

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.

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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.

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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,