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**Prime Time: Maximizing the Therapeutic Experience:  
A Primer for Psychiatric Clinicians**

by Frederick G. Guggenheim, MD. Routledge, New York, NY, 2009, 227 pages, \$24.95 (paper).

We were pleased to be asked to review *Prime Time* by Frederick Guggenheim because our department started a new freestanding psychiatry residency in 2009. The book's subtitle is *Maximizing the Therapeutic Experience: A Primer for Psychiatric Clinicians*. We are not aware of another book that contains so much wisdom and helpful advice on so many clinical and practical subjects. The author's conversational style and the organization of the book feel like brief discussions with an experienced supervisor. His pearls on managing the patient interaction are easily accessible and immediately usable to the beginning clinician. The organization of the book is helpful for preparing residents for learning outpatient treatment and for "just in time" learning in the clinic. Summaries of the current literature (eg, the CATIE and STAR\*D studies) are clinically useful. The author's suggestion that clinicians use breaks in the schedule to care for themselves in the stressful pace of the outpatient setting is welcome advice to help residents be aware of and avoid burnout. Part 1 of the book is titled "Ways to Make the 20-Minute Hour Work for You." It consists of 8 chapters that provide extremely useful advice on how to engage patients in treatment. The list of brief screening tools is useful and practical, as are the suggestions on how to integrate these into the clinical interview. Useful mnemonics are provided to help with diagnosis.

Part 2 is a series of 18 useful quick-grab chapters "to help prepare for a specific clinical encounter and situations." Throughout these chapters, the author presents the best available evidence and identifies those recommendations that are based on clinical experience and, for medication treatment, go beyond FDA-approved indications. The chapters touch on important practical issues related to working with patients with a variety of clinical conditions. Useful tables are provided throughout. Helpful case examples illustrate the authors' points. For example, on pages 154–155, the case of an 86-year-old woman illustrates what can be achieved through psychotherapy even in later life. On page 165, the author cautions that "there are only two types of clinicians—those who have experienced the death of a patient, and those who will." Such advice can be a

comfort to clinicians who experience a patient suicide early in their career. Similarly, clinicians are warned not to rely on a Contract for Safety with a depressed patient, but rather to carefully evaluate (and document) the patient's overall suicide risk.

Although the current edition is generally quite readable and well written, the next edition would benefit from some careful editing. For example, nefazodone is still listed as an available treatment even though it has been off the market in the United States since 2004. It would be more helpful to list common medications and doses in a table. We also would have liked to see more than a passing mention of electroconvulsive therapy. Epocrates is a useful program, but there are other resources available today, including UpToDate and Medscape. The mention of a Palm Pilot seems outdated in the era of smart phones. These are minor quibbles for a book that provides tremendous wisdom and practical advice to beginning clinicians, and we highly recommend the book for new residents and residency training directors.

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