

Book Reviews

Michael H. Ebert, M.D., Editor

Introduction to Supportive Psychotherapy

edited by Arnold Winston, M.D.; Richard N. Rosenthal, M.D.; and Henry Pinsker, M.D. In book series: *Core Competencies in Psychotherapy*. Glen O. Gabbard, M.D., ed. American Psychiatric Publishing, Inc., Washington, D.C., 2004, 168 pages, \$32.50 (paper).

The Psychiatry Residency Review Committee of the Accreditation Council for Graduate Medical Education has recently mandated that competency in 5 psychotherapies be acquired in an accredited residency. *Introduction to Supportive Psychotherapy* is one of the 5 volumes developed by American Psychiatric Publishing, Inc., to cover the key principles of these therapies. This volume is coauthored by 3 experts whose individual and joint contributions to the psychotherapy literature have ranged over supportive, brief supportive, dynamic supportive, short-term integrated, and group approaches to various patient populations. I have previously used Pinsker's *A Primer of Supportive Psychotherapy* (Analytic Press, 1997) with both second-year psychiatry (PG-2) residents and pastoral counseling students. Because the new core competencies series will now be the logical first choice in psychiatry programs, I am currently using *Introduction to Supportive Psychotherapy* in my PG-2 class. Reactions from my students to this text, in comparison to the previous work, are embedded in my appraisal of the current volume.

Introduction to Supportive Psychotherapy carries the advantages (broad expertise) and disadvantages (uneven flow) of being multiauthored. The volume defines supportive and supportive/expressive psychotherapy, underlines their broad applicability, and emphasizes the importance of the therapeutic alliance to the outcome. A chapter on special populations provides up-to-date recommendations for psychotherapeutic treatment of the severely mentally ill, the personality disordered, and the dually diagnosed, populations typical of the psychiatric resident's outpatient clinic caseload. The chapter on crisis intervention is welcome in the post-9/11 era. The chapter on evaluating competence provides a useful assessment instrument and a clear rationale for preferring the use of videotaping to assess the resident's skill achievement.

The book suffers, at least in comparison with Pinsker's 1997 work (longer at 278 pages), by presenting fewer concrete examples of what to say or not say in order to achieve the goals of supportive psychotherapy. In addition, despite its slimness, the text strays too frequently from a consistently proactive focus on supportive psychotherapy as a distinct therapeutic entity. Examples occur in an early chapter (Chapter 2), when an attempt is made to teach basic psychodynamic principles, and in Chapter 4, when the model case for supportive evaluation seems to call for the combined use of psychotropic medication and cognitive-behavioral therapy rather than supportive psychotherapy more narrowly defined. As a further example, the beginning reader becomes confused about the applicability to supportive psycho-

therapy of the 4 approaches to case formulation (structural, genetic, dynamic, and cognitive-behavioral) and the brief outline of the Core Conflictual Relationship Theme method of dynamic therapy outlined in Chapter 4.

Introduction to Supportive Psychotherapy succeeds on a number of fronts. Chapter 3 ("Interventions") is excellent as a briefer version of the earlier Pinsker work. Chapter 5 ("General Framework of Supportive Psychotherapy") nicely covers indications and contraindications for supportive psychotherapy, characteristics of the stages of treatment, and troublesome issues such as boundaries. The book's weakness is its recurring tendency to dilute its primary purpose, the teaching of a discrete therapy form, by including peripheral considerations of psychodynamic theory/therapy and cognitive-behavioral therapy without a clear context. Beginning residents become excited about quickly learning a bona fide and immediately and broadly effective therapy, while allowing the understanding of underlying dynamic theory and the overlapping of the various therapies to accumulate over time. Pinsker's earlier work more clearly defines supportive psychotherapy and has, in my experience, been better received by beginning therapists.

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Handbook of Clinical Alcoholism Treatment

edited by Bankole Johnson, M.D., Ph.D.; Pedro Ruiz, M.D.; and Marc Galanter, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2003, 316 pages, \$39.95 (paper).

The introductory material of this handbook indicates its aims: (1) to be a comprehensive review of the factors underlying the development of alcoholism; (2) to present current developments in the areas of diagnosis, assessment, and intervention for alcohol use disorders; and (3) to highlight issues specific to different treatment settings and special populations. The handbook is intended for use by specialists in all medical disciplines who provide treatment to patients with alcohol use disorders.

The handbook is divided into 5 major sections: background information on alcoholism (epidemiology, neurobiology, psychological issues, and social/cultural influences), diagnostic tools (DSM-IV nomenclature, self-report instruments, biochemical markers, and medical consequences of alcohol use), treatment modalities (psychotherapeutic, behavioral, medical), treatment settings (primary care, rehabilitation programs, workplace, criminal justice settings), and special issues (fetal alcohol syndrome, prevention, alcohol and human immunodeficiency virus [HIV], alcohol and psychiatric comorbidity, and alcohol-use issues in women and the elderly). An appendix contains the Brief Behavioral Compliance Enhancement Treatment (BBCET) Manual, a structured guide to enhancing patient par-

ticipation in addiction treatment, which was developed by treatment professionals at the South Texas Addiction and Research Technology Center in San Antonio.

Keeping in mind that this text is a handbook of 300 pages (as opposed to a comprehensive textbook on the topic), I found it to be highly informative. Overall, the book has a conversational tone, with many chapters evoking the sense of attending a well-organized, thought-provoking lecture. The chapters are uniformly well written and pointed in their information presentation. Most provide clear topic discussion, synthesis of research findings, guidance on utilizing the existing research, and summarization of the material presented in the chapter. Given an average chapter length of about 10 pages, the chapters can be read quickly. In topic areas in which this reviewer had less familiarity, the chapters consistently provided a solid base of information while stimulating questions for further inquiry. The chapter references are current, with many referencing publications from 2002 and 2003. A number of useful Internet sites are also referenced in several of the chapters.

In terms of meeting the editors' stated aims, the handbook provides a broad range of information in each of the 3 major areas of focus. Topic coverage does not include extensive material regarding the genetics of alcohol use disorders, aspects of 12-step recovery groups, or manifestations/treatment of adolescent substance use problems. The BBCET Manual represents a solid example of a standardized intervention that could be utilized as a template for delivering and documenting a wide variety of medication or behavioral interventions in the treatment of substance-using individuals.

I would recommend this book for use by a wide audience of readers—virtually any medical professional desiring a basic working knowledge of alcoholism. The book could serve to introduce a student or clinician with little knowledge of alcohol use disorders to the field as well as provide specific and current information to an experienced practitioner. I found the book quite useful as a source for both specialty board examination preparation and teaching purposes. For a physician in need of extensive coverage of specific topics in the medical management of alcohol-related conditions, I would advise the use of a comprehensive addiction text in conjunction with this handbook.

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Integrated Treatment for Dual Disorders: A Guide to Effective Practice

by *Kim T. Mueser, Ph.D.*; *Douglas L. Noordsy, M.D.*;
Robert E. Drake, M.D., Ph.D.; and *Lindy Fox, M.A., L.A.D.C.*

In book series: Treatment Manuals for Practitioners.
David H. Barlow, Ph.D., ed. The Guilford Press,
New York, N.Y., 2003, 470 pages, \$42.00 (paper).

This is one book in a series of treatment manuals edited by David H. Barlow, Ph.D., that has the stated intention of providing assistance to clinicians who care for patients diagnosed with schizophrenia, bipolar disorder, or other chronic and severe forms of mental illness in addition to substance abuse or dependence. During the course of this brief review, I hope that it will

become apparent that the authors of this guide far exceed their declared purpose by gently guiding the reader step by step through the complex pathways of dual diagnosis evaluation and treatment.

The text is very user-friendly and is divided into 7 sections in addition to an epilogue, references, and appendices that will all be commented on in the order listed. Part I contains 3 chapters, the first of which nicely describes the epidemiology concerning individuals with serious mental illness and concurrent substance use disorders, theoretical models that try to address the etiology of this phenomenon, and a brief summary of the problems encountered by these patients when their treatment is guided into traditional (nonintegrated) approaches of care. Chapter 2 provides support for the numerous advantages to be found with an integrated approach to dual diagnosis treatment. Chapter 3 concludes the first section with a look at the basic organizational issues needed to provide integrated services.

Part II involves 2 chapters that cover the assessment process in a very practical and comprehensive fashion. These sections are excellent for clinicians who seek to detect and diagnose substance use disorders and obtain information on the common problems encountered in this process and ways to deal with them effectively. The conclusion of Part II involves a detailed and flexible approach to treatment planning. It includes identifying quantifiable outcomes to gauge the effectiveness of treatment interventions and the importance of follow-up to review their implementation and success.

Parts III, IV, and V deconstruct the treatment approaches needed for individual, group, and family interventions in this patient population. Part III deals with case management, motivational interviewing, and cognitive-behavioral therapy. These approaches provide dual diagnosis treatment teams with detailed, contemporary, and constructive means to assist these patients in reaching practical and meaningful treatment goals, and hopefully, patients will gain added self-esteem from achieving such accomplishments. Part IV has an extensive listing of group treatment modalities, and Part V concerns the important inclusion of the family in the recovery process. An excellent chapter on behavioral family therapy is contained in this section.

Part VI wraps up the major portion of the text by examining a number of often overlooked and undervalued aspects of care. The environment in which care is conducted, the inclusion of vocational rehabilitation in the treatment plan, and the growing role of psychopharmacology in substance treatment are discussed. Part VII gives a brief glimpse into research in this field, and the epilogue focuses on the issue of clinician burnout given the numerous challenges encountered with this population. The reference list is extensive and contemporary in its scope. The appendices include a large series of practical handouts and worksheets for patients and complement the material presented in earlier sections of the manual.

In summary, this text is a most useful guide for the organization and implementation of effective treatment planning in the dual diagnosis population. It serves to remind psychiatrists, psychologists, nurses, social workers/case managers, and medical students that compassion, appropriately defined goals, and evidence-based treatment can be both effective for patients and rewarding to the practitioners who care for them.

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