tion, and the social brain are detailed. Part 4 is a great discussion about the psychology of stress and fear processing in the brain and the impact of trauma. The last part looks at the "psychotherapist as a neuroscientist" who facilitates the "rebuilding" of the brain.

Cozolino argues that psychotherapy, regardless of the technique used—psychoanalysis, cognitive, behavioral, client-centered, or gestalt therapy—affects neural network integration and causes behavioral change. He points to Freud's notion of "scientific psychology" and believes that the unconscious is a part of the memory system. He concurs with psychoanalytic notions that early life events significantly affect the trajectory of each human being, because social interaction stimulates neurotransmitters, neural growth hormone, and brain plasticity.

Through a wide variety of clinical vignettes, Cozolino forges his vision of the neuroscience of psychotherapy. He offers practical guidelines to the mental health professional and urges us to look at the "whole picture" and the "neurobiology of psychoanalysis" in bringing more effective therapy to the patient.

Although the relation of the memory system and the topographic structure of the mind is a growing view in the modern era, its support needs more evidence-based research to become a standard of practice. The same is true with the other components of mind Cozolino explicates, such as the id and the superego. In his thinking, the distinct drives in psychoanalytic theory are not well fitted with the neurological model. He has focused on the main ingredients of all psychotherapy and explains their impact on rebuilding of the brain. If current discoveries in the nervous system support or reject the differences among dynamic theories, Cozolino's view will not have explained them.

Despite these limitations, I strongly recommend *The Neuroscience of Psychotherapy* to those who are interested in mind-body isomorphism, and I believe that all mental health professionals and students who practice modern psychotherapy will gain a great deal by reading it.

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Becoming a Therapist: What Do I Say, and Why?

by Suzanne Bender and Edward Messner; New York, Guilford Press, 2003, 332 pages, $35

Robert Hilt, M.D.

Becoming a Therapist: What Do I Say, and Why? is a collaborative work written by Suzanne Bender and her mentor, Edward Messner, a distinguished senior clinician at Massachusetts General Hospital. The book is designed to show the beginning therapist, through example, how therapy is conducted. A single fictitious case—that of a young female college student struggling with her relationships—is followed throughout the book from initial contact with the therapist to termination. The fictional therapist is generally not idealized and is shown making errors in judgment that would be typical for a young therapist, thus providing the learning points necessary for discussion.

About half the text is devoted to realistic-sounding dialogue. Multiple examples are given for some situations, showing various word choices and intentions that lead to very different results. For instance, the therapist responds to an after-hours page from her patient first by performing a psychotherapy mini-session; after some discussion about the ramifications of this choice, the therapist performs a more directed crisis intervention. Similarly, we witness multiple possible decisions on the part of the therapist during the first moments of a therapy session, such as the impact of an ambiguous message left by the therapist on the patient's answering machine and the impact of overly structured and overly passive approaches to the first interview. Discussion about such dilemmas is frank in terms of both what is best for the patient and what is best for the therapist.

A chapter devoted to fee setting and billing is particularly welcome, because many training clinicians do not learn to handle this part of therapy effectively until they leave the structure of their training program. Other helpful inclusions about the mechanics of therapy are a suggested format of chart notes and process notes, a sample history questionnaire for new patients, and a consultation summary of the index case.

Additional patients are introduced briefly to highlight special topics in therapy that are not raised by the primary case. Patients with substance abuse are shown resisting acknowledgment of their illness, with the therapist modeling ways to bring the addiction into the room. Discussion of these patients focuses on the need to modify the insight-oriented approach for an active abuser. A full chapter devoted to the topic of integrating psychopharmacology with psychotherapy introduces a patient who requires medications in addition to therapy.

Dr. Hilt is a second-year general psychiatry resident at the University of Massachusetts in Worcester.

As a psychiatry resident in the early stage of training, I can say that this book addresses many questions faced by a novice clinician, offers useful advice, and provides a good starting point on which a young therapist can begin his or her career. *Becoming a Therapist* would appeal to psychiatry residents, psychology interns, social workers, and psychiatric nurses. Nonprofessionals who are interested in learning the basic process of therapy would also find the book accessible because of its restrained use of technical terminology.

Contemporary Dual Diagnosis: MH/MR: Service Models: Volume I: Residential and Day Services

by John W. Jacobson, Ph.D., B.C.B.A., James A. Mulick, Ph.D., and Steve Holburn, Ph.D.; Kingston, New York, NADD Press, 2002, 139 pages, $29.95 softcover

Contemporary Dual Diagnosis: MH/MR: Service Models: Volume II: Partial and Supportive Services

by John W. Jacobson, Ph.D., B.C.B.A., Steve Holburn, Ph.D., and James A. Mulick, Ph.D.; Kingston, New York, NADD Press, 2002, 149 pages, $29.95 softcover

Michael Sherer, M.D.

This two-part monograph presents a variety of community-based service models, developed to support persons who are both mentally retarded and in need of mental health care. For the most part, it is a collection of descriptions of model programs from various locations around the United States.

The monograph is part of a series offered by the National Association for Dual Diagnosis (NADD), one of the leading organizations of mental health professionals in this field, and the list of contributors is in many ways a "who's who" of those who are active in the field. Programs are described in terms of both underlying philosophy and theoretical orientation, yet the editors have also wisely encouraged contributors to include pragmatic information about the day-to-day functions of each program. This approach allows the reader to easily envision each program in its daily operation. The obvious intent of NADD in promoting this series is to facilitate dissemination of information about best-practice models and to encourage development of additional programs.

Dr. Sherer lives in Fairfax, Virginia.

This monograph is essential reading for any clinical administrator working in the area of dual diagnosis. However, the text also has much to offer any practicing mental health clinician who treats persons with dual diagnoses. Although not the focus of the text, a useful review of many of the fundamental clinical issues related to dual diagnosis treatment is included. These issues include the challenges inherent in attempts to apply unmodified *DSM-IV* diagnostic criteria to this population; the different diagnostic and treatment approaches needed, given the high rate of comorbidity of medical and neurologic illness among persons with mental retardation; and the need for specialized knowledge about the behavioral phenotypes of various developmental syndromes.

The reader will also find a good review of both the principles and practice of applied behavior analysis, a therapeutic modality that is now universally accepted as a critical component of treatment for this population yet one to which many in the general psychotherapeutic community may have relatively little exposure. Additional selected chapters cover applications of assertive community treatment for this population, a study of effective interaction between dual diagnosis clinicians and mental health emergency services, and efforts to provide training in the area of dual diagnosis to psychiatry residents.

On an even broader level, the monograph touches on some of the philosophical and ideological features of the newly developed community-based developmental disability sector as it evolved in the setting of the large-scale deinstitutionalization that started more than 30 years ago and that continues today. In useful introductory chapters, the series editors touch on the manner in which the sector often emphasized specific habilitation or rehabilitation needs, rather than focusing on the provision of treatment for mental disorders. The editors outline the manner in which systems of care that were separate from the mental health sector were developed, which furthered the process of separation of persons with dual diagnoses from mental health providers and which inevitably resulted in poor clinical outcomes and intolerable strains on the care delivery system. The awareness among professionals that persons with mental retardation could be affected by psychiatric conditions, just like everybody else, has developed slowly. The recognition that there is a need for an array of clinical services is what prompted the establishment of many of the services described in the monograph. This monograph can be seen as a review of the history of the field of dual diagnosis treatment as it has developed over the past 20 years, although this was not an objective of the authors.

The limitations of the monograph are the limitations of the field. There is still little funded research in the area of dual diagnosis treatment. As a result, there are few comparative studies on clinical outcomes as they relate to various treatment approaches or settings. In this environment, a monograph that disseminates information on what appear to be model treatment programs is both useful and necessary and should enhance interest in funding formal clinical outcome treatment trials.