

The Role of the State Hospital in the Twenty-First Century

edited by William D. Spaulding; *New Directions for Mental Health Services* (San Francisco, Jossey-Bass Publishers), number 84, winter 1999, 129 pages, \$25 softcover

The place of state hospitals in the overall system of mental health care has been a constant focus of debate, from views championing the establishment of such hospitals in the 19th century to those advocating their demise in the 20th. It appears that we are now ready to move from the question of yea or nay for state hospitals to considering how this kind of facility can best work as part of a system of services for those who suffer from serious mental illness. Given this framework, I have asked four current or recent state mental health commissioners to review *The Role of the State Hospital in the Twenty-First Century*, edited by William Spaulding. The commissioners, Dr. Mayberg, Dr. Barrett, Ms. Sudders, and Dr. Lippincott, represent three disciplines as well as four states that are at different points in the evolution of their health systems.—JEFFREY L. GELLER, M.D., M.P.H.

What Happens After the Metamorphosis?

Stephen W. Mayberg, Ph.D.

Without question, the role of the state hospital in the public mental health system has undergone a considerable metamorphosis in the past two or three decades. Many states have downsized their facilities, while other states have developed new facilities. However, as better treatment options have become available in the community, almost every state has begun to look systematically at what kinds of individuals are most appropriately served in the state hospital and what kinds of treatment programs work best for them.

It is clear that determining the role of the state hospital is a complex issue driven not only by treatment considerations but also by economics, politics, and history as well as by new delivery systems, new technologies, and changing knowledge about mental illness. Understanding the forces that shape change while also paying attention to history is essential in developing any conceptions about the future role of the state hospital.

In this book William Spaulding, professor of psychology at the University of Nebraska–Lincoln and a

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clinical psychologist in the community transition program at the Lincoln Regional Center, presents a series of papers analyzing the issues confronting state hospitals. The book is divided into two parts. The first part, on policy, uses, as the editor notes, a top-down approach, beginning with broader perspectives. Leona Bachrach's lead essay, "The State of the State Mental Health Hospital at the Turn of the Century," clearly frames the history and variability of programs and opinions nationwide and several of the overarching, critical questions. Bachrach's long experience in analyzing services for chronically mentally ill patients provides a credible platform for discussion of many of the issues related to deinstitutionalization.

Richard Hunter follows with "Public Policy and State Psychiatric Hospitals," a concise history of the interaction of politics and the state hospital movement. The next two papers are case studies of state-hospital-based rehabilitation programs.

In the second part, on the new technologies, Mario Scalora's opening chapter, "No Place Else to Go: The Changing Role of State Hospitals and Forensic Mental Health Services," discusses the ever-increasing importance of forensic populations. Other contributors cover three areas that currently have a strong impact

on state hospitals: the concept of therapeutic jurisprudence, community-based technologies such as various kinds of intensive case management, and information management technology. Spaulding ends with a formulation of the future roles and functions of state hospitals, drawing on the contributors' chapters.

Although Spaulding's organizational approach from macro to micro issues is laudable, one needs to remain aware of the dramatic differences in state hospital utilization among states. The chapters that deal with the bigger picture tend to be more relevant and helpful as a context for discussions about the future of the state hospital. It is critical to remember that every state mental health system is unique and that state-to-state variability is huge.

For instance, among the states, community alternatives have been developed with varying degrees of application and success. We have all learned from previous cycles of deinstitutionalization that the absence of a strong community system to receive persons discharged from the state hospital guarantees failure.

Unfortunately most of the micro-level articles about policy and technologies have been written by individuals who teach or work in a single system, the Nebraska mental health system. Although in context the articles illustrate their points, their applicability to other states is not always as readily apparent. That said, however, the issues addressed here are important for anyone working in a state hospital system to understand. State hospitals are no longer islands unto themselves, and failure by hospital administrators and staff to pay attention to the external forces that shape change will have serious ramifications for the hospital's future.

Clearly this book cannot be seen as a definitive treatise on the future role of the state hospital, nor as a cookbook for understanding state hospital issues. However, the issues identified and the solutions offered by the authors of each chapter are worth considering in attempting to understand

the problems that affect the evolution of the state hospital system. Failure to take into account the myriad forces for change as well as the forces that reinforce the status quo has had negative consequences for some hospitals and states.

We must remember that asylums and state hospitals were originally sited away from urban areas to avoid the stresses of urban life. Many of these institutions were designed to be self-sufficient, with their own farms and dairies. They developed their own culture and identity as well as a certain degree of isolation. This insular approach is not helpful now, and Spaulding's book critically emphasizes the need to be aware of the past and to look to and embrace the future and the changes it inevitably brings.

The Future of the Public Mental Health System

Thomas Barrett, Ph.D.

This book is really about the future of the public mental health system in the United States. And that is as it should be. No discussion of the nation's state hospital system would be complete without consideration of where the boundary lies between those who can be treated effectively in the community and those who need the services that only a state hospital can provide effectively.

The book is divided into two parts. Part 1 is devoted to the perspectives of "observers and participants" from various levels within the system. The opening chapter is by Leona Bachrach, longtime observer of the system of care for individuals with serious and persistent mental illness. She examines critical questions about the roles of the state hospitals, including "What has been the fate of those mentally ill persons who are no longer served in state mental hospitals?" Her analysis suggests that some

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people with mental illness who are homeless or in jails and prisons would have been in state hospitals before deinstitutionalization. The chapter concludes by calling for "unified systems of care," which are difficult to argue against but equally difficult to implement.

The remaining chapters of part 1 include a politically naive analysis of the impact of politics on the mental health system and an interesting case study of the transition of a state hospital system into a rehabilitation-focused system of care. The latter is an honest story about the successes and difficulties one state hospital experienced in making this transition.

Part 2 is intended to address the role of new technologies in the future of state hospitals. "No Place to Go" focuses on the problems associated with hospitalizing people from the criminal justice system who are judged to be dangerous to society. Inevitably, the discussion leads to questions about whether the United States is going back to a system of care that criminalizes people with

In this section . . .

Following four commentaries on the role of the state hospital that lead this month's section, reviewers discuss two books on psychotherapy—one on indications and outcomes, in which contributors take varied approaches to assessing efficacy, and the other on a tested model for teaching psychotherapy. A text on diagnosing and treating adolescents with attention-deficit hyperactivity disorder presents a biobehavioral, family-systems approach. Contributors also review books on physician sexual misconduct, on boundary issues of sexuality and touch for clinicians in physical medicine, on the treatment of depressed adults, and on the experience of hearing voices.

mental illness. This chapter and the next suggest that mental health professionals need to be involved in developing social policy related to rehabilitation and safety issues.

The roles of assertive community treatment programs and clinical decision support systems are discussed in the next chapters. The former discussion is an insightful meta-analysis of what assertive community treatment programs can and can't do and the implications for state hospitals, which is to serve those who cannot be effectively served in these programs. The discussion of clinical decision support systems seems misplaced in this book: the tracking of clinical data and outcome data is an important issue, but this book focuses on systems-of-care issues.

Overall, the book addresses the important issue of how the U.S. public mental health system will evolve in the 21st century to address serious societal and systems-of-care problems. One of the challenges is how to inform the general public about safety and rehabilitation issues without using the head-in-the-sand mentality so often employed by the public mental health system in the past century. The final chapter, which formulates future roles and functions of state hospitals, could serve as a prologue to a subsequent book that attempts to lay out a blueprint for social policy and public mental health services for the 21st century.

Defining the Appropriate Role for the Hospital

Marylou Sudders, A.C.S.W.

In a perfect world where mental health is fully integrated within a well-articulated, and well-financed, health care system, public psychiatric hospitals would be an anachronism. But the reality is that mental illness is relegated to the rear of our health care system and our societal consciousness.

This book is a compendium of arti-

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cles organized in two parts. The first part addresses the historical and changing roles of state hospitals as well as the perspectives of the authors. The second part discusses the future role of state hospitals. Not surprisingly, forensic mental health and computerized data management systems dominate the discussions.

Unfortunately, with two exceptions, not much new territory is explored. "State Hospitals in the New Millennium: Rehabilitating the 'Not Ready for Rehab Players,'" by Paul Stuve and Anthony Menditto, chronicles the transformation of a Missouri forensic hospital into a rehabilitation facility, preparing forensic patients with serious mental illness for eventual community discharge. This pragmatic and thorough chapter clearly shows that progressive change can occur within a public institution that many believe is immune to change. The authors compellingly present the case that highly individualized treatment is possible and has a significant impact on patient outcome. Given the increasing proportion of forensic populations in public psychiatric facilities, this article is a must-read for public officials struggling with the issue.

The other noteworthy chapter is by Leona Bachrach. "The State of the State Mental Hospital at the Turn of the Century" chronicles the state hospital's role in a historical context and reviews the either-or debate, otherwise known as the hospital-versus-community debate. Dr. Bachrach puts aside the debate and revisits a theme familiar to many involved in community mental health over the years: unified systems of care. She suggests that state psychiatric hospitals have a legitimate role as one component of a unified system of mental health care. Given the situation outlined in the opening paragraph of this review, I can only concur with her opinion.

Historically, state hospitals have been driven by ideology and societal mores rather than by evidenced-based research, state-of-the-art clinical treatment, and rehabilitation. State hospitals and their roles have

changed as a reflection of public attitudes and demands. Facility costs and budgetary constraints also have been dominant factors in the quality of inpatient treatment.

Unfortunately, none of the articles include discussions of the growing role of consumer empowerment and the incorporation of recovery models in state hospital systems. These factors will leave an indelible mark and will fundamentally change the role of inpatient treatment in public psychiatric hospitals.

Finally, it is clear that the role of state hospitals has changed in reaction to societal demands, ideological debate, and economic constraints. In the 21st century, how novel it would be if mental health policy makers and key mental health constituencies defined for themselves the appropriate role of public psychiatric hospitals!

The Resources and the Will for Community Service

Richard C. Lippincott, M.D.

I read this *New Directions for Mental Health Services* text with considerable interest, as the topic is near and dear to my heart. The book's intent is to address the debate about the definition, service potential, and future of the state hospital. The text, a collection of chapters focusing on different aspects of this debate, is written by individuals of various disciplines and edited by William Spaulding, Ph.D., professor of psychology at the University of Nebraska-Lincoln. Many of the concepts are clear, well articulated, and enthusiastically expressed. The extensive references provide substantial support, and several presentations are worthy of special note.

Leona Bachrach's chapter, "The State of the State Mental Hospital at the Turn of the Century," provides an excellent, thorough review of the subject. Dr. Bachrach raises and an-

swers four important questions: how has the prevailing view of state mental hospitals changed, who is being served, what has happened to individuals discharged or no longer served by state hospitals, and what is an appropriate role for hospitals today.

Throughout her chapter, Dr. Bachrach makes two important points relevant to the last question. The first is that community-based service adequacy "is not so much whether the community has the potential for providing a full array of services but rather whether it possesses the resources and the will." The second is that, quoting John Wing, it is the "quality of life lived" by the patient that is the criterion by which services should be judged. Dr. Bachrach believes there is a "core of services" that still belongs to the state mental hospital and that change will take "great effort and cooperation from the political powers." These arguments are hard to refute.

The discussions about the role, place, and usefulness of psychosocial rehabilitation services are also important. The concepts that the state hospital environment can be enhanced and can be effective in providing rehabilitation services and that all individuals with mental illness are "rehabilitation ready" are key. Contributors make a substantial argument that long-term rehabilitation technologies provided within the state hospital environment are more effective for some patients than those provided in the community.

The chapter devoted to data management for clinical decision support in state hospitals is up to date and relevant. It offers highly contemporary material, a flow chart for managing treatment decisions, and information about developing a clinical decision support system. This material would do even the most committed enthusiast of problem-oriented treatment proud.

I was somewhat disappointed with the overall presentation, however, as many important points are not covered. The movement toward integration of services, the importance of

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program continuity, and the need to shift resources toward community-based programs are not given a clear voice. Discussion of the role of psychiatric leadership is missing, and expanded comments about different regions of the country and different approaches would have been welcome.

There is an unfortunate lack of discussion about the truisms that “all decisions are political” and that “budgets are not based on quality and on what is needed but on what the governor wants to give.” This situation is the heart of state mental hospital existence, and a significant body of data about the impact of state politics on state hospital programs is available.

Finally, some recognition of the effectiveness of patient empowerment,

the importance of dealing with real-life challenges in psychosocial rehabilitation, and the need for patients to develop confidence in their own ideas would seem appropriate. After all, “recovery” is a principle now quite widely accepted as a basis for development of individualized treatment plans.

Despite these concerns, I found the text a very readable and meaningful attempt to view the challenges of the roles of both the state hospital and community-based services in relation to what may be best for the individuals served. I hope that a follow-up within the *New Directions* series will present other aspects of this extremely important issue with similar clarity.

Psychotherapy Indications and Outcomes

edited by David S. Janowsky, M.D.; Washington, D.C., American Psychiatric Press, 1999, 414 pages, \$51.95

Norman A. Clemens, M.D.

The current idealization of “evidence-based medicine” has led to a series of publications presenting efficacy studies of psychotherapy (1–3). Each has its own strengths and weaknesses. This book collects and augments papers from a 1996 meeting of the American Psychopathological Association. Leading researchers in the major fields of psychotherapy critically assess the evidence for efficacy in their modality of treatment.

Roth and Fonagy (1), in their 1996 book, reviewed the efficacy literature in a uniform format, closing each diagnosis-based chapter with a systematic analysis. By contrast, in *Psychotherapy Indications and Outcomes*, each contributor takes a personal approach to the research problems of the field at hand. The contributors’ honest and cautious analy-

ses of their own research is refreshing. Inevitably, the number of authors and wide range of approaches lead to unevenness in style, focus, and content, but all chapters are valuable. Some chapters require wading through detailed analyses of methods and data; others are more general and reflective. A rather light typeface makes the reader’s work a bit harder.

Despite its title, the book is focused more on outcomes than on indications. In an evidence-focused environment, randomized and controlled studies of manual-based treatments such as cognitive-behavioral therapy and interpersonal psychotherapy for specific DSM diagnoses clearly have an advantage, but this book also reveals their weaknesses. Psychodynamic psychotherapy, which is generally viewed as addressing broader, multidimensional psychopathology, is indirectly supported by the meta-analysis conducted by Lester Luborsky and associates, which shows equivalent results in studies comparing psychothera-

pies. Sidney Blatt’s reanalysis of data from the depression collaborative research project sponsored by the National Institute of Mental Health and the Menninger psychotherapy research project demonstrates the importance of personality variables affecting responsiveness to short-term psychotherapy. Dialectical behavior therapy, group therapy with the medically ill, and family therapy also receive attention.

Moving beyond the efficacy of psychotherapy for specific diagnoses, some chapters address the relative lack of specificity of our treatments, and they suggest issues involved in tailoring psychotherapy to each individual’s personality and life situation. Much attention is paid to the challenges and limitations of research methodology, culminating in Donald Klein’s exhaustive outline of criteria for evaluating the quality of any study of treatment efficacy, whether of psychotherapy or medication.

While I am in sympathy with Steven Sharfstein’s stated biases in his closing chapter on psychotherapy in the era of managed care, I feel he too readily accepts the premises that the insurance industry uses to rationalize its discrimination against psychotherapy. He advocates a utopian view of enlightened managed care that would provide psychotherapy to all whom the managers think really need it (presumably except those who would self-pay to preserve confidentiality). This transformation is hard to imagine given that the degradation of psychiatric psychotherapy by for-profit managed mental health carve-outs has become so starkly evident.

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3. Spiegel D (ed): Efficacy and Cost-Effectiveness of Psychotherapy. Washington, DC, American Psychiatric Press, 1999

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Learning Psychotherapy: A Time-Efficient, Research-Based, and Outcome-Measured Training Program

by Bernard D. Beitman, M.D., and Dongmei Yue, M.D.; New York City, W. W. Norton, 1999, 350 pages, \$40 softcover

Barton J. Blinder, M.D., Ph.D.

Visant A. Sanathara, B.A., B.S.

Using an integrated approach to understanding the psychotherapeutic process, Beitman and Yue have constructed a pedagogical gem. It is a teaching model based on a common-sense psychodynamic conceptual framework; stages of therapeutic progression; defined methods of observation, recording, and reporting of data; and fundamental approaches to change, resistance, transference and countertransference, and termination of therapy.

Beitman is chairman of psychiatry at the University of Missouri and a pioneer in the model of integrated pharmacotherapy and psychotherapy. Yue is a psychiatrist from China Medical University in Shenyang, China. The training program in psychotherapy they present in this work has emerged from direct experience with residents and most recently has been used to train supervisors in several residency training programs in the United States.

In the tradition of Fleming, Ekstein, Wallerstein, Gill, Luborsky, and others who have struggled with the teaching and learning of psychotherapy (including accurate, systematic reporting and a meaningful supervisory process that can measure an acquired knowledge base), Beitman and Yue have operationalized this complex process to enable teacher and student to observe, interact, critique, and demonstrate understanding and skills. The program they present is an introductory course and is not school-specific. It is built on the sound concepts of an observing self navigating through forming an alliance with the

patient, listening, searching for non-adaptive patterns, intervening for change, and achieving a sensitized awareness of unique therapist proclivities, overreactions, and avoidances. The teaching program both prepares the psychiatric resident for general psychotherapeutic intervention across diagnoses and is a forerunner to more elaborate conceptual systems to be mastered in the future.

The text is replete with assignments, evaluative forms, and readily understandable tables and schematic presentations. However, it also generates a sense of exuberance and fun to be derived from the helping situation, with distinct benefits to the therapist in self-understanding and growth. Inhibitions of the beginning student therapist, such as anxiety, distortion in reporting, supervision transference, and performance orientation, are boldly defined and constructively engaged. Facilitative features include a strong experiential clinical database, identification with a competence model, the use of group process, and an atmosphere of reassurance and support.

Beitman and Yue clearly recognize the importance of an eclectic approach to psychotherapy. Unlike proponents of many psychotherapeutic protocols, who get bogged down with the rigid biases and procedures of their particular school of thought, Beitman and Yue present an open-ended discussion of the underlying principles evident in all forms of psychotherapy. Furthermore, both authors maintain their focus on a practical, conceptual approach to therapy rather than providing elaborate discussions of movements in the history of human development or detailed descriptions of treatment procedures for specific psychiatric disorders.

The authors also address the growing influence of managed care in

medical psychotherapy by recognizing the demands for time-efficient and cost-effective services. In this new century, the theoretical "dogma-eat-dogma" environment that has plagued the last one must yield to increasingly integrated protocols that are research oriented and outcome based.

Kudos to Beitman and Yue for their groundbreaking effort. We hope it will lead the way to a rational residency curriculum that restores psychotherapy as a core competence of every psychiatrist.

ADHD in Adolescents: Diagnosis and Treatment

by Arthur L. Robin, Ph.D.; New York City, Guilford Press, 1998, 461 pages, \$46.95

Jason H. Edwards, Ph.D.

Attention-deficit hyperactivity disorder (ADHD) has garnered much public and professional attention. Almost every day a story about ADHD appears in the media in conjunction with professional articles and books on the disorder. One problem for mental health professionals, and for parents, is sorting out empirically supported assessment and treatment of ADHD from misinformation or faddish ideas.

The problem is compounded by two factors. First, assessing and treating adolescents can be complicated by the developmental challenges of their stage of life. Second, we seem to know less about appropriate assessment and treatment of adolescents than of children with ADHD. Dr. Robin's book is very helpful in resolving this problem.

The author is well known for his significant contributions to family-based treatment of adolescents with ADHD, and this comprehensive, pragmatic book is a worthwhile addition to his work. It is intended for

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mental health professionals and trainees who work with adolescents. In fact, Dr. Robin wisely advises that advanced professional mental health training is necessary to properly implement the approaches discussed.

The book is a scholarly, readable, and empirically informed how-to guide to assessing and treating adolescents with ADHD. Dr. Robin's integrative, biobehavioral, family-systems perspective incorporates a life-span approach and Barkley's theory (1,2) of ADHD.

The book is organized into three sections: definitions, descriptions, and theory; evaluation and diagnosis; and treatment. Each section has a helpful introduction, and the chapters are clearly written. The two chapters in the first section provide important background information about adolescent ADHD, including diagnostic issues and theoretical models. The emphasis on informing clinical practice is evident from page 1, where the first of many case studies is presented.

The four chapters in section 2 address assessment and diagnosis. A comprehensive evaluation protocol is presented in detail. Evidence of the book's practical, clinician-friendly approach is reflected in the specific guidelines about how much time to

allocate to each component of the evaluation; managed care contingencies are also considered. This section seems very useful to the practitioner who wants to conduct a thorough, empirically supported evaluation.

Section 3, with its eight chapters on treatment, presents a comprehensive, multicomponent, family-based treatment approach. Components include education, medication, school- and home-focused interventions, and follow-up. In the final chapter, two adolescents who have ADHD tell their stories in their own words. Dr. Robin suggests providing this chapter to families during the educational phase of treatment.

ADHD in Adolescents constitutes an essential, research-informed, down-to-earth resource for understanding, assessing, and treating adolescents who have ADHD and their families. The significant how-to quality of this text will benefit mental health practitioners and trainees alike working in this area.

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Physician Sexual Misconduct

edited by Joseph D. Bloom, M.D., Carol C. Nadelson, M.D., and Malkab T. Notman, M.D.; Washington, D.C., American Psychiatric Press, 1999, 278 pages, \$49.95

Michael Myers, M.D.

This fine book gives the reader a state-of-the-art appraisal of a very difficult and almost invariably painful subject. The editors not only have selected contributors who are experts in the field and have produced chapters that are uniformly scholarly and readable, but also have succeeded masterfully in their mis-

sion: to explore specific issues within the broad theme of sexual misconduct and to include the perspectives of professional organizations, medical licensing boards, forensic specialists, insurers, clinicians, and patients.

In the first of the book's four sections, called Forensic Issues, Thomas Gutheil explains matters associated with civil litigation in sexual misconduct, including false claims. Larry Strasburger covers criminalization of physician sexual misconduct; as of

1998, statutes were in effect in 16 states. He presents arguments both for and against criminalization and asks the very thoughtful question "Does criminalization go too far?" Alan Stone and Duncan MacCourt provide a highly detailed and exhaustive analysis of malpractice insurance and sexual misconduct in their chapter, "Insurance Coverage for Undue Familiarity: Law, Policy, and Economic Reality."

Section 2, Ethical and Regulatory Issues, begins with a chapter by Elisa Benedek and David Wahl, who outline the ethical positions of both the American Psychiatric Association and the American Medical Association; the psychiatric association, for instance, has no statute of limitations on unethical conduct. Joseph Bloom and his associates explain the roles and responsibilities of medical licensing boards. Their database includes complaints of sexual misconduct to the Oregon Board of Medical Examiners and results of a national survey of medical boards focused on sexual misconduct. The answer to the question of how well the medical profession is doing at policing itself in relation to reports to medical boards is "not very well." Gail Robinson outlines the approach to sexual misconduct in Canada, where all complaints are investigated by provincial medical licensing bodies.

In section 3, Physician Education, Jerald Kay and Brenda Roman address prevention of sexual misconduct. They decry the paucity of teaching on this subject and offer suggestions about both content and process for curricula for medical students, psychiatric residents, and nonpsychiatric residents and continuing medical education for nonpsychiatric practitioners. In my opinion, not enough attention is directed to educating medical students and physicians to be ever-vigilant about their own mental health and intimate relationships, thereby reducing their susceptibility to crossing boundaries with patients.

Section 4, Therapeutic and Rehabilitative Issues, is largely clinical. The chapter by Janet Wolberg and as-

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sociates, "Sexual Misconduct and the Victim/Survivor: A Look From the Inside Out," is passionate, disturbing, and a must-read. The authors state that "with few exceptions . . . the voices of acknowledged victim/survivors of sexual misconduct and exploitation have been largely missing." Glen Gabbard, arguing against oversimplification of this complex, multifaceted subject, says, "A more sensible and eminently more practical approach to the problem is to assume that we are all vulnerable to various boundary transgressions and take appropriate measures to prevent acting on strong feelings toward patients." His psychodynamic treatment suggestions and plan for rehabilitation are superb.

Next, Gene Abel and Candice Osborn outline important cognitive-be-

havioral strategies that they employ in the treatment of physicians with personality deficits, cognitive distortions, and paraphilias. In the final chapter, Malkah Notman and Carol Nadelson review considerations in the psychotherapy of individuals who have had sexual relations with a previous therapist—especially trust, strict maintenance of boundaries, and the myriad transference and countertransference issues that characterize this unique dyad.

Although this book is titled *Physician Sexual Misconduct*, its principles are useful for a full range of mental health professionals who want an encyclopedic update on therapist-patient misconduct. I also highly recommend the book to professional licensing boards and program directors.

Behind Closed Doors: Gender, Sexuality, and Touch in the Doctor/Patient Relationship

by Angelica Redleaf, D.C., with Susan A. Baird; Westport, Connecticut, Auburn House, 1998, 212 pages, \$55

Richard S. Epstein, M.D.

Although numerous books have been published about boundary violations in mental health treatment, a text designed specifically for clinicians in physical medicine has been long overdue. Angelica Redleaf and Susan Baird have written such a text.

Clinicians such as internists, gynecologists, and chiropractors whose diagnostic and treatment procedures require the laying on of hands face a difficult and sensitive problem. They must continually strive to maintain a coherent professional intent and demeanor when they expose their patients' nakedness or touch them during procedures.

In a book that is clearly written and free of jargon, the authors explain many of the problems inherent in gender roles, sexuality, and the meaning of touch in the doctor-patient re-

lationship. They provide a well-documented summary of the importance of the physician's role as a medical fiduciary and describe how this position of trust and power can be misused to the patient's detriment. They offer practical advice on safe approaches when touching patients during medical procedures. Finally, to help identify and correct potential boundary violations in the clinical setting, the authors present a series of helpful questionnaires for surveying health professionals, support staff, and patients about problematic behavior that may occur.

Behind Closed Doors is a good companion to many of the works in the mental health literature on boundary issues. It should be required reading for all clinicians who are required to do physical examinations and perform clinical procedures. Mental health professionals who work as part of a general medical or surgical team will also find this book of great value.

Taming the Tyrant: Treating Depressed Adults

by Dean Schuyler, M.D.; New York City, W. W. Norton, 1998, 222 pages, \$32

Suzane Renaud, M.D.

To appreciate this book, one has to get beyond two expectations that will not be met. The first one is created by the title. It is highly evocative, and it certainly acknowledges the mental agony that depression creates in its bearer and indirectly in its treater. But Dr. Schuyler does not address this suffering in a subjective fashion, nor does he talk about the countertransference reactions it can stimulate in physicians supporting patients who endlessly ruminate because of a slow or incomplete response to usual treatments. Therapists young or old will have to find these existential answers elsewhere.

The other expectation lies in the preface, which describes both the clinical progress and the unresolved problems in treating depression over the past 25 years. In 1974 Dr. Schuyler was a National Institute of Mental Health researcher who had just written a book called *The Depressive Spectrum* (1). *Taming the Tyrant* aims at updating it while demonstrating the scientific advances made since. What we might hope for is not just an exposition of changes but something more interpretative, an account of how we have evolved as clinicians over these past two or three decades. Where research has not provided answers to crucial problems, one would be eager to benefit from Dr. Schuyler's own integration of data or models. However, he remains humble and prudent and presents facts as they are—just as facts. The early chapters mainly read like material developed three decades ago updated with recent data.

The first six chapters review the phenomenology of depression, in descriptions that stick to the usual

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American literature and give it a rather dry taste. One could read *DSM* with the same effect. But when the author opens up by providing hints for understanding anger in depression (chapter 2), relating his treating experiences (chapter 3), or giving his point of view about the evolution of *DSM* (chapter 4), the book comes alive.

The author has a habit of pointing the reader backward to summarize a clinical problem that hasn't been solved, only to suddenly end the discussion without a conclusion. After the reader has gotten accustomed to this method of writing, the book reads easily.

The strongest chapters are the later ones, beginning with chapter 7 on understanding depression, where the cognitive and psychodynamic theories are more scantily explained than the biological models; chapter 8, on suicide management, with many tables to organize the information; chapter 9, on differential diagnosis of conditions such as the frequently

seen chronic fatigue syndrome and the rarer olfactory reference syndrome; and the last two chapters on treatment. Again, knowing that the author is an experienced cognitive therapist, one would have wanted to hear more about his personal discoveries. But then he has a nice way of summarizing an array of often contradictory scientific articles with the help of clinical vignettes set in the actual managed care world.

So this is a prudent book that will not lead beginners down false avenues. It will also not necessarily support them in treating patients when the illness is mostly tyrannical, as only a few pages address the issue of resistant depression and chronic dysthymia. In the end, it remains a comprehensive review of basic facts one has to master before embarking on the treatment of a depressed patient.

Reference

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the author's description of various practical strategies for coping with disturbing voices. Here patients as well as mental health professionals will be richly rewarded. The various techniques for preventing voices from occurring and identifying their triggers are very helpful. Simple techniques for stopping or reducing the frequency and intensity of voices are also well described.

The chapter called "Living With Voices" is excellent reading for those who continue to hear voices despite all treatment and for those involved in their care. It gives marvelous advice for facing the fear of, and learning to live creatively with, these voices.

The book makes for interesting and easy reading partly because of the many direct quotes from patients. However, the author has placed substantial emphasis on spirituality, and here he repeats himself a great deal. His bias against biological psychiatry is also very obvious, and he underrates the usefulness of neuroleptics in the treatment of severe mental illness. These perspectives detract from an otherwise broad-based approach.

Nevertheless, *Hearing Voices: A Common Human Experience* is worth reading. It should be recommended reading for people who hear voices and for mental health professionals who are involved in taking care of them.

Reference

1. Watkins J: *Living With Schizophrenia*. Melbourne, Australia, Hill of Content Publishing, 1996

Hearing Voices: A Common Human Experience

by John Watkins; Melbourne, Australia, Hill of Content Publishing Company, 1998, 316 pages, \$19.95 softcover

Nafisa Ghadiali, M.D.

The author, John Watkins, is a counselor and educator from Melbourne, Australia, who has a long-standing interest in schizophrenia. He has also written *Living With Schizophrenia* (1). His main professional interest is in exploring and promoting holistic approaches to the development and maintenance of mental health.

In this book, the author aims at improving the understanding of the experience of hearing voices and at developing a more helpful attitude toward those who hear them. He has succeeded well in meeting this goal.

The book gives detailed descriptions of the variety of ways in which "normal" people have voice-hearing experiences. Research studies are reviewed. The author explores spiritual experiences of various religious leaders in an attempt to prove that "hearing voices" is not uncommon and that it is not an unequivocal symptom of severe mental illness.

The author has done an excellent job of analyzing the experience of hearing voices by people with schizophrenia. He emphasizes that "hallucinations exist on a continuum with normality and any and every gradation of experience is possible." Watkins suggests a variety of psychological, social, spiritual, and biological factors that are responsible for auditory hallucinations.

The real value of this book lies in

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