

Psychotherapy Supervision and Consultation in Clinical Practice

edited by Judith H. Gold, M.D. Jason Aronson/Rowman & Littlefield, New York, N.Y., 2006, 156 pages, \$34.95 (cloth hardcover).

Clinical supervision is without doubt the most frequent kind of teaching psychiatrists do. They supervise medical students, residents, candidates in psychoanalytic training, and other mental health professionals. Yet, despite this widespread pedagogical method that is art as much as science, there continues to be a dearth of literature on the topic.

Dr. Gold has edited a book on supervision that addresses this need. Part I offers an introduction to the range of supervisory experiences. Part II provides a compendium of the challenges both supervisor and supervisee encounter in supervisory process. Finally, Part III consists of 3 essays written by psychiatrists who describe their experiences with supervision. Dr. Gold currently practices in Brisbane, Australia, and she has given the book an international flavor by inviting contributors from Australia and Canada as well as the United States.

In Part I, Dr. Gold gives a thoughtful overview of the reasons that the supervisory process is essential to learning and refining our work in all facets of our field. In a second chapter, she summarizes the models and approaches in which the supervisory process can be used.

Part II covers of the most challenging issues that apprentice and mentor have to face. The 4 chapters in this part address topics infrequently discussed. For example, Dr. Norman Clemens raises the question of how supervisors can really understand the patient if they must depend on just the trainee's process notes, which represent the inexperienced trainee's perception of the material. Dr. Clemens also discusses the current problem of teaching psychotherapy in an environment in which many modalities are taught and in which time to treat patients may be limited.

Dr. Frank Varghese's chapter has the intriguing title, "Discussing the Undiscussable: The Limits of Supervision." He explores "issues the supervisors and therapists very often are unwilling to talk about" but that can have powerful impact on transference and countertransference. With well-chosen case material, he addresses the role of "bodily peculiarities" in the therapist, such as obesity or an obvious deformity such as hemiparesis. He also sheds light on the problems sexual orientation, race, and ethnicity can raise in both the supervisor and the therapist.

Dr. Gail Robinson's chapter on boundary issues reviews boundary violations not only between patient and therapist, but between supervisor and therapist as well. When does supervision cross the fine line between countertransference and therapy?

Part III consists of essays by 3 Australian psychiatrists describing their personal experience with supervision in their different roles: administrative, hospital based, and private practice. Although the narratives are informative, I felt that they reflected the Australian supervisory process, which seems to differ in many ways from the approach in the United States.

As to be expected in a multi-authored book, some chapters read better than others. Most of the chapters have references (called "notes"). I felt chapters with a limited number of references in some instances reflected the paucity of the literature in this area. Although the book's title refers to "Psychotherapy Supervision," it offers information that would be useful in the supervision of many modalities, including psychopharmacology and cognitive-behavioral therapy.

To query the opinion about the book from the consumer of supervision, the resident, I asked a class of Postgraduate Year 3 residents to review the chapters in Part II, which focused on such items as "undiscussable topics" and "boundary violations." All 11 residents felt the chapters enriched their understanding of the supervisory process. They hoped that their supervisors would have the chance to review these topics also. I agree.

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Treatment of Childhood Disorders, 3rd ed.

edited by Eric J. Mash, Ph.D., and Russell A. Barkley, Ph.D.
Guilford Press, New York, N.Y., 2006, 884 pages, \$79.00 (trade cloth).

It is becoming more widely appreciated that a substantive number of youths who have mental health concerns are not receiving treatment for these difficulties. As a result, a growing number of children and adolescents are receiving mental health interventions—both pharmacologic and psychosocial.

In *Treatment of Childhood Disorders*, third edition, the editors have set out to provide a scholarly review of the evidence-based literature on the treatment of childhood mental health disorders, while simultaneously providing a means by which these scientific data on this topic might be practically extrapolated into clinical practice. Overall, the editors have succeeded in creating a textbook that achieves these goals.

The first chapter is a substantive consideration of cognitive-behavioral therapy in youths. The next section focuses on behavioral disorders. This section contains a chapter on attention-deficit/hyperactivity disorder (ADHD) followed by a chapter on conduct problems. In the ADHD chapter, a review of the phenomenology and epidemiology of and the etiological factors associated with ADHD is accompanied by considerations of theoretical conceptualizations of ADHD. This discussion is followed by a review of pharmacotherapy and psychosocial treatment approaches, as well as a review of findings from the Multimodal Treatment Study of Children with ADHD (MTA Study). The conduct problems chapter cogently covers family-, individual-, community-, and school-based interventions. Of note, a section of this chapter also discusses preventive strategies for conduct problems.

The third section consists of 2 chapters. The first focuses on anxiety disorders and fears in the young, and the second considers depressive disorders. Both chapters provide cogent reviews, and both also possess reasonably detailed summations regarding what is known about different forms of psychosocial treatment in youths suffering from either anxiety or depression, respectively.

The next group of chapters in this book focus on a variety of developmental disorders: mental retardation, autistic spectrum disorders, and learning disabilities. Each of these chapters reviews aspects of these conditions in a detailed way that facilitates the evidence-based interventions that are subsequently described.

The next section, "Children at Risk," reviews physical abuse and neglect as well as sexual abuse. Besides providing a thoughtful review of different treatment strategies, the chapter on physical abuse and neglect also provides a succinct and useful summary of assessment approaches to cases in which child abuse or neglect may be occurring. Although the chapter on

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child sexual abuse does consider the treatment of the sequelae of this kind of abuse, it also nicely considers preventive interventions.

The book concludes with a section on adolescent difficulties, with one chapter dedicated to substance abuse and another focused on eating disorders. After providing an overview of the topic, the chapter on substance abuse describes various aspects of a cognitive-behavioral approach to individual treatment. The chapter on eating disorders provides an overview of therapeutic approaches, but a real strength of this chapter is the authors' summary of areas of focus for future research.

When one considers this book in its entirety, it is important to know what this book is and what it is not. First, it is a textbook. Extant research literature about epidemiology and phenomenology *as well as* treatment is thoughtfully reviewed and considered. However, this textbook will not provide readers with a "how to" approach to clinical care. That being said, the literature reviews and content of this book are clearly written and well organized.

In addition, it should be noted that very few physicians contributed to this textbook. For that reason, the perspectives and approaches to treatment reflect the backgrounds of the book's authors. For example, theoretical underpinnings and models of conceptualization of psychiatric conditions are given substantive consideration throughout. Here, these topics are not often reviewed to the same degree and detail as in physician-authored works. In addition, the issues pertaining to pharmacotherapy seem to be considered with a bit less depth than those relating to non-pharmacologic treatments.

That said, *Treatment of Childhood Disorders*, third edition, is a well-organized and thoughtful textbook. Its contents reflect the background of the majority of its authors, whose perspectives and approaches to intervention complement medical views of mental health treatment.

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