

Key Competencies in Brief Dynamic Psychotherapy: Clinical Practice Beyond the Manual

by Jeffrey L. Binder, Ph.D. Guilford Publications, New York, N.Y., 2004, 292 pages, \$35.00 (cloth).

Being an old-fashioned, anything-but-brief-psychoanalytically oriented therapist who is remarkably naive about short-term therapies, I may be eminently suited to review this book for others either equally skeptical or poorly versed in such approaches. Though I expected to scoff, I stayed to say that I was intrigued by this book. I liked a little of it a lot and a lot of it a little.

I was most captivated by the opening chapters in which Binder lays out the background and the biases of the book (or, rather, the professed lack of theoretical biases on its author's part). Binder, a professor and department head of the clinical psychology program at the Georgia School of Professional Psychology, appears to be a bit of an iconoclast, an atheoretical clinician (almost a theoretical atheist) who dismisses petty theoretical differences in favor of looking at commonalities across therapeutic approaches. As a recovering (lapsed?) analyst, I applaud such a stance. Binder writes provocatively about the limitations of our now-sacred treatment manuals in actual clinical practice (as opposed to research) and of the dangers of orthodoxies of all kinds. He puts great emphasis on the need for therapists to be flexible and improvisational in their use of diverse treatment modalities and in their clinical work with their patients. He laments the emphasis on "evidence-based" therapies if this label is seen as imputing some absolute gold standard of value to those therapies while tacitly demeaning the value of others not so designated. I must admit, as someone paid, part-time, to review treatments purporting to reduce suicide for their evidence basis, I took some umbrage with this stance—but I do agree that merely because scientists may agree that an approach is evidence-based does not, by itself, prove it has either much utility or significant effect size and certainly does not mean that programs not meeting the criteria of being "evidence-based" are without merit. On the other hand, in selecting a treatment approach, I would certainly favor one that has an evidence basis over one without—other factors being comparable. The book is very well referenced and is full of excellent, clarifying clinical vignettes and critiques.

Binder devotes the remainder of the book to an explication of the 5 clinical competencies associated with the practice of "good" dynamic-interpersonal therapies (pp. 22–25): (1) competency in understanding personality functioning and therapeutic process, (2) competency in problem formulation and focusing, (3) competency in tracking a focus, (4) competency in applying technical strategies and tactics flexibly and creatively, and (5) competency in relationship management. I hesitate to again invoke the dreaded "evidence-based" classification specter, but feel the need to inquire about the evidence basis for these "key" competencies. Although each has documented proponents, these competencies appear to be the author's 5 "basic" competencies and may or may not be evidence-based. That does not, of course, mean they are invalid. Each of these topics receives 1 or 2 chapters, followed by a chapter on terminating therapy and closing with an excellent one on training issues.

Reading these chapters makes one realize that, perhaps, Binder is a bit more doctrinaire and formulaic than his emphasis on universality, innovativeness, and flexibility might lead one to believe. Some of this is inevitable—after all, he is writing about one approach (dynamic/interpersonal therapy) and

has to provide structure and guidelines, but the realization is somewhat disappointing, nonetheless. Furthermore, a number of issues seem barely touched on. For instance, how important is a belief in unconscious dynamic forces, drive theories, repression, etc., to a theoretical understanding of patients? Certainly, cognitive therapists don't emphasize them (if they believe in them at all), and, although Binder downplays the value of evidence basis in clinical practice, the main exception to this de-emphasis should pertain to cognitive-behavioral therapy (CBT) in clinical practice. Furthermore, CBT is also generally considered a brief psychotherapy. (Another disclosure here, my wife is a cognitive-behavioral therapist. Not that this is relevant, of course.) Some other issues for me were that corrective emotional experiences and the value of therapists' being more self-disclosing about their own feelings (including their counter-transferences) are espoused with little mention of the dangers (e.g., acting-out, a loss of neutrality) to which such slippery slopes may lead.

Despite these criticisms, I believe this is a worthwhile book. It should be particularly useful to those, like me, who know little about brief dynamic therapy and for whom Binder dispels many misconceptions about how valuable, incisive, and sensible it can be. For those more conversant with this approach, their techniques can be refined and enhanced by this book. For students and, perhaps, for their teachers most of all, this thoughtful and provocative treatise should enrich their perspectives and help reset their priorities.

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Clinical Manual of Impulse-Control Disorders

edited by Eric Hollander, M.D., and Dan J. Stein, M.D., Ph.D. American Psychiatric Publishing, Inc., Arlington, Va., 2006, 347 pages, \$42.95 (paper).

This book will be an asset to any mental health professional. Well organized and well written with contributions by 25 different experts in the field of impulse-control disorders, the *Clinical Manual of Impulse-Control Disorders* is a wonderful collection and synopsis of the current state-of-the-art conceptualization, diagnosis, and treatment of the broad range of all impulse-control disorders. The editors have done an excellent job in not only recruiting superb contributors, but also giving the manual a coherent and consistent feel. This is a book that clinicians will find especially useful because some of the disorders described are so new that they are not yet included in the DSM-IV or in most current residency curricula. There are chapters about Internet addiction, compulsive shopping, pathological gambling, sexual compulsions, and binge-eating disorders as well as chapters devoted to intermittent explosive disorder, conduct and antisocial disorders, self-injury, trichotillomania, kleptomania, and pyromania.

Impulse-control disorders are described in helpful detail in this manual. There is excellent attention paid to the place of these disorders in the overall psychiatric nomenclature. Perhaps most importantly, since we have yet to have a formal global agreement as to definitions and diagnostic criteria for many of these disorders, this book makes a fairly uniformly successful effort to inform the clinician how to determine whether a patient meets currently accepted criteria for one of these disorders.

This manual will be particularly helpful and practical to the clinician who is trying to formulate a treatment plan for a patient suffering from one of these disorders. Several chapters are devoted to specific disorders, while the first and last chapters discuss more general approaches to treatment. A clinician can turn to this volume for assistance with any one of the specific disorders described or use the general principles in situations where an impulse-control problem does not fit into one of the 11 categories described. There are, of course, no U.S. Food and Drug Administration–approved agents or standardized psychotherapies for some of these conditions, but the authors make every effort to help the reader formulate an approach to the treatment of these patients.

Given current trends, there is little doubt that there will be even more impulse-control disorders described in the future and thus more chapters in the next revision of this manual.

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Clinical Manual of Psychosomatic Medicine: A Guide to Consultation-Liaison Psychiatry

by Michael G. Wise, M.D., and James R. Rundell, M.D.
American Psychiatric Publishing, Inc., Arlington, Va., 2005,
352 pages, \$42.95 (softcover).

Just in time! The *Clinical Manual of Psychosomatic Medicine: A Guide to Consultation-Liaison Psychiatry* by Michael G. Wise, M.D., and James R. Rundell, M.D., is a welcome addition to the developing arsenal of textbooks for the subspecialty of psychosomatic medicine and was published in the first year of the subspecialty's American Board of Psychiatry and Neurology Added Qualifications Examination. The guide is a handbook in the truest sense, a book for the hand or lab coat pocket of any trainee in psychiatry, busy practitioner, clinical educator, and psychosomatic medicine specialist. Useful as a teaching tool, the textbook is sufficiently thorough to stand alone despite its handbook size. As a first edition, it pays homage to its parent handbook, the authors' widely used editions of the *Concise Guide to Consultation Psychiatry* (1987,¹ 1994,² and 2000³).

The authors create a foundation for the text in the first 2 chapters. An introductory chapter presents the historical perspective of the subspecialty of psychosomatic medicine and is followed by a detailed chapter on the mental status examination, in which the examination is correlated to the affected brain region, providing a crucial knowledge base for the bedside neuropsychiatric examination. As was their aim, the authors pro-

ceed to layer chapters in such a way that the text reads well, either cover-to-cover or excerpted for a topic of interest. Subsequent chapter topics include the 3 D's—Delirium, Dementia, and Depression—but, in an easy-to-reference format, go into further depth with useful diagnostic and pharmacotherapeutic tables.

The following quarter of the book is dedicated to topics that are legion in psychosomatic medicine. Mania, anxiety and insomnia, somatoform disorders, and substance-related disorders are each discussed in relevant clinical detail, with special attention paid to the diagnostic and therapeutic issues inherent to the medicine-psychiatry interface. Again, tables and charts orient the reader to the basics, while the concise text reflects the authors' experience as clinician educators. Pain, the "fifth vital sign," is given full attention within the chapter on somatoform disorders as well as in a later chapter on pain and analgesics.

The latter half of the book is a series of special-interest chapters. The chapters titled "Important Pharmacological Issues," "Violence and Aggression," and "Suicidality" contain subsections on the epidemiology, diagnosis, and pharmacotherapy of special populations, such as the patient who is pregnant or postpartum, pediatric, or seen in an emergency consultation. Another chapter dedicated to the response and adaptation to medical illness is grounded in a cogent discussion of defense mechanisms, with emphasis on regressed hospitalized patients and patients with personality disorders, who often prompt urgent consultation by distressed care providers. Legal issues that arise frequently in consultation settings are addressed amply in another chapter, with clear regard for the impaired decision-maker and the patient leaving against medical advice. The last chapters condense a variety of topics that are of interest to the consultant in specialized settings (e.g., intensive care and burn units) and with special populations (e.g., transplantation candidates, geriatric and HIV/AIDS patients).

In summary, this is an excellent manual for the student, the clinical practitioner and educator, and the psychiatrist seeking added qualifications in psychosomatic medicine. Make room for this one in your library, or your pocket.

REFERENCES

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