

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Culture and Psychotherapy: A Guide to Clinical Practice**

*edited by Wen-Shing Tseng, M.D., and Jon Streltzer, M.D.  
American Psychiatric Press, Washington, D.C., 2001,  
298 pages, \$44.00 (paper).*

Concepts and techniques of psychotherapy have demonstrated remarkable evolution during the past 60 years. No longer does the ideal therapist act as a noncommunicative blank wall that serves to reflect transference; instead, he or she uses interpersonal qualities of the therapeutic relationship to beneficially change the patient's thinking, feelings, and behavior. These changes have not only affected psychotherapy interventions for traditional Western culture-based therapists and patients but are even more important in addressing the needs of persons from non-Western cultures. In response to the need for more expertise in treating persons who do not fit stereotypical models for traditional psychotherapies, Wen-Shing Tseng and Jon Streltzer have compiled an excellent collection of contributions that demonstrate how inventive and creative therapists can respond to the challenge of working with patients from highly varied cultures. They remind us that, of course, each family or community is in fact a subculture.

Each of the contributions to this volume is clinical case-based, is well written, and provides valuable insights into how specific issues were resolved. Readers will find that some chapters are especially meaningful or insightful on the basis of their own experiences. Several chapters were particularly useful for me. They included one ("The Woman Who Could Not Escape Her Spirit Song" by Louise Jilek-Aall and Wolfgang G. Jilek) that detailed how a therapist helped a Native American woman regain her sense of identity with her cultural origins. Her psychotherapy included facilitation and encouragement by her therapist to participate in tribal rituals. Another chapter detailed treatment of Cambodian refugees who suffer from posttraumatic stress disorder (PTSD). This chapter ("The Southeast Asian Refugee: The Legacy of Severe Trauma" by J. David Kinzie) was especially poignant in recognizing that some traumas are so extreme that complete recovery is unthinkable and further provides a reminder that although cultures may vary, the essence of human experience remains similar irrespective of one's cultural origins. The description of treatment of PTSD for these refugees was exceptionally well outlined. The chapter on psychotherapy for Hispanic Americans by Jose M. Cañive and colleagues ("The Hispanic Veteran") details the need to recognize and respond to the important roles that family, spirituality, and culturally determined idioms of distress play in the intrapsychic and interpersonal lives of persons of Hispanic origins. Failure to recognize these issues may lead to nonproductive treatment in which the patient is superficially compliant but not engaged in the therapeutic process.

This book will serve as a valuable adjuvant in the process of teaching psychotherapy to students of different disciplines. I have already incorporated it into our psychotherapy training

program in the University of Alabama at Birmingham Department of Psychiatry, trainees of which include international medical graduates from many non-Western cultures.

I have 2 relatively minor criticisms; first, the book's cost at \$44.00 is relatively expensive for a paperback, and a hard binding for a book that is to be used and kept is a reasonable expectation at this price. Second, the addition of a chapter focused on how to teach psychotherapy to persons of differing cultures would be most useful.

In summary, *Culture and Psychotherapy: A Guide to Clinical Practice* is highly recommended to both trainees in psychotherapy and accomplished psychotherapists who are interested in expanding their horizons.

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### **Clinician's Guide to Mental Illness**

*edited by Dennis C. Daley, M.D., and Ihsan M. Salloum, M.D.,  
M.P.H. In book series: Hazelden Chronic Illness Series.  
McGraw-Hill, New York, N.Y., 2001, 336 pages,  
\$34.95 (paper).*

One might wonder whether a paperback guide to mental illness warrants a price of nearly \$35.00. *Clinician's Guide to Mental Illness* aims to provide a review of common adult mental and substance use disorders that is both comprehensive and practical. It is written for mental health and primary medical care practitioners. The chapters are authored by a multidisciplinary group of research-practitioners and clinicians from Western Psychiatric Institute and Clinic at the University of Pittsburgh Medical Center.

The book begins by addressing comorbid substance use and mental disorders in the first chapter, which describes the types and prevalence of comorbid disorders and their assessment utilizing the DSM-IV multiaxial format. Additional sections of the first chapter treat family issues, violence, suicide, continuum of care, therapeutic alliance, recovery and relapse, treatment, self-help, and outcome measures. The remainder of the book deals specifically with substance use disorders and common psychiatric disorders in a series of chapters.

For each disorder described, etiologic factors are discussed. Discussions of assessment techniques and tools are supplemented with brief clinical vignettes illustrating the features of the disorder. Biological, psychological, and social treatment interventions are discussed. Although brief, the discussions are rich and thorough. Contemporary references are provided for those interested in more in-depth reading about treatment interventions.

I was pleasantly surprised by the amount of information contained in the book's text and tables. It is an excellent review of

the field of comorbid disorders in a concise, easy-to-read volume. My only criticism is that, although nicotine dependence is briefly mentioned in the chapter on schizophrenia, treatment is not adequately discussed. Nicotine dependence is a significant source of morbidity and mortality in those with substance use disorders and mental illness.

Daley and Salloum have done a superb job of organizing the writing of about a dozen collaborators. The chapters are similar in structure and style, and the content is accurate. The information is concise, and the references are comprehensive, contemporary, and consistent. With a pleasant and durable cover, the book is well constructed, and the type setting is well chosen and relatively error free. (I noted only the misspelling of clomipramine in the section on obsessive-compulsive disorder on page 157.)

In my opinion, this book is indeed a valuable summary of current knowledge on substance use and common types of comorbid mental illness. It is thorough, up to date, well organized, and well referenced. I highly recommend *Clinician's Guide to Mental Illness* to clinicians in the fields of primary medical care and mental health, including substance use disorders.

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### **Psychiatric Neuroimaging Research: Contemporary Strategies**

edited by *Darin D. Dougherty, M.D., and Scott L. Rauch, M.D.*  
*American Psychiatric Press, Washington, D.C., 2001,*  
417 pages, \$79.95.

According to the book jacket, this volume is an attempt to bring "the reader up to date on the latest developments" in psychiatric neuroimaging "by providing insight into the methodology of experimental design." In this attempt, the book succeeds remarkably well.

The first 2 chapters introduce structural and functional neuroimaging. The following chapters either describe interesting neuroimaging methods (e.g., magnetic resonance spectroscopy, paradigms for studying nonconscious mental function) or review applications of neuroimaging to psychiatric illness (including schizophrenia, mood disorders, anxiety disorders, attention-deficit/hyperactivity disorder, and dementia). Many of the neuroimaging methods and findings that I consider most interesting are discussed by authors who have contributed importantly to the literature. These include the *in vivo* quantification of dopamine occupancy of dopamine receptors and the pathologic findings in subgenual prefrontal cortex prompted by neuroimaging studies of depression.

I liked many things about this volume. Heckers and Rauch's introduction to functional imaging is very clear and concise. The review chapters generally provide useful tables and text without overwhelming detail. Two important strengths are the detail provided in the methods-oriented chapters, including both methods and rationale, and the scientifically sound discussions of potential artifacts and common pitfalls. For instance, the chapter by Laruelle's group outlines the steps needed to develop and validate a new imaging method, and Drevets' chapter discusses apparent contradictions in the neuroimaging literature on mood disorders in relation to common technical and statistical flaws in neuroimaging. The material is remarkably up-to-date for a published volume.

The book derives largely from lectures given at Massachusetts General Hospital, and some chapters succumb, to a degree,

to a preferential focus on local research. Nevertheless, this flaw is understandable and in most cases minor. Some chapters are written by experts at other centers, and most of the chapters from Boston give a very fair overview of the field with references to historical and current contributors from other centers. Several of the chapters could have benefited from more figures. In many cases, color or gray scale figures are presented without a scale that allows meaningful interpretation of the data. The text editing is excellent, but the figure reproduction and editing are variable in quality. Chapter 6, on perfusion functional magnetic resonance imaging and transcranial magnetic stimulation, is less detailed and precise in its presentation than many of the other chapters. Finally, the fairly consistent neuroimaging results in obsessive-compulsive disorder could be given more emphasis.

However, these are relatively small quibbles with a remarkably well-done multiauthored book. The book will be valuable to scientists working in the field and to psychiatry residents and research trainees, but I believe it should have a wider audience. Neuroimaging studies have provided some of the biggest recent breakthroughs in understanding mental illness. Yet, without some understanding of the methods used to produce the pretty color pictures, readers of medical journals are at the mercy of the authors, reviewers, and editors when interpreting the results and understanding their limitations. This volume not only provides an introduction to recent neuroimaging findings but also teaches the reader about interpreting the current literature. The good organization and editing of the book make it accessible to the interested general psychiatrist.

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### **Concise Guide to Psychiatry and Law for Clinicians, 3rd ed.**

by *Robert L. Simon, M.D.* American Psychiatric Publishing,  
*Inc., Washington, D.C., 2001, 285 pages, \$27.95 (paper).*

The stated objective of the *Concise Guide* series from American Psychiatric Publishing, Inc., is to provide, in an accessible format, practical information for psychiatrists and psychiatry residents working in a variety of treatment settings. Written by Robert I. Simon, M.D., a nationally respected forensic psychiatrist and prolific writer, *Concise Guide to Psychiatry and Law for Clinicians* has met this objective by focusing on important legal issues in clinical psychiatric care.

The strength of the *Concise Guide to Psychiatry and Law for Clinicians* is that it is written for clinicians, and the author's writing style is very clear and informative. Forensic psychiatrists will also find this book useful because it integrates clinical and forensic issues in a manner that provides a structure that can be adapted to help explain relevant expert opinions to a judge or jury.

The 10 chapters in this book address issues that include the doctor-patient relationship, confidentiality and testimonial privilege, informed consent and the right to refuse treatment, psychiatric treatment, seclusion and restraints, involuntary hospitalization, the suicidal patient, the potentially violent patient, and sexual misconduct. Tables are liberally used throughout the chapters, which provide very helpful summaries, guidelines, and checklists pertinent to key issues discussed.

Clinical risk management is defined by Dr. Simon "as the combining of professional expertise and knowledge of the patient with a clinically useful understanding of the legal issues governing psychiatric practice. The purpose of clinical risk man-

agement is to provide optimal care for the patient, and only secondarily to reduce the risk of legal liability" (p. 12). Throughout the book, the discussion of relevant legal issues in the practice of psychiatry is consistent with this risk management approach that attempts to help the psychiatrist incorporate legal issues into the management of patients for the benefit of the patient whenever possible.

Practicing psychiatrists will particularly find the chapters on the suicidal patient and the potentially violent patient very helpful. Tables summarize pass and discharge considerations for suicidal patients receiving hospital treatment and factors to consider during suicide risk assessments and violence risk assessments. Standard-of-care issues are presented with distinctions being made between the legal concept of foreseeability (a legal term of art with no clinical equivalent), predictability (for which no professional standards exist for predicting who will commit suicide), and preventability. Issues related to predicting violent behavior and managing potentially violent patients are presented in the context of meeting *Tarasoff*-like duties.

Dr. Simon's clinical skills, forensic expertise, and writing skills combine to produce a book that lives up to its title. I strongly recommend it to both practicing clinicians and forensic psychiatrists.

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### **The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry: 2001 Edition**

by the Ethics Committee of the American Psychiatric Association. American Psychiatric Association, Washington, D.C., 2001, 48 pages, \$10.00 (paper).

### **Opinions of the Ethics Committee on The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry: 2001 Edition**

by the Ethics Committee of the American Psychiatric Association. American Psychiatric Association, Washington, D.C., 2001, 82 pages, \$10.00 (paper).

In May 1847, at the Second National Medical Convention, not only was the American Medical Association (AMA) formally begun, but, as one of this new body's first actions, it adopted a formal Code of Ethics. That Code (which is easily accessible via the AMA Web site) consisted of a 9-page introduction followed by a 14-page document divided into 3 chapters, 11 articles, and 50 sections. This format remained virtually unchanged over the ensuing 100 years until, in 1957, to make the Code a more useful reference document for guiding the medical profession, the AMA transformed it into its current format of a brief preamble followed by a list of essential principles (in 1957, there were 10 such principles; in 1980, the number was reduced to 7; in 2001, the number was increased to 9). The shift from the verbosity (and specificity) of the original Code to the generality of the Principles, however, led to a need for practical interpretation for practicing physicians.

Appreciating the special circumstances of psychiatric practice, the American Psychiatric Association (APA), in 1973, published its first edition of *The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. This booklet was followed, in 1979, by the APA's first edition of *Opinions of the Ethics Committee on The Principles of Medical Ethics With*

*Annotations Especially Applicable to Psychiatry*. These 2 booklets have since been published 12 and 7 times, respectively, with the newest editions having been published toward the end of 2001. Taken together, these 2 booklets are an important resource for anyone interested in the ethical standards of psychiatry as promulgated by the professional arm of psychiatric medicine in the United States.

Each booklet is organized slightly differently. *Principles* is divided into 2 main parts. The first part consists of explicit statement of the Principles followed by 2 to 14 expanded clarifications for each Principle as specifically applicable to psychiatry. The second part is a detailed articulation of procedures for handling complaints of unethical conduct; these procedures have been approved by the APA Assembly and the APA Board of Trustees. This booklet ends with 2 addenda: "Guidelines for Ethical Practice in Organized Settings" and "Questions and Answers About Procedures for Handling Complaints of Unethical Conduct."

*Opinions*, on the other hand, is organized wholly according to the Principles; one section is devoted to each Principle. These sections are all organized in the same way: each begins with explicit statement of one of the Principles followed by question-and-answer pairs. The questions are actual inquiries submitted to the APA Ethics Committee for comment, and they center on the ethicality of certain behaviors and conduct of psychiatrists. The question-and-answer pairs are listed in each section according to the month and year when the answer was formalized by the APA Ethics Committee; the earliest are from October 1973, and the latest are from September 2000. Sections 1, 2, and 4 have the largest number of question-and-answer pairs (32, 64, and 36, respectively), while sections 3 and 7 have the least (3 each). The other sections have from 12 to 17 questions and answers. Both the *Principles* and *Opinions* are easy to read, are appropriately cited, and are fully indexed.

Besides serving as important markers regarding APA standards as they are understood at this particular point in the history of psychiatric medicine in the United States, each booklet offers practical guidance as well. The first part of the *Principles*, for instance, truly does add substantive flesh to the otherwise nearly bare and overly general AMA Principles, and the variety of questions presented in *Opinions* touches on concerns psychiatrists will most likely recognize in their daily practices. Similarly, while possibly a bit too formalistic to be followed exactly, the second part of the *Principles*, especially when coupled with the second addendum (the 37 question-and-answer pairs in the addendum are arranged in chronological order, akin to those found in *Opinions*), is a very useful tool for helping to frame how to think about and address complaints and charges of unethical conduct.

To be sure, it is important to note that, as stated, these booklets represent ethical standards of psychiatry as promulgated by the APA. Accordingly, it must be acknowledged that the perspectives they present are limited insofar as all they provide are "official" positions or interpretations; anyone who engages in clinical practice is well aware that there are often great disparities between such official stances and the complexity of actual experience in real contexts. Hence, it is important to read these booklets, and use them, with full recognition of what they represent. In summary, these booklets, as articulations of the professional perspective of psychiatric medicine in the United States, are recommended to anyone with an interest in ethical standards pertinent to psychiatry.

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