

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Learning Psychotherapy: A Time-Efficient, Research-Based, and Outcome-Measured Psychotherapy Training Program and Seminar Leader's Manual**

by Bernard D. Beitman, M.D., and Dongmei Yue, M.D.  
New York, N.Y., W. W. Norton and Company, 1999, 350 pages (paper), \$40.00; Seminar Leader's Manual, 88 pages (paper); \$30.00; 70-minute videotape, \$300.00.

*Learning Psychotherapy*, along with its companion volume, *Learning Psychotherapy: Seminar Leader's Manual*, is the text/workbook for the psychotherapy training program commonly known as the "Missouri Modules." Dr. Beitman is Professor and Chairman of the Department of Psychiatry and Neurology at the University of Missouri-Columbia. Dr. Yue, of China Medical University in Shenyang, China, collaborated for the purpose of developing a psychotherapy training program for China. She is currently a resident in psychiatry at the University of Missouri-Columbia. The Modules have received rapid acceptance by a number of training programs in the United States and abroad, including Vanderbilt, where I am residency training director and course leader. This review is therefore written by one who has attended a "Train the Trainers" seminar, taught the course in its entirety once, and is about to begin a second year of teaching the course to psychiatric residents.

The widespread acceptance of this work indicates that the authors have recognized a need and have filled it. Despite commitment from the American Psychiatric Association, the Accreditation Council for Graduate Medical Education, and the Residency Review Committee for psychiatry and from psychiatry chairmen and training directors' groups to preserve psychotherapy training and encourage the measurement of competencies, such training is tending toward marginalization. There is a need for an efficient and structured way to teach the fundamentals of psychotherapy, especially if the method anticipates the need to evaluate outcomes. The Modules arise out of the authors' conceptualization of all psychotherapies as consisting of 4 stages: engagement, pattern search, change, and termination. The ability to observe the self is also critical to patient success and must first be developed in the therapist. An ongoing goal of the Modules is to encourage trainees to scrutinize their own thoughts, feelings, and behaviors.

*Learning Psychotherapy* is not intended to be a stand-alone text capable of teaching a solitary reader how to do psychotherapy. Such a reader will find interesting material, to be sure, as the book has many appendices, references to the psychotherapy research literature, and clinical vignettes and transcripts of therapy sessions. The solitary reader will certainly become acquainted with the authors' wish that beginners learn the outlined fundamental principles of widely applicable, integrative, non-school-based psychotherapy before learning more specific methods. The solitary reader cannot, however, experience the excitement of growing self-awareness and self-confidence arising out of the crucible of group process. The Modules training

program is conceived as a year-long course for psychiatry residents who participate actively in exercises such as group presentation of homework assignments and audiotaping or videotaping of sessions with patients pretraining and posttraining.

As the text/workbook for the course, *Learning Psychotherapy* is a work in progress. The first edition is composed of 6 modules (Verbal Response Modes and Intentions, Working Alliance, Inductive Reasoning to Determine Patterns, Strategies for Change, Resistance, and Transference and Countertransference). More modules are currently in development, including both Termination and Listening, the latter perhaps to be introduced to residents in their first year of residency. The modules, worked through in as few as 3 and as many as 11 class sessions, are flanked by pretraining and posttraining exercises designed to demonstrate growth. The current Beitman team is eager to interact with course leaders and encourages both modifications of the course to fit local needs and sharing of experiences on an active listserv.

The Modules have satisfied our training program's need for more organization of the presentation of fundamental psychotherapy concepts. We have organized a cadre of clinical faculty supervisors who have agreed to be familiar with the course and slant their supervision in its direction. The program has been well received by our residents (PG-3), and the succeeding class is eager to begin their experience. For the most part, the individual sessions were fun for the residents, and as the end of the year approached, their increased confidence and dedication to practicing psychotherapy in the future was a pleasure to observe. There are of course problematic areas that may be anticipated by a residency training program considering beginning the Modules. Residents will resist the audio/videotaping and transcript creation, especially during the pretraining period. They will resist doing the homework assignments, and some of the sessions are tedious. As in any group, quieter members will be quiet, and the more enthusiastic members will sometimes need reining in. Lateness and missed sessions will affect the flow of the process, and the group leader will need clout in order to keep things going. No instructions are given for scoring the postmodule self-estimate inventories. The book would have benefited from more careful editing of typos and minor mistakes and omissions. The companion videotape seems unjustifiably expensive. Helpful hints such as the most relevant portions of recommended videotapes are not included (but are available on the Modules Web page). As the authors mention in the Afterword, the Modules could be criticized, probably unfairly, for what they are not or do not cover (e.g., in-depth skills training, theory of normal and abnormal personality development).

Every training program application of the Modules will be a unique experiment. The nature, size, and year of training of the resident group, including their background and sophistication about psychodynamic and psychoanalytic concepts, will perforce make a difference. The same will be true about the authority and experience of the group leader. The group leader must be enthusiastic, and the residents cannot be passive. It seems likely that the Modules will evolve over the next few years into an ever sharper, more relevant and focused program, with spe-

cific recommendations for special applications. Modules will be added, sessions will be deleted, and the certain-to-be second edition of the book will be improved. In the meantime, the authors have performed a great service for training programs, for the field of psychotherapy, and for the patients whom we treat. They deserve great credit.

**James L. Nash, M.D.**  
Vanderbilt University Medical Center  
Nashville, Tennessee

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**Essentials of Clinical Psychiatry  
Based on The American Psychiatric Press  
Textbook of Psychiatry, 3rd ed.**

by Robert E. Hales, M.D., M.B.A., and Stuart C. Yudofsky, M.D. Washington, D.C., American Psychiatric Press, 1999, 1070 pages, \$75.00 (paper).

**Study Guide to Essentials of Clinical Psychiatry**

by Donald M. Hilty, M.D.; Robert E. Hales, M.D., M.B.A.; and Stuart C. Yudofsky, M.D. Washington, D.C., American Psychiatric Press, 1999, 164 pages, \$30.00 (paper).

The editors of *Essentials of Clinical Psychiatry* conceptualized this textbook for medical students on clinical psychiatry rotations and junior psychiatry residents. It represents a synopsis of *The American Psychiatric Press Textbook of Psychiatry*, which is now in its third edition.

Rather than offering a general condensation of the longer text, the editors wisely chose the 25 (of 50) chapters most relevant to clinical psychiatry. The authors of these individual chapters were charged with the task of shortening their original comprehensive work by 50% with particular emphasis on material critical for medical students and psychiatry residents. The resulting *Essentials* is a bit over 1000 pages in length, modest in size and scope compared with the parent text.

The *Essentials* textbook is clearly organized. The initial portion of the book (some 150 pages) lays a basic background with emphasis on neuroscience, development, psychological theory, psychiatric interviewing, and laboratory and diagnostic testing. The bulk of the book is devoted to an overview of basic psychiatric syndromes, including disorders of children.

I found the quality of the individual chapters consistently high, unusually so, in my experience, for a multiauthored effort. There is an appropriate balance of theoretical and practical clinical information that should prove appealing to a student or resident. The broad spectrum of mainstream clinical psychiatry is covered with more depth than might be anticipated in a "synopsis." The final 4 chapters cover psychiatric treatments, with thoughtful attention to biological and psychological intervention strategies.

I believe the authors have succeeded admirably in their effort to produce a relatively concise basic psychiatric text appropriate for medical students, particularly those interested in a psychiatric career, and beginning psychiatric residents. Students and practitioners in related mental health professions will also find much to appreciate in the *Essentials of Clinical Psychiatry*.

The *Study Guide to Essentials of Clinical Psychiatry* is a 164-page companion volume designed to provide the reader with an evaluative tool to test understanding of the material presented in *Essentials of Clinical Psychiatry*. It is clearly organized to correspond directly to the *Essentials* textbook utilizing a question/answer technique.

Those who have attempted to write "good questions" will not be surprised that the quality of the questions posed varies considerably. Unfortunately, the design of many of the questions is inconsistent with recent question format guidelines for the common psychiatric standardized examinations (ABPN, PRITE, etc.). A redeeming feature, however, is the inclusion of a discussion comment following each answer. These comments are typically enlightening and significantly enhance the educational contribution of the *Study Guide*.

**Miles K. Crowder, M.D.**  
Emory University  
Atlanta, Georgia

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**Schizophrenia in a Molecular Age:  
Review of Psychiatry, vol. 18**

edited by Carol A. Tamminga, M.D. Washington, D.C., American Psychiatric Press, 1999, 188 pages, \$26.50 (paper).

The reader should remember the expression, "do not judge a book by its cover," or, in this case, its title or the book-jacket blurb either. The latter contains the statement that "Clinicians will learn new treatments to offer, including medication and psychological and psychosocial interventions, which are significantly better than previous treatment options," which is not the case. This slim volume is about schizophrenia, but has very little to do with molecular biology as I, at least, expected and hoped it would when I first examined it. The editor's introduction concludes with "The new molecular age presents an exciting opportunity for schizophrenia research that may hold the key to the etiology and pathophysiology of this disorder." This opportunity was not taken advantage of in the choice of material to be included in this volume. Instead, it covers such topics as (1) the phenotype of schizophrenia (reality distortion [positive symptoms], the disorganization syndrome, and psychomotor poverty [negative symptoms] and some imaging correlates thereof) authored by Peter Liddle, (2) the psychophysiology of early sensory processing and its importance for the cognitive deficit in schizophrenia (Gruzeliel), (3) functional neuroimaging in schizophrenia and its utility in elucidating the etiology of psychopathology and cognitive dysfunction in schizophrenia (Holcomb, Tamminga, and colleagues), (4) a model of schizophrenia based on disruption of information flow within cortical-limbic circuits (O'Donnell and Grace), and (5) a discussion of the mechanism of action of antipsychotic drugs (Roth and colleagues). Thus, it is a potpourri of topics that, with the exception of the Roth and colleagues chapter, do not consider molecular biology of schizophrenia to any significant extent; even in the Roth et al. chapter, the discussion is more on drug-action than schizophrenia per se.

The chapters vary in quality; the chapter by O'Donnell and Grace is the standout, providing a very sophisticated exposition of their work. This chapter will be tough going for all but the most interested readers, but it is quite worthwhile because the authors have made a great effort to inform the readers about the most recent work in this important field. The editor could have made a greater effort to integrate the information in the chapters, which sometimes offer very different views on the same issues. Thus, readers should not expect to find a systematic account of the relationship of biology to phenomenology or how treatment impacts core pathophysiology. The purpose for reading or owning it would be to have at hand the 5 essays noted above. All are of some interest; however, there has been so

much progress since the chapters on functional imaging and the mechanism of action of the antipsychotics were written that one would have to consult more current sources to get an up-to-date view on these topics. The book as a whole would, however, serve as a good introduction for medical students, residents, and interested practitioners.

**Herbert Y. Meltzer, M.D.**

Vanderbilt University School of Medicine  
Nashville, Tennessee

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### **A Guide to the Extrapyramidal Side-Effects of Antipsychotic Drugs**

by *D. G. Cunningham Owens*. New York, N.Y., Cambridge University Press, 1999, 345 pages, \$49.95 (paperback).

Owens's motivation for a biomedical clinical focus, instead of a research focus, for this well-written, single-authored book was, "There is little point in seeking the Holy Grail if you cannot recognize a cup" (p. x). Patient case histories illustrate and excellent tables and figures summarize Dr. Owens's points, and the text ends with 25 pages of references.

Extrapyramidal symptoms or side effects (EPS) are disorders of voluntary motor function. The most common medication "villains" that cause EPS are the antipsychotics, and EPS are among the most frequent adverse reactions to antipsychotic medications. Increasing clinicians' awareness of and vigilance for EPS and their impact on patients is increasingly important because newer (which is not synonymous with "atypical") neuroleptics may produce subtler EPS than do older agents.

Owens begins with a historical overview of EPS due to neuroleptics, which includes chlorpromazine and other neuroleptic compounds that began the "Golden Age" of psychopharmacology—the B.C. (before clozapine) years. Following chapters address each of the most common types of EPS: acute dystonias, parkinsonism, akathisia, and tardive dyskinesia. These chapters are well organized by subheadings that are similar in each chapter, including clinical features, diagnosis, epidemiology, predisposing and modifying factors, onset, course and outcome, treatment, and pathophysiology. Many useful points are addressed, such as clinical comparisons of motor function-type symptoms of Parkinson's disease, drug-related parkinsonism, depression, and schizophrenia. Discussion of involuntary movements (spontaneous dyskinesias) associated with schizophrenia reminds us that differential diagnosis may be complex, for example, that seemingly negative symptoms of schizophrenia at times may not be recognized as EPS. EPS variables in special populations are also discussed, including children and adolescents, those with learning disabilities, the elderly, and those with the human immunodeficiency virus or acquired immunodeficiency syndrome.

A chapter on the standardized clinical EPS examination follows this discussion of special populations, and the next chapter covers some standardized rating scales. My only question about the organization of the book is whether the chapter on clinical examination might have been placed before the chapters on specific types of EPS. A final chapter focuses on informed consent and other medicolegal and quality-of-care issues.

The sole statement that concerned me in this book is in the final chapter, where I hope Owens was not referring to psychoanalytic/psychodynamic concepts when he wrote, "One of the twentieth century's most pervasive philosophies" in psychiatry was, "of course," based on "idiosyncrasy of method and forcefulness of conviction rather than professional consensus or sci-

entific literature" (p. 306). When a new paradigm is introduced, some confusion and turmoil inevitably result for a period of time before a "scientific consensus or scientific literature" can develop. Understanding and clinical use of psychodynamic phenomena, such as displacement, projection, symbolization, and transference, for example, can be useful in the care of many patients with EPS and other conditions and in the doctor-patient and other relationships. Our understanding and use of those concepts in medicine have advanced markedly in the past century, as is also the case with EPS. In his final paragraphs, Owens states that "our perception of the therapeutic modalities we recommend is inevitably one-sided, and like that of all 'experts,' distorted by familiarity, and it is necessary for the mirror to be held before us that we might see the blemishes" (p. 318). If he was referring to psychodynamic concepts, I hope these comments will lead to moderation of what I would consider a blemished thought before the second edition of this excellent biomedically focused monograph.

**Troy L. Thompson II, M.D.**

Jefferson Medical College  
Philadelphia, Pennsylvania

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### **The American Psychiatric Press Textbook of Substance Abuse Treatment, 2nd ed.**

edited by *Marc Galanter, M.D., and Herbert D. Kleber, M.D.*  
Washington, D.C., American Psychiatric Press, 1999,  
595 pages, \$85.00.

This edition is greatly expanded to present a broad overview of substance abuse treatment aimed at "clinicians in practice and researchers concerned with addiction, as well as trainees in psychiatry, general medicine, and other health professions" (p. xiv). New chapter topics include mechanisms underlying addictions, neurobiology, epidemiology, genetics, psychology, prevention, cross-cultural issues, acquired immunodeficiency syndrome, and diagnostic procedures, among others; in other words, the book has become a general text about most aspects of substance abuse, not just treatment.

The contributing authors are experts in the field and have, overall, done an excellent job presenting material in a concise and understandable fashion. The editors have pulled these diverse topics together in a coherent package with only a few noticeable problems; for example, one chapter indicates Alcoholics Anonymous has not been demonstrated to be effective, in contrast to another chapter that says recent research has shown it to be quite effective.

Some new chapters are worth highlighting. The chapter on tobacco is noteworthy both for its inclusion and for the quality and depth of the material presented. The chapter on opioid detoxification unflinchingly addresses new fads such as ultrarapid detoxification. The chapter on psychodynamics succeeds in being both understandable and practical. Chapters on club drugs, relapse prevention, and Alcoholics Anonymous are especially up-to-date and useful.

In contrast to some other addiction texts, this book is more for the generalist than the advanced addiction specialist; however, it is a welcome addition because of the breadth and practicality of the content and the uniformly high quality of the writing.

**Stephen L. Dilts, M.D., Ph.D.**

American Academy of Addiction Psychiatry  
Morrison, Colorado