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.

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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.

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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