

This book is another example of a volume that is not exactly what it pretends to be. While this is at times interesting reading, I am not sure whether the entire volume really addresses the issues of everyday clinical practice. Although the editors stated in the Preface that they were eschewing biological, psychoanalytic and cognitive behavioral theories, the book is still heavily influenced and impacted by psychoanalysis and cognitive behavioral theories (not much by biology as we have no data. . . that is not to say that we have data supporting the other theories). The chapter on countertransference is excellent, interesting reading, but can we say that Otto Kernberg is eschewing psychoanalysis here? I am sure that the authors of the chapters (most of them are good reading) believe that they are addressing everyday issues. Maybe issues of their psychotherapy practice (with the exception of the pharmacotherapy chapter), but not those of the everyday, ordinary clinical practice. Thus this book will be appreciated by those interested in the management of severe personality disorders, psychotherapists, and maybe teachers and residents. However, busy clinicians will find this book too theoretical, and at times lacking practical straightforward recommendations.

Richard Balon, M.D.
Wayne State University School of Medicine
Detroit, Michigan

***Leaving it at the Office. A Guide to Psychotherapist Self-Care,*** by John C. Norcross and James D. Guy, Jr., The Guilford Press, New York, New York; 2007; ISBN 978-1-593385-576-5; pp 238; $25 (paperback).

Lay people probably appreciate the stressful nature of the psychotherapist's (and psychiatrist's) work better than psychotherapists and psychiatrists themselves. We all have probably frequently heard comments that it must very difficult to listen to other people's complaints the entire day, or were asked whether listening to mentally ill patients all day does not make us mentally ill, too. We usually ignore these comments or dismiss them with a smile or joke. But, should we really dismiss them and pretend that the work we do is a piece of cake? Is it? If it is not, are we taking care of ourselves to be able to tend to our psychological and other health? Two experienced psychotherapists, John Norcross and James Guy, as many others, seem convinced that we do not always take good care of ourselves and of the stress associated with, in this case, the practice of psychotherapy. Together they wrote an interesting volume—"a practical synthesis of research literature, clinical wisdom, and therapist experience on psychotherapist self-care" (p. ix)—first, to remind busy practitioners of the personal and professional need to tend to their own psychological health; second, to provide evidence-based methods for practitioners to nourish themselves; and third, to generate a positive message of self-renewal and growth (p. ix). In addition to a Preface, the book consists of 12 chapters.

The first chapter, "Valuing the person of the psychotherapist," notes Anna Freud's observation that becoming a psychotherapist is one of the most sophisticated defense mechanisms: "granting us an aura of control and superiority and avoiding personal evaluation ourselves" (p. 1). However, as the authors

remind us, every ethical code of mental health professionals includes a provision or two about the need for self-care (p. 5). In discussing the paradoxes of self-care and the fact that psychotherapists frequently do not take good care of themselves, the authors remind us of the "Esalen's Law—'we always teach others what we most need to learn ourselves.'" (p. 7). This chapter further reviews the available research on psychotherapist self-care and personal therapy (interestingly, many psychotherapists choose a type of personal therapy different from what they practice themselves; p. 10). The chapter ends with a suggestion that self-care begins with self-awareness and self-monitoring, and also making self-care a priority. The following chapter, "Refocusing on rewards," as other chapters, focuses on issues at the office and away from the office, in this case on rewards. The rewards at the office include the satisfaction from helping, permanent membership in the patient's world, freedom and independence, the variety of experiences, intellectual stimulation, emotional growth and reinforcement of personal qualities. Rewards away from the office reviewed here include improved interpersonal relationships, personal effectiveness, deeper life meaning, public recognition, and employment opportunities. The authors recommend internalizing the rewards and reorienting accordingly. In the discussion of the satisfaction of helping, I found very stimulating a quote of an old Chinese proverb (p. 21):

*"If you want happiness for an hour—take a nap;*
*If you want happiness for a day—go fishing;*
*If you want happiness for a month—get married;*
*If you want happiness for a year—inherit a fortune; but*
*If you want happiness for a lifetime—help someone else."*

The third chapter, "Recognizing the hazards" (written with Joan Laidig) summarizes prominent hazards encountered in conducting psychotherapy in areas such as patient behaviors, working conditions, therapist emotional depletion, psychic withdrawal, physical isolation, therapeutic relationships, personal disruptions and others. We never think about the fact that sitting for 8 or more hours a day in the same chair and room renders us physically exhausted from immobilization! We also do not contemplate the profound effect of some patient behaviors (e.g., suicidality; or being stalked by patients) on our emotional well-being. The well-known stresses of working conditions include, for instance, organizational politics, managed care, excessive paperwork, demanding workloads, and professional conflicts. Obviously, managed care with its industrialization of mental health care poses a special stressor. The discussion of the hazards, besides burnout, also includes the motivation for becoming a psychotherapist and the well known, yet frequently dismissed fact that many enter the career of psychotherapy motivated by curiosity about their own personality and problems. They hope to find solutions to personal problems or some resolution of underlying conflicts (p. 52). The chapter ends with suggestions on how to respond to hazards. These include recognition, acceptance, self-empathy, team approach, tailoring self-help to the individual, some tradeoffs and considering the long perspective of hazards and balancing them. In the fourth chapter, "Minding the body," the authors discuss sleep, bodily rest, nutrition, exercise, and human contacts (including sexual gratification). An important reminder about fluid intake is included—losing just 2% of your body's water will result in feeling tired and weak (p. 67). The fifth chapter, "Nurturing relationships," reviews nurturing relationships at the office (clinical colleagues, peer support/supervision groups (Balint groups), clinical team, staff, supervisors and mentors. The discussion of nurturing relationships outside the office includes spouse/partner, family members, friends, colleague assistance programs, and personal mentors and personal psychotherapists ("psychotherapists are meaning makers" p. 87).

The sixth chapter, "Setting boundaries," provides tips on setting a boundary—"a limit or territory that is not to be violated." (p. 93). The discussion is again divided into setting boundaries at the office (defining the role of the psychotherapist, defining the role of the patient, defining the boundaries of the treatment relationship, defining relationships with colleagues and staff, and defining boundaries with family and friends) and setting boundaries away from the office (the psychotherapist outside the office, patients outside the office, and colleagues outside the office). The following chapter, "Restructuring cognitions," written with Maria Turkson, focuses on self-monitoring and on frequent cognitive errors such as selective abstraction, overwhelming tasks, assuming causality, catastrophizing, and dichotomous thinking and how they apply to the practice of psychotherapy. The authors also briefly discuss managing of countertransference. The following chapter, "Sustaining healthy escapes," written with Rhonda Karg, describes the unhealthy escapes (substance abuse, isolation, sexual acting out) first and then reviews healthy escapes at the office (vital breaks, relaxation, humor, get-togethers) and away from the office (days off, vacations, leisurely diversions, restorative solitude, personal retreats, play, reading and writing, humor and meditation). The ninth chapter, "Creating a flourishing environment," covers some areas we do not always think about, such as physical environment (paint, lighting), sensory awareness, work safety, business support, behavioral boundaries, institutional practices and others. The tenth chapter, "Undergoing personal therapy," is a very useful treatise on the goals, outcomes and other aspects of personal therapy. The authors remind us that personal treatment is, in many respects, the epicenter of the educational and self-care universe for psychotherapists (p. 167). They cite Freud, who proposed that personal therapy was the deepest and most rigorous part of one's clinical education. The authors also provide suggestions on how personal therapy may enhance clinical effectiveness. The eleventh chapter, "Cultivating spirituality and mission," deals with a difficult topic—spirituality and religiosity of psychotherapists and how these topics relate to the practice of psychotherapy (both authors inform us that they are spiritual/religious persons). The discussion is again divided into spirituality at the office and outside the office. The last chapter,

"Fostering creativity and growth," discusses issues such as creativity, diversity, growth, continuing education, videotaping oneself, involvement in professional organizations and interdisciplinary inquiry. Each chapter is accompanied by a very useful self-care checklist that, in a table format, summarizes the major points of the chapter in proactive language (strive . . ., create . . ., embrace, identify . . . , insist). Each chapter also includes a list of recommended reading for each particular topic.

This is a very interesting and useful volume. It was a bit wordy, yet enjoyable reading. It forces the reader to think about her/his work and the way he/she practices and how work is impacting her/him. Some may find this text confirming and reassuring that they "practice and work the right way." Most of the readers will find at least some useful information on how to improve their practice, self-care, and their psychological health. Though the book is intended for psychotherapists, most of the writing and suggestions are easily applicable to the practice of clinical psychiatry, too. I am not aware of a similar book written for psychiatrists and thus I would wholeheartedly recommend this volume to every practicing psychiatrist. It is thoughtful, though provoking and delivers a positive message of self-renewal and growth.

Richard Balon, M.D.
Wayne State University
Detroit, Michigan

***Ethno-Psychopharmacology. Advances in Current Practice,*** edited by Chee H. Ng, Keh-Min Lin, Bruce S. Singh and Edmond Chiu, Cambridge University Press, Cambridge, United Kingdom; 2008; ISBN 978-0-521-87363-5; $110 (hardcover), 183 pp.

During the last several decades we have seen a substantial increase in interest and research in the area of culture, race, and ethnicity among psychiatrists. Considering culture and ethnicity in discussing the etiology and management of mental illness is regarded *sine qua non* of good practice. However, the words "culture" and "ethnicity" and any derivatives of them have also become present era psychiatry buzzwords. Ethno-psychopharmacology is one of them, though we are not totally clear on what it means and what it entails. Nevertheless, a book on "advances in current practice of ethno-psychopharmacology" by some well-known authors in this area seemed possibly attractive and interesting reading. The first correction of this misperception came while reading the Foreword to this book by Mario Maj, in which he pointed out one of the important issues about this book—this volume being, according to him, "the first-ever textbook of psychopharmacology focusing on the Asia-Pacific region" (p. xiii). Thus I realized that this may not be truly a complete textbook of ethno-psychopharmacology, but possibly still interesting and educational reading. . . . and I started to read.

The book contains 15 internationally authored chapters. I will list their titles to help me illustrate some points about this book later. Here are the titles: "Introduction," "Culture and psychopathology," "Culture and ethnicity in psychopharmacotherapy," "Ethnic differences in psychotropic drug response and pharmacokinetics," "Pharmacogenetics of ethnic populations," "Variations in psychotropic responses in the Chinese population," "Variation in psychotropic responses in the Hispanic population," "Identifying inter-ethnic variations in psychotropic response in African Americans and other ethnic minorities," "Complementary medicines in mental disorders," "Cultural factors and the use of psychotropic medications," "Outpatient prescribing practices in Asian countries," "Psychiatric inpatient psychotropic prescribing in East Asia," "Pharmaco-economic implications for Asia and other economically disadvantaged countries," "Integrating theory, practice and economics in psychopharmacology," and "Research directions in ethno-psychopharmacology."

The most interesting fact I learned from the Introduction (and perhaps from the entire book) was that the person to be considered the father of ethno-psychopharmacology (my term) was probably John Cade, the man who reintroduced the modern era psychopharmacology to lithium. Apparently, Cade, an astute observer, noticed that Asian (= East Asian) patients were more vulnerable to experiencing side effects of lithium and tricyclic antidepressants and would often respond well to lower doses than the average Caucasian (p. 1). He related this to one of his trainees, Dr. Edmond Chiu (one of the editors of this volume), who started to use this information in treating patients upon his return to Hong Kong. The need for lower doses of lithium and tricyclics in East Asians was later expanded by the recognition of the need for lower doses of haloperidol and other antipsychotics in this population, when compared to Caucasians (plus greater prolactin response to haloperidol). Well, this part contains a succinct summary of probably all the most important information in the field of ethno-psychopharmacology.

The rest of the book is filled with little concrete information and a lot of repetitive yet not very informative statements. Examples are sentences taken from conclusions of three different chapters: "As is apparent from the literature reviewed above, culture and ethnicity are powerful determinants of an individual's response to psychopharmacotherapy." (p. 34). . . . "Ethnic differences have been shown to influence response to psychotropic medications" (p. 53). . . ."Patients from different ethnic or environmental backgrounds may respond differently to psychotropic drugs, for which the underlying factors are complex" (p. 77). An example of another not very informative statement at the conclusion of the chapter on prescribing practices in Asian countries (which here means East Asian countries) is on page 142: "The psychotropic prescribing pattern in outpatient services across different countries varies considerably." Well, I bet that this is true for other parts of the world, too.

Anybody would agree with the statement that, ". . . the success of any therapy, including pharmacotherapy, depends on the relationship between patient and therapist. The nature and quality of the interaction between the clinician and the patient, flavored by both of their cultural backgrounds, values, attitudes, and expectations, serve as the backdrop against which drugs work, or fail to work. Attention to and successful management of transference and counter-transference are key to the success of not only psychotherapy, but also pharmacotherapy. The importance of culture in this respect cannot be disregarded" (p. 28). However, does this apply just to ethno-psychopharmacology or the entire psychopharmacology and psychiatry?

As I noted earlier, Mario Maj in the introduction felt that this book is focused on Asia-Pacific region. Even that is not so. There are two token chapters, one on Hispanics and one on African Americans, both of them with very little relevant clinical information—in all fairness not due to omission but due to the lack of research and data in these populations.

My last criticism of this book has to do with what I call the "ethno-centrism" with which the term ethno-psychopharmacology is used. Years ago I noted that the otherwise interesting and useful book on culture and ethnicity (1) omitted a "culture(s)" of over a billion people—the culture(s) of the Indian subcontinent. I was told that it was a reflection of not having more space in that volume. The current volume on ethno-psychopharmacology is a very slender one, yet it also omits the same subcontinent, and the entire Middle East (Jews and Arabs equally), and Africa, and so on. I am fully aware that there are probably no data on most of the countries' populations other than East Asia. But I think that the field of ethno-psychopharmacology has stalled a bit, focusing on East Asian countries or cultures only (with occasional token chapters mentioning other cultures). We already know that East Asians need less haloperidol. We need to know more about pharmacotherapy in other cultures and ethnic groups. The field of ethno-psychopharmacology and, as a matter of fact, ethno- and cultural psychiatry needs to become more inclusive and inquisitive about all ethnic and cultural groups. Only then could books like this be called "ethno-psychopharmacology."

My final remark—as the reader hopefully senses, I would not recommend to a busy clinician to spend $110 for this slender volume.

### *REFERENCE*

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Richard Balon, M.D.
Wayne State University
Detroit, Michigan

***The Psychiatry of Stroke, 2nd Edition***, by D. Peter Birkett, The Haworth Press, New York, New York; 2008; ISBN 978-0-7890-3180-8, $59.95 (paperback), 408 pp.

Although the neuropsychiatric consequences of stroke are varied and abundant, few psychiatrists regularly treat the consequences of this common neurological illness. Most psychiatrists are therefore unpracticed in evaluating or treating these patients when the occasion arises. For those with interest in reading about the evaluation and treatment of the panoply of suffering and psychiatric consequences that follow stroke, this revision of a text first published over a decade ago is a welcome addition. Although the topic may be relatively unfamiliar or at least remotely familiar for many clinicians, the author's long clinical practice and household style make it less daunting than the topic suggests. The book is also unusual because it is written by a single clinician for practicing clinicians, and while it is heavily referenced, the focus of the book is clearly clinically relevant and not a listing of clinical trials that might not be applicable to patients treated in the hospital or clinic.

The books reads as if one were listening to a long established clinical professor at a round table, seated by clinicians of various disciplines. There are relaxed sections of didactic writing that left me smiling: "In some cases, brain damage will cause disinhibition, and the individual previously regarded as heterosexual will precipitously come out of the closet" (p. 123). In another section he describes dementia with novel phrasing: "Perhaps, the best definition is that dementia is a long-lasting impairment of the set of mental abilities that humans share with computers" (p. 198). One could argue with the breadth of this definition of dementia, though from a teaching perspective it gives a concrete example that students can understand. The book reminded me of an unfussy section of Lishman's *Organic Psychiatry*.

The author writes the book with a wide audience in mind, even if the book is best suited for psychiatrists who practice in part or completely in geriatric psychiatry. Other potential readers include physiatrists, neurologists, or internists as well as nurses or social workers engaged in treating these patients. Hence, during some sections of the book, a psychiatrist familiar with the topic will find the book too breezy for clinicians familiar with clinical research. For example, he describes the Hamilton Rating Scale for Depression as "The Hamilton" without using quotations or italics, and notes "It is based on observations of the patient by a trained observer, and comprises *about* twenty questions." Similarly, neurologists may yawn through a few of the sections on anatomy and pathology.

The book is divided into three large sections: Background and Causation, Psychiatric Syndromes and Outcomes and Effects. There are also three appendices and a glossary. Each chapter also ends with a small character font summary for quick review or skimming to see if the chapter

meets ones interests. The bulk of the book is appropriately dedicated to psychiatric syndromes following stroke, and herein lays the strength of the book. In this section the clinical descriptions are very well written and most useful for the clinician understanding the psychiatric consequences of stroke. The phenomenology sections are the strongest. He covers regional stroke syndromes, stroke effects on the senses, along with common psychiatric phenomena, such as mood, anxiety, and psychotic symptoms following stroke. Less time is spent on treatment likely because few pharmacologic trials have been aimed toward the neuropsychiatric consequences of stroke. He reviews the limited findings well, whether through summarizing clinical trials or case reports. He is neither dogmatic, nor conclusive regarding any of the treatments, realizing most treatment is palliative and still inadequate. In addition to pharmacologic treatments, other behavioral or social treatments also are acknowledged and given their due status. He is much more thorough in his covering of non-medical items than most medical textbooks, with attention paid to topics such as the family, money, legal issues, and ethics of treatment and treatment refusal.

The last third of the book could have been omitted without detracting from the book's strength. These sections seem more aimed at family members or non-physicians rather than for psychiatrists or neurologists. The glossary and Basic Anatomy of Stroke appendix are written for lay persons. The references are by chapter, and the index is excellent for finding areas of interest in the text. At the end of the book comes Appendix C, a four-page discussion of noted politicians with stroke, titled Wilson, Roosevelt Churchill, Stalin and Hitler. The inclusion of the last person mystifies me because the author does not have strong evidence for the patient having had strokes. For the other national leaders there was clear evidence of stroke affecting these men at the end of their lives, and the inclusion of these historical features adds a folksy touch to the clinical teaching lesson. Overall, this book is fine reading for those practicing or learning geriatric psychiatry or consultation psychiatry.

Lawrence A. Labbate, MD
University of Arkansas for Medical Sciences and
Central Arkansas Veterans Healthcare System
Little Rock, AR

***Clinical Handbook of Schizophrenia,*** by Kim T. Mueser and Dilip V. Jeste, editors, The Guilford Press, New York, March 2008; ISBN 1-59385-652-0, $75 (clothbound), 672 pp.

The *Clinical Handbook of Schizophrenia* was written with the goal of being both authoritative and accessible. To this end, each chapter was authored by one or more recognized experts in that particular aspect of the disorder but written in terms understandable to professionals and non-professionals alike. Key points are reemphasized at the end of each chapter, followed by a listing of references and recommended readings as additional resources. Besides the two editors, one a clinical psychologist and the other a psychiatrist, this book has over 100 (107 to be exact) additional contributors. The handbook is composed of eight sections, each having several chapters detailing specific information related to that section's general theme. The first section deals with core science, and includes a chapter on the history of the conceptual framing of schizophrenia. This is followed by a section dealing with assessment and diagnosis, including chapters on commonly co-occurring disorders and treatment planning. Section 3 covers somatic treatments and, instead of covering medications only, also has a chapter on the use of electroconvulsive therapy in schizophrenia. The fourth theme is a review of psychosocial approaches to schizophrenia and includes chapters on supported housing and self-help activities. There are then five chapters in the fifth section, which covers systems of care that have been found useful for the person with schizophrenia, such as case management; strengths-based care; assertive community treatment; emergency, inpatient and residential settings; and even treatment in jails and prisons. A sixth section deals with special populations and problems, including first-episode psychosis, the prodromal appearance of schizophrenia, schizophrenia in older patients, aggressive and violent patients, homelessness, medical comorbidity, trauma, co-occurring substance use disorders, children with schizophrenia, and suicide. The seventh sectional theme focuses on policy, legal, and social issues, such as involuntary treatment, economic consequences, stigma, and the experience of schizophrenia in developing countries. A final segment covers a potpourri of matters such as remission, "recovery," gender differences, quality of life, spirituality and religion, sexuality, the African American experience of schizophrenia, and ethical issues in dealing with the illness. The book concludes with an extensive subject index.

The *Clinical Handbook of Schizophrenia* is an excellent review of the state-of-the-art as it relates to nearly all aspects of schizophrenia. Any one of the chapters can stand alone as a discussion of that set of issues. Some, such as the chapter on schizophrenia and sexuality, are fairly unique in such handbooks. Despite the relative universality of its coverage of the disorder, the book encourages the reader to look at further resources as well. This book is written with the Recovery Model in mind, which is quite helpful to those of us trained prior to the emergence of this concept. It is intended for all of the mental health disciplines, but also for patients and their families, many of whom are looking for additional information beyond what they can get from such sources as *Surviving Schizophrenia*, *The Complete Family Guide to Schizophrenia*, and similar books written for families and/or patients only. At over 600 pages, the size of the book itself may be somewhat imposing to the non-professional, but the writing is sufficiently

clear so that once the reader gets past the cover and into the text, it is mainly a matter of choosing what to read from this vast storehouse of knowledge represented in a single volume.

This book would be useful to anyone interested in a comprehensive review of the illness of schizophrenia and those it affects. Psychiatric residents and clinical psychology interns might find it particularly helpful in their study of schizophrenia because of the comprehensive nature of the authors' approach to the topic. Social workers and case managers could find many of the sections very helpful, perhaps especially the ones on systems of care and special populations and problems. Practicing psychiatrists and psychologists may find some information that is relatively rare in the literature, such as the chapters on "Parenting," "Jail Diversion," and "Evidence-Based Practices," especially given the up-to-date nature of the book (published in March of 2008). Indeed, it is hard to imagine a contributing or consequent factor regarding schizophrenia that is not dealt with in some detail somewhere within this volume, with the possible exception of racial issues for minority populations other than African Americans, such as those of Asian, Native American, or Hispanic descent—however, the book correctly points out that there is less compelling literature about schizophrenia related to these racial groups than for those of African American heritage—and the text does mention that some of the advice given for the African American population may apply as well to other minorities.

In summary, this is a book that is comprehensive, timely, engagingly written, and evidence-based though not "evidence-burdened." It seeks to make information on schizophrenia available to all readers, while avoiding the inconsistent feel ("this study says such-and-such but that study says otherwise") that some very scientifically written works can give while at the same time not really giving in to a "watered down" feeling either. It is well worth the time one might spend in a cover-to-cover reading, but at the same time can be helpful to those persons who wish to focus on a specific subtopic contained in just a chapter or a section. The somewhat unique chapters mentioned above on such matters as sexuality, parenting, and spirituality may be particularly appealing to some readers.

Alan D. Schmetzer, M.D.
Professor of Psychiatry
Indiana University School of Medicine

***Motivational Interviewing in the Treatment of Psychological Problems***, edited By Hal Arkowitz, PhD, Henny A. Westra, PhD, William R. Miller, PhD, and Stephen Rollnick, PhD, Guilford Press, New York, October 2007, ISBN: 1-59385-585-0, $38.00 (trade clothbound), 336 pp.

This book on Motivational Interviewing (MI) for psychological problems is the latest in a series entitled "Applications of Motivational Interviewing." In some ways this group of writings can be said to have begun with *Motivational Interviewing* by series editors, Rollnick and Miller, which is now in its second edition, although that book is not listed as one of the included titles. The other book in the "Applications" series so far deals with MI in general health care.

*Motivational Interviewing in the Treatment of Psychological Problems* is organized into disorder-based chapters, following an initial introductory chapter that brings the novice in MI up to speed on the basics and discusses "learning, applying, and extending" MI. In chapter 1, the authors discuss similarities and differences between the client-centered therapy of Carl Rogers and MI (calling it "client-centered with a twist"—the inclusion of specific goals—reduction of ambivalence and initiating and sustaining of behavioral change, making MI more "directive") as well as its relationship to the transtheoretical model of Prochaska and colleagues regarding stages of change ("pre-contemplation," "contemplation," "preparation" or planning, "action," and "maintenance"—stating that MI is designed to help people move across these stages). The "spirit" of MI is described as a state of mind or attitudinal set, including collaboration, evocation (of client goals and fears), and client autonomy. The principles of MI are set forth as well—developing and expressing empathy, exploring in detail the discrepancies between desired and current behaviors as they are brought up by the client, rolling with resistance rather than being confrontational, and supporting client self-efficacy. The basic skills of MI are also elucidated, such as asking open-ended questions so the client is encouraged to talk more than the therapist, listening reflectively—a key skill in MI and one that the authors specifically comment on as difficult even though all therapists are taught about it very early in whatever training they've had—affirming or what Linehan calls 'validating," summarizing, and eliciting "change talk." The two phases of MI are also explained—initially encouraging change, then working to help the person continue on that path. This book is generally very clear and comprehensive regarding issues in MI, and the patient-therapist dialogues are quite helpful when presented.

As those familiar with MI know, it was originally developed as an approach to helping people with alcohol dependence and was subsequently expanded to other substance dependence and general health issues. The authors tell us that there has been relatively little work to date extending MI into such psychiatric problems as anxiety disorders, depression, medication adherence in schizophrenia, and so forth. This book brings together a number of contributors engaged in such clinical research and focuses the field on some potential advantages of adding MI to the armamentarium used in these conditions. Usually MI in such cases is described as an add-on for assisting patients in overcoming ambivalence to starting treatment or for times when the patient gets "stuck." In the case of depression, however, the book includes a chapter on MI as an integrative treatment, as well as a chapter on its use as a prelude to depression therapy. Besides depression and the other conditions mentioned above, the authors discuss the use of MI

in specific anxiety disorders such as combat veterans with post-traumatic stress disorder and obsessive-compulsive disorder, as well as specifically in suicidality, eating disorders, pathological gambling, and the dually diagnosed (mental illness and substance abuse or dependence). There is also a chapter about the use of MI in people within the correctional system. Each disorder-based chapter includes a brief discussion of the disorder itself, how MI is applied clinically, some variant of patient interaction or vignette, a description of pilot or initial research, and conclusions, then ends with a listing of references. The final chapter, as is common with "review-of-the-state-of-the-art" publications such as this one, discusses overall conclusions and future directions.

The individual chapters can stand alone if one wishes to read about MI in just one or two conditions. In fact, since many of the chapters are written by contributors without co-authorship by the overall book editors, the book contains some redundancy. This will probably be most noticeable to those who read the entire work in sequential order. Besides the four editors, there are nineteen other contributors from various parts of the United States, United Kingdom, and Canada, and one from Sweden. Most are psychologists, but three are (presumably) psychiatrists.

The book gives sufficient detail regarding the basics of MI so as to be useful to the novice, and the specifics within each chapter will be of interest to those who have some experience with MI in more traditional uses, such as substance dependence, but wish to expand their practice into other disorders with the help of expert advice. Medical students may benefit for example, from the descriptions and definitions in the first chapter, by learning more about listening to patients and approaching treatment adherence issues. Clinical psychology interns and psychiatric residents will find this an excellent introduction to the theory and practice of MI, a technique in which they seem, at least in my experience, to be more and more interested—they've heard about MI, but not all of their supervisors are as yet utilizing it. And practicing psychiatrists and other mental health professionals will find many practical suggestions for extending their use of MI to more patients, with evidence-based support to back up such options.

Alan D. Schmetzer, M.D.
Professor of Psychiatry
Indiana University School of Medicine

***Bipolar Disorder in Late Life,*** edited by Martha Sajatovic, MD and Frederic C. Blow, PhD, The John Hopkins University Press, Baltimore, Maryland; 2007; ISBN 0-8018-8581-7; $50.00 (hardcover); 257 pp.

Is new onset bipolar disorder (BD) in late life a rare phenomenon? Is the pathophysiology or presentation different from BD in younger adults? And most importantly, is treatment any different? These are some of the questions addressed in this book. These are not easy questions as "treating elderly patients means more questions than answers," as Dr. Bruce Pollock (the President of the American Association of Geriatric Psychiatry) correctly pointed out in one of the meetings. He went on to call it a "public health scandal" referring to the fact that the elderly population is commonly excluded from medication clinical trials, leaving very thin data to treat the older and sicker. This is the challenge that any book on that subject must deal with.

The book is published by Johns Hopkins University Press. It is divided into four parts. Part I: Epidemiology and Assessment (Chapters 1–3); Part II: Treatment (Chapters 4–7); Part III, Complexity and Comorbidity (Chapters 8–10); Part IV: Specialized Care Delivery and Research (Chapters 11–13).

Chapters 1 and 5 probably are the core of the book discussing epidemiology and treatment respectively. Chapter 1 is one of the most informative chapters in the book, and probably, the chapter with the most research support. Martha Sajatovic, MD and Frederic C. Blow, PhD challenge the old notion that late-onset bipolar disorder "burn out" over time (p. 7). They discuss that most researchers define late-onset BD at age 50 or more and that "new" late-onset is not as rare as previously thought, ranging from 6% to 11%. It can even "first manifest as late as the eighth or ninth decade of life" (p. 4). The authors discuss that some suggest that late-onset BD is a distinct subtype and is associated with more medical and neurological conditions and less likely of a positive family history of mood disorder. This subtype has been called secondary mania or vascular BD. A remarkable finding by Angst and colleagues is the finding of increased mortality from suicides and circulatory disorders in this population (1), and that there is a 2.5 fold decrease in suicide rate in older adults with BD who are treated with medications.

The end of the first chapter summarizes that there "is no consensus on the best treatment for late-life bipolar disorder" (p. 11). This is due to lack of randomized controlled treatment trials specific to this population.

Chapter 5, "Biological treatments of bipolar disorder in late life" by Christine R. Dolder, Pharm.D et al., is written in a generic way and does have areas with little clinical relevance. An example is mentioning "hypothyroidism > hyperthyroidism" under common side effects of lithium (p. 76). Hyperthyroidism is not considered a common side effect by most clinicians. Also, lumping of "Topiramate/Lamotrigine" together under one small section and presenting them as having more similarities than differences is less helpful to the practicing psychiatrist. It is not clear what the authors mean by mentioning that "the *newer* (italics added) antidepressants as bupropion . . . are considered the preferred alternatives to SSRIs for older adults" (p. 83), as bupropion was approved by the FDA in 1985 and then was re-introduced to the market in 1989, before most SSRIs.

Chapter 2 discusses the mood rating scales for old age mania. Again, the authors emphasize that YMRS positively correlated with Hachinski score (index of vascular brain disease). Chapter 3 addresses the comprehensive assessment of BD in long-term care settings and goes into great detail about assessment instruments, assessment protocols and policy implications. Chapter 4 covers the epidemiology, incidence (as chapter 1), etiology,

diagnosis and treatment of secondary mania. Chapters 6 to 10 address the aspects of psychosocial intervention, adherence to treatment, substance abuse, medical comorbidities, and cultural factors that can affect the diagnosis and treatment. Chapters 11–13 focus on specialized care delivery, evidence based treatment, legal and ethical issues in research; addressing issues like advanced directives for research and surrogate consent.

There is overlap and repetition of information between different chapters of the book. On the other hand, the useful side is that the book is drawing attention to the incidence of new onset BD in late life and the fact that it is not as rare as previously thought. Research in this area is important, not only because there is limited data, but also because it provides several unique advantages. After all, studying this population allows for studying a life-long course that has unfolded. It also gives a more complete genetic picture of inheritance, as there will be more data on first degree relatives such as children and siblings.

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Nagy Youssef, MD
University of South Alabama Mobile, , Alabama

***Dialectical Behavior Therapy with Suicidal Adolescents,*** by Alec L. Miller, Jill H. Rathus, and Marsh M. Linehan, The Guilford Press, New York, NY, 2007; ISBN 1-59385-383-1; $40.00 (hardcover); 346 pp.

Dialectical behavior therapy (DBT) sprouted from Marsha Linehan's way of applying cognitive-behavior therapy to individuals with suicidal and self-injurious behavior. Not only has DBT demonstrated efficacy in randomized clinical trials for reducing suicidal behavior and hospitalizations of suicidal patients with borderline personality disorder (BPD), but also there is no other treatment that has such strong data of efficacy in this group of patients.

This book, by Drs. Miller, Rathus and Linehan, developed from Miller and Rathus' application of a modified version of Linehan's DBT for adolescents with suicidal behavior. They used their work to implement a pilot study with inspiring results. This is a very important area since suicides in adolescents have become the third leading cause of death in this population. Whether this modality decreases suicides remains to be determined.

Throughout the book (and in Linehan's own work), sometimes these patients are referred to as "multi-problem suicidal adolescents." It is not intended that they are "problematic" to the therapist, but rather that the risk of suicidality increases with the number of risky behaviors or "problems" these adolescents exhibit.

The book is divided into 12 chapters. The first chapter describes some definitions, specifies the problem behaviors as violence, drinking, illicit drugs, smoking, high risk sexual behavior, disturbed eating, etc. They discuss that suicide risk doubles for one problem behavior, becomes 8.8 for two, and up to 277 for six of these behaviors. They discuss also other risk factors for suicide and the overlap between suicidal behavior and BPD.

Chapter 2 discusses that there is no effective treatment that is well established to reduce risk of suicide other than lithium (1) and clozapine (2), but again, these medications are not usually helpful for individuals with BPD. This is also complicated by the fact that suicidal patients are usually excluded from medication treatment trials. Linehan describes her findings (3,4) that DBT approach reduces suicidal attempts and self-injurious behavior (completed suicides not mentioned) compared to treatment as usual, even without being more effective in reducing depression. This, of course, has favorable clinical and health cost benefits.

Chapter 3 describes that DBT is not only dialectical, as the name implies, but consists of three components: behavioral, mindfulness and dialectical. It also discusses treatment stages, targets and strategies. Chapter 4 describes the structure of the program and how to tailor the original DBT to be helpful for adolescents. Chapter 5 depicts the dialectical dilemmas faced by adolescents and supported by clinical vignettes. Chapters 6 to 12 go through the process of therapy in great detail, from assessing suicide risk and choosing appropriate candidates to orienting adolescents and their families about the treatment. It describes the importance of family involvement, goes though the nuts and bolts of the skill training and the individual therapy, assessing progress and terminating treatment with preparation of a graduate group.

The book is a good outline of the theory and application of DBT in adolescents, which is helpful for psychologists and psychiatrists who treat adolescents with BPD or "multiproblem suicidal adolescents." I believe it would help therapists who already do DBT and would like to learn more about applying it to this specific population, as well as newcomers. This would be specifically helpful to residents and interns. Trainees commonly find these patients fascinating and are eager sometimes to treat a higher share of these patients. BPD can masquerade as a large number of psychiatric disorders and can be challenging to the inexperienced treater. After multiple sessions and/or a long list of psychotropic medication trials, the treater gets frustrated or just gives up or in to the pressure/temptation to prescribe sedatives with little or no scientific evidence for the use of most psychotropic medications. For training purposes, *I Hate You, Don't Leave Me* (5) would be a great complementary book to this one in understanding how these patients feel and the effects of the disorder on family and friends.

One limitation, however, is that most chapters are a little too detailed, especially for the novice, and I believe a

focused version would be more useful. Another editorial point is that although this is a great model of treatment which fills the gap in an area where almost nothing else does work, it should be noted that it has not been definitively proved by randomized clinical trials in the adolescents as it has in the adult population, where Linehan's original DBT has proven effective for decreasing suicidal behavior and hospitalizations.

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Nagy A. Youssef, MD
Mobile, Alabama

Gustavo A. Angarita, MD
New Haven, Connecticut

***The Therapist's Guide to Psychopharmacology: Working with Patients, Families, and Physicians to Optimize Care,*** by JoEllen Patterson, A. Ari Albala, Margaret E. McCahill, and Todd M. Edwards, The Guilford Press, New York, NY; 2006; ISBN 1-59385-328-9; $35.00 (hardcover); 310 pp.

Gone are the days when doctors tell patients the best medication for them in a paternalistic fashion. In the era of patient-centered advertisements, Internet, and online pharmacies, a supermarket kind of interaction, where some patients have specific requests for certain medications, is more prevalent. The physician has to not just agree or disagree, but should provide sufficient information for the patient to be able to make an informed decision and provide informed consent about the available feasible alternative medications, risks, benefits, target symptoms etc. In this era, non-physician mental health professionals (which are the target audiences for this book) should have some basic knowledge of psychotropic medications as stated in the introduction of this book: "to stay current we have to gain rudimentary knowledge about these medications" (p. 2).

Prescribing medications requires medical training specialized not only in medication, but also in physiology, pathophysiology, and medical conditions that can be comorbid with or masquerade as psychiatric symptomatology. As stated in the Hippocratic Oath in the 4th century BC: "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone."

Specialization was also recognized back in the 4th century BC: "I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art." The "stones" referred to are kidney or bladder stones. At that time, practitioners who did surgery were officially the barbers.

Nonetheless, some knowledge of psychotropic medications by non-physician therapists and non-medical trainees would be helpful to patients. One benefit is that if the therapist knows that there is some medication to help a certain disorder the proper referral for medication initiation can be done. A second benefit is that the therapist can play a crucial role in improving medication adherence; work with patients and families toward eliminating stigmatization. Studies show that patient education and medication counseling help to decrease the incidence of relapse (1,2). Moreover, this improves collaboration between the psychiatrist and the therapist.

The book is written by two psychiatrists and two family therapists. A useful aspect of the book is the inclusion of multiple illustrative case examples, sample referral letters, and a glossary of common medical terms used in the book, as well as a concise list of references at the end of the book. Another helpful aspect is that the authors tend to talk more broadly of groups of medications rather than a single medication. This makes it easily digestible by teaching the common properties of medications and information that is more resistant to becoming outdated in the face of the ever-expanding pharmacopoeia.

The book is divided into three main sections. Part I: Mind-Body Connection (chapters 1 and 2), starts with a concise presentation of how psychotropic medications affect the brain without going in depth into complicated neurobiological mechanisms and pharmacodynamics. Part II: Psychiatric Disorders and Their Treatment (chapters 3 to 8) discusses medication for common psychiatric disorders, including schizophrenia, mood disorders, anxiety disorders, etc., as well as epidemiology and symptomatology of the disease process. Part III: Creative Collaboration (chapters 9 through 11) discusses the referral process for medication evaluation, collaborative care for patients, and building collaborative relationships for sharing care of patients between the physician and therapist. The last chapter addresses an important issue, which is collaborating with the patients' families. Appendices A and B are especially interesting. Appendix A discusses how drugs are developed and FDA requirements. Appendix B briefly discusses the landmark studies, such as CATIE and STEP-BD, as well as non-pharmacological treatment, such as TMS and VMS.

I believe therapists will find this book very helpful in capturing some understanding of psychotropic medications in an easy to digest way and should help to improve patient care.

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Nagy A. Youssef, MD
University of South Alabama
Mobile, Alabama