

**Hands-On Help: Computer-Aided Psychotherapy**

by Isaac M. Marks, Kate Cavanagh, and Lina Gega. In monograph series: *Maudsley Monographs*, no. 49. Psychology Press, New York, N.Y., 2007, 273 pages, \$65.00 (hardcover).

*When the ingenious Sumerian who invented writing first carved those cuneiform symbols in stone along the Tigris River some 6000 years ago, a skeptic standing nearby predicted with concerned countenance that people would soon stop talking to each other.*

—Warner Slack, 2000<sup>1</sup>

With this charming reflection from Warner Slack, who programmed the first computer to interview a patient in 1965, Isaac Marks and coauthors Kate Cavanagh and Lina Gega begin their welcome monograph on computer-aided psychotherapy. Slack's gentle irony bears witness that more than 40 years of experience and research on patient-computer interviews have not overcome all resistance to the idea of machines performing clinician functions. Marks, Cavanagh, and Gega review the use of computer interviews at the extreme end of the clinician-patient spectrum—psychotherapy. When Weizenbaum experimented with Rogerian psychotherapy as a simulation model of computer-human interaction,<sup>2</sup> he was horrified that some people took the idea of computer therapy seriously. It is now serious business indeed, and this book provides an excellent review of current research and the larger issues surrounding computer therapy.

One issue is the paucity of effective human psychotherapy. In our mind's eye, the ideal therapy might involve years with Freud. Reality provides many patients 15 minutes of Warholian "fame" with primary care clinicians hard-pressed by ever-growing nonclinical demands that distract from patient care. Even after cognitive behavior therapy (CBT) for obsessive-compulsive disorder (OCD) in adults and children has been proven to be more than twice as beneficial as FDA-approved pharmacotherapies,<sup>3,4</sup> CBT is rarely available. Marks' inability to persuade enough therapists and training programs of the merits of CBT for OCD after more than 2 decades of trying led him and his colleagues to develop BT STEPS, a computer-administered CBT for OCD. In a randomized controlled trial,<sup>5</sup> that program was as effective as 12 hours of clinician CBT for 64% of patients who completed at least 2 exposure and ritual prevention sessions guided by the computer. Both of these therapies were significantly more effective than structured relaxation, the active behavioral control. While comparison of Yale-Brown Obsessive Compulsive Scale severity change scores is scientifically meaningful, patients receiving either BT STEPS or clinician-guided CBT were more pleased by a mean reduction in the time spent obsessing and ritualizing of 3.4 hours every day compared with 36 minutes for relaxation. BT STEPS and all other computer therapies that have been subjected to study are thoroughly reviewed in *Hands-On Help*.

Computer therapies offer truly standardized, measurement- and evidence-based care coupled with customization rivaling that of expert clinicians. Always available, computer therapies are most often used outside clinic office hours when therapists prefer not working but patients find convenient. Web-based and Interactive Voice Response systems that provide access to computers via touchtone telephones do not require travel to a clinic and are often more comfortable for those who are anxious when seeing a clinician. The study of computer therapies is easier because of their perfectly standardized presentation of therapy components. When improvements are made, they are immedi-

ately available to subsequent users. Cost for these systems, once developed, can be substantially lower than that of human therapy. A role for computer therapy in stepped care is a logical extender of a scarce resource and has been shown to multiply clinician effectiveness. Given these potential advantages, how well computer therapies work is the subject of the authors' close scrutiny.

The authors found 97 computer therapy systems that had been tested in 175 studies including 103 randomized controlled trials. Chapters cover computer therapies for phobic/panic disorder; OCD and posttraumatic stress disorder; generalized anxiety disorder and emotional problems; depression; eating problems; substance abuse; miscellaneous adult problems: pain, tinnitus distress, insomnia, sexual problems, schizophrenia; and problems in children and teenagers. A consummate "Synthesis" chapter addresses mental health problems computer therapy has helped, screening suitability for computer therapy, human support of computer therapy users, time users spend on computer therapy, users' age and education, live therapists versus computer therapy, cost and cost-effectiveness, and computer therapy's place in health care provision.

Poignantly, the authors describe the arduous path from innovation to implementation. Validation is far easier than marketing and persuading payers of computer therapy value. By contrast, cognizant clinicians know that the use of nonhuman devices is not inhumane. Well-validated computer therapies are beginning to assume their appropriate role, complementing and supplementing the care clinicians provide.

Augmenting thorough reviews, which include tables presenting main features of therapies for each disorder, are introductory chapter summaries and brief boxed conclusions about each study. Read first, these accurate and elegant synopses save time while guiding readers to fuller expositions on topics of interest.

Unusually clear, concisely written yet comprehensive, *Hands-on Help* is a bellwether for those wanting to understand what has been accomplished with computer therapy, as well as the challenges ahead and probable paths through and around them.

*Dr. Greist shares intellectual property rights in the BT STEPS and COPE systems that are described in the reviewed book.*

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### Cognitive-Behavioral Therapy for PTSD: A Case Formulation Approach

by Claudia Zayfert, Ph.D., and Carolyn Black Becker, Ph.D.  
In book series: *Guides to Individualized Evidence-Based Treatment*. Persons JB, ed. Guilford Press, New York, N.Y., 2007, 252 pages, \$32.00 (trade cloth).

Claudia Zayfert and Carolyn Black Becker's *Cognitive-Behavioral Therapy for PTSD: A Case Formulation Approach* has much to recommend it. As one of the *Guides to Individualized Evidence-Based Treatment*, it is a valuable addition to the series edited by Jacqueline B. Persons. From their coverage of theoretical concepts to details at the "how to" level, the authors offer a thorough and comprehensive guide for clinicians implementing cognitive-behavioral therapy (CBT) for patients diagnosed with posttraumatic stress disorder (PTSD). In addition to providing a convincing rationale for the use of CBT for PTSD, the volume includes numerous case examples and sample dialogues that effectively convey what the treatment "looks like" in a therapeutic setting. To their credit, Zayfert and Becker do not simply present idealized patients who show immediate progress. Rather, they include many examples of patients who express resistance to treatment, present with multiple diagnoses, and for whom recovery is slow. The result is a realistic guide for providing effective treatment in an individualized manner.

The fact that Zayfert and Becker are skilled and experienced therapists is evident throughout the book. For example, they underscore several concepts that are vital but perhaps not generally obvious. They point out that patients are unlikely to improve by merely going through the motions of exposure therapy. Instead, they must experience significant levels of anxiety in the process in order to habituate to the stressful stimuli. Thus, continual monitoring of patient distress level is crucial. The authors also emphasize the importance of encouraging patients to proceed with treatment while also validating their fears and concerns. Implementing CBT for PTSD entails leading patients to experience uncomfortable levels of distress, and the authors acknowledge that symptoms often worsen in the short term before long-term improvements are achieved. Certainly, resistance is to be expected, and readers are frequently reminded to validate their patients' feelings. At the same time, however, as the authors convey, recovering from PTSD requires a great deal of courage, and clinicians are in a position to promote a sense of resiliency in their patients who have suffered trauma.

Zayfert and Becker show courage themselves in discussing their own past trepidations in implementing treatment with their patients, and their doing so should serve as encouragement to clinicians who wish to provide CBT but are concerned that the approach may re-traumatize those who have already suffered. What permeates this volume is the authors' compassion for their patients combined with a belief in their potential for resiliency, along with a robust confidence (based on both clinical and research evidence) in the effectiveness of CBT for those suffering with PTSD.

We enthusiastically recommend this well-organized, thoughtful, sensitive, and well-researched book as both a graduate-level text and a valuable resource for seasoned clinicians treating patients with PTSD. This is a particularly important addition to the libraries of practitioners who favor a cognitive-behavioral framework.

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### Alcohol, Addiction and Christian Ethics

by Christopher C. H. Cook. In book series: *New Studies in Christian Ethics*, no. 27. Clark SRL, Gill R, Hauerwas S, et al., eds. Cambridge University Press, New York, N.Y., 2006, 221 pages, \$80.00 (hardback).

The misuse of alcohol is a contemporary social problem associated with enormous economic implications and a high toll of human suffering derived from the social, psychological, and medical harms it generates. Most parts of the world have high alcohol-related morbidity and mortality. With his book, the first of its kind in the series *New Studies in Christian Ethics* (27 books published so far), Christopher Cook (coauthor of *The Treatment of Drinking Problems*, 4th edition<sup>2</sup>) takes the first step in an attempt to correct a deficiency. With only a few exceptions, under the influence of the Enlightenment the large volume of interdisciplinary literature surrounding addictions has perpetuated the exclusion of theology. The author feels that a more accurate interpretation of the "experience of addiction" is achieved when the natural and social sciences are brought together with theology. With more than 20 years of experience as a psychiatrist working with people affected by addictions, in his work at the present time as an Anglican priest, and as a Professorial Research Fellow in the Department of Theology and Religion at Durham University in England, the author is able fully to use both his clinical and his pastoral experience to explore the nature of human experience as spiritual as well as biological, social, and psychological.

After finishing the 8 chapters of the book, the reader will benefit from an ethical reflection upon the problems of alcohol use and misuse, from biblical times until the present. There will be no doubt left with regard to the serious nature of the harm alcohol has presented and continues to present. The reader will not only have a better and broader understanding of the harms, presented from a pragmatic point of view as a challenge to health care and public policy, which clinicians, researchers, and policymakers try to address, but will also understand the ethical and theological nature of the challenge and how the Christian resources of Scripture, tradition, and theological reason offer a valuable tool for a contemporary response to this challenge. The reader shall have increased awareness that the exclusion of theology from the process of interpreting human experience can only impoverish our understanding of that experience. One will understand first that "a proper sense of humility can help us see that some experience of addiction—whether it involves alcohol, food, sex, or simply shopping—is an everyday reality in which each of us experiences a divided self" (p. ix), and second that "the need for grace is an essential component in any adequate response to addictive disorders" (p. ix). It should be no surprise that spiritual or religious experience is often associated with recovery from addiction.

Reading this well-written book will not only be time well spent, but will help a broad spectrum of professionals (including psychiatrists, primary care physicians, counselors, social workers, clergy, and educators) make a difference in someone's life.

#### REFERENCE

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**Dementia: Mind, Meaning, and the Person**

*edited by Julian C. Hughes, Stephen J. Louw, and Steven R. Sabat. In book series: International Perspectives in Philosophy and Psychiatry. Oxford University Press, Oxford, U.K., 2006, 310 pages, \$202.00 (hardcover), \$59.95 (paperback).*

This book brings together philosophers and clinicians to explore the conceptual issues that arise in connection with dementia, an increasingly common illness associated with mental, physical, and cognitive decline. With the global “graying” of the population, dementia becomes a part of everybody’s life. Understanding of the individual differences in the abilities lost can enhance patients’ and families’ experience of the disease progression.

The authors explore the nature of personal identity or personhood in dementia and the ethics of caring for a person with dementia. They consider the duality of the mind and brain. Does brain equal mind? If so, does it mean that when our brain is destroyed, so is our mind and personal essence? The authors consider the alternative, or the externalism of the mind: that it is present in the world of people, and expressed through people, rather than solely residing in the head. Using this concept, the authors show how the lives and identities of people with dementia can be enhanced by focusing attention to their psychosocial and spiritual environment.

The book conveys a strong ethical message, arguing in favor of treating people with dementia with all respect for residual emotional and mental capacity. The book covers a variety of top-

ics, ranging from basic biology to a spiritual understanding of people with dementia, drawing parallels from history and art. Accessibly written by leading figures in dementia care, psychiatry, and philosophy, the book presents a unique examination of an illness that will affect our lives directly or indirectly and promotes a person-centered approach to dementia care. The book is recommended for a broad audience of health care providers and family caregivers.

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**Note from Michael H. Ebert, M.D., Book Review Editor**

Alan J. Gelenberg, M.D., the Editor in Chief of *The Journal of Clinical Psychiatry*, has recently written an excellent and provocative book review of *Side Effects: A Prosecutor, a Whistle-Blower, and a Bestselling Antidepressant on Trial* by Alison Bass for the journal *Health Affairs*.

Dr. Gelenberg’s critique of this book provides a thoughtful and balanced analysis of the debate regarding the influence of the pharmaceutical industry that appears regularly in the popular press and media. I recommend this review to our readership.

The review can be found in *Health Affairs* 2008;27(4): 1193–1194 or is freely available online at <http://content.healthaffairs.org/cgi/content/full/27/4/1193>.