

Medicaid Politics and Policy 1965–2007

by David G. Smith and Judith D. Moore; New Brunswick, New Jersey, Transaction Publishers, 2008, 458 pages, \$39.95

Steven S. Sharfstein, M.D.

Perhaps only a political and policy enthusiast like me would really enjoy this book. It is a 400-page history of the federal and state Medicaid program since its inception in 1965. Medicaid has grown unevenly, often uncontrollably, and sometimes unpredictably in many different program areas and states without much direction or corrective action on the part of the federal government. It began as an add-on to public assistance and is essentially a program of “welfare medicine.”

The underlying theme of the book is that Medicaid is a “weak entitlement,” both morally and institutionally. It is weak on moral grounds because of its close association with public welfare; it reflects our cultural attitudes toward poor people, women, and people from racial minority groups. Medicaid recipients have not paid into an account like Social Security beneficiaries have; and unlike veterans, they are not owed anything by our country at large. It is weak institutionally because it has neither a trust fund nor an administrative equivalent of the Social Security Administration with its large bureaucracy and political defenses. The major strength of Medicaid has been the program’s flexibility to take care of a wide range of medical and associated social services, but because of the tendency to expand, a steady growing enrollment, greater benefits coverage, and higher total expenditures, it has consumed increasing proportions of state budgets and federal expenditures. As a result, the Medicaid program today is under siege.

This book describes the great divide in the Medicaid program between the frail elderly population, people with chronic illnesses (includ-

ing mental illnesses), persons with disabilities, and the rest of the population (which includes pregnant women, children, and the working poor). Frail elderly persons and those with chronic illnesses amount to only 30% of Medicaid enrollment but account for 70% of the expenditures. In many respects, this group is uninsurable and would not have access to expensive medical services if not for Medicaid. Balancing the commitment of Medicaid to this needy and most vulnerable population with the concern for the working poor is an ongoing policy concern. It has become a political football game as the Medicaid program has come up for renewal and revision in the U.S. Congress. The title of this book includes the terms “politics” and “policy,” and there are reasons for this. Policy helps us understand what is at stake, and politics helps us understand what is possible.

For persons with mental illness, the Medicaid program is now the “safety net” for many institutional and community-based services. The book de-

scribes in some detail the history of the “IMD exclusion,” the reason why Medicaid excluded patients in institutions from receiving payments because of the traditional responsibility of the states to take care of these individuals in state hospitals. In more recent years, Medicaid has been used by many states through waivers for case management, community support, and preventive care. Without Medicaid, many of these services would be discontinued, and given the dramatic downsizing of psychiatric beds, more individuals would find themselves without any hope for care and treatment. This would only add to the already prevalent public health problem of persons with mental illness who are homeless or incarcerated.

Unfortunately, the book does not deal with the mega-policy of national health reform and the potential of a major health care financing overhaul in this country in order to cover the uninsured and to provide uniform benefits for every American. The authors’ view is that national health insurance would be very limited and modest and have little impact on Medicaid. As we enter this new election cycle, one hopes for a new opportunity for a comprehensive overhaul of our fragmented health care system. ‘

Physical Illness and Schizophrenia: A Review of the Evidence

by Stefan Leucht, Tonja Burkard, John H. Henderson, Mario Maj, and Norman Sartorius; New York, Cambridge University Press, 2007, 224 pages, \$58 softcover

Marie Hobart, M.D.

Individuals with schizophrenia die 25 years earlier than the general population—a number now well publicized in this country thanks to the efforts of the National Association of State Mental Health Program Directors and others. Excess mortality is of course true world wide as well. Stefan Leucht and colleagues start with this sobering fact in *Physical Illness and Schizophrenia: A Review of the Evidence*. They set out to tell us what we know about physical illness as it re-

lates to schizophrenia with the expressed purpose of encouraging recognition and intervention earlier in the course of physical illness. Many individuals with schizophrenia receive very limited medical care, and when they do receive care it is often

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at a point when physical illness is severe or even life threatening.

The authors have done an exhaustive Medline search from 1966 to May 2006 to look at epidemiological studies of the association between schizophrenia and physical illness. They have specifically avoided including mortality studies and studies that focus primarily on the side effects of medications. Some information is grouped by types of illness, such as infectious disease, cancer, hereditary and neonatal diseases, nutritional and metabolic diseases, and immunologic disorders. The rest of the information is organized anatomically, including diseases of the nervous system, urogenital disorders, gynecologic and pregnancy-related disorders, and cardiovascular disease. In each subset the authors point out the number of hits on MEDLINE. This is followed by a brief discussion of how they determined which articles to include. In addition to searching MEDLINE, they routinely examined cited references and sought expert opinion to ensure completeness.

Some topics have only a few noteworthy studies that the authors summarize. Other areas, such as HIV infection, cancer, complications of

pregnancy, cardiovascular disease, metabolic illness, polydipsia, thyroid disease, and rheumatoid arthritis, have an extensive database. Detailed tables assist the reader in reviewing these studies chronologically. Tables include location, research questions, the study and control populations, main findings, data source, and conclusions. Tables do not include how the diagnosis of schizophrenia was made in the study populations, and some studies include other psychiatric diagnostic groups. Forty percent of the studies used come from the United States; the rest are from Europe and elsewhere.

This book will be particularly useful for those doing research on co-occurring medical illness and those researching schizophrenia both in psychiatry and in general medicine. Those involved in public policy regarding service delivery and research funding will find a wealth of information, as well as an appreciation for the limits of our current knowledge. The book does not address the systems issues of how to improve the quality of medical care and interventions for this population, but it challenges the reader to be part of taking the next step in addressing these critical issues.

dents, not just athletes, in two very different school systems. The authors show us how it is possible to simultaneously battle the epidemic of childhood obesity while dramatically improving attention, behavior, and learning.

Designed to be read by the general public, each chapter contains anecdotes, life stories, and personal experiences of the authors. The authors also summarize vast amounts of scientific literature to explain why and how exercise has such a dramatic impact on the brain. They soundly debunk the myth that our brains contain a fixed number of neurons that can only deteriorate with age. In fact, we have the capacity to grow and enhance new neuronal connections at virtually any age. The neuroscience can be somewhat dense and a challenge to follow at times—but well worth the effort. In future editions, an occasional picture or diagram to help identify basic brain regions would be helpful.

In addition to the underlying science and case examples, each chapter is filled with practical advice regarding the type and amount of aerobic exercise that is helpful in a given condition. Weight training and stretching, such as yoga and Pilates, are included, but most studies have looked primarily at the effect of aerobic activity on the brain. Essentially any physical activity is good, and the more, the better. Mental health professionals should be prescribing regular exercise for all patients, in addition to, and often in place of medication for anxiety and depression. Focus and attention can be dramatically improved in attention-deficit hyperactivity disorder through exercise. A daily practice of sustained physical activity can be transformative for those in the early stages of addiction recovery. The authors argue that regular physical exercise is the single most valuable health practice that individuals can engage in, regardless of age or socioeconomic status. The benefits are wide ranging, with few or no side effects. This very readable volume is valuable to patient and health care practitioner alike. As Dr. Ratey says, “Welcome to the Revolution.”

Spark: The Revolutionary New Science of Exercise and the Brain

by John Ratey with Eric Hagerman; New York, Little, Brown, and Company 2008, 294 pages, \$24.99

Marie Hobart, M.D.

The scientific evidence for the benefit of regular exercise for physical health comes to us in major medical journals and the popular press daily. Those who exercise can prevent and decrease the ravages of diabetes, heart disease, and some types of cancer. What about the benefit of exercise to our brains? John Ratey, with the assis-

tance of Eric Hagerman, takes us on a comprehensive tour of the effects of regular exercise on cognition, learning, memory, and the symptoms of many common psychiatric conditions in *Spark: The Revolutionary New Science of Exercise and the Brain*.

We learn about the effect exercise has on how we experience stress and on hormonal changes throughout the life cycle and how exercise may be the closest we come to finding the “fountain of youth.” The inspirational opening chapter presents a comprehensive physical activity program for all stu-

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Improving Medication Adherence: How to Talk With Patients About Their Medications

by Shawn Christopher Shea, M.D.; Philadelphia, Lippincott Williams and Wilkins, 2006, 184 pages, \$34.95

Jeffrey Geller, M.D., M.P.H.

Shawn Christopher Shea's book, *Improving Medication Adherence: How to Talk With Patients About Their Medications*, should be read by every medical student at the end of his or her first year of medical school and again at the end of his or her fourth year. If read anytime after that, I fear it just might be too late.

Shea's book is about how to approach patients sensitively and how to work with patients as partners in their health care. He chooses to focus on medication adherence, but the lessons could be generalized to almost every aspect of the doctor-patient relationship.

The informal style of the book is perhaps taken too far. For example, he talks about "out-of-control schizophrenia" and "nasty side effects." Each chapter begins with a quotation that is generally on point. Some might take issue with the fact that some chapters' quotations are by a non-physician who is talking about medicating patients.

Shea provides important lessons for the physician starting out in his or her career. He talks about the alliance as "the alliance that helps us to heal when healing is possible and to comfort when it is not." He suggests the importance of building "a collaborative alliance with our patients" such that physician and patients are working together "as allies against their illness." It is because of this belief system that Shea discards the terms "compliance" and "noncompliance." Although the title of his book includes, "medication adherence," the term he prefers is "medication interest." Shea proposes that the term medication interest "emphasizes that the real goal of prescrib-

ing clinicians, no matter what their discipline, is to increase understanding and motivation."

Although the author is quite focused on terminology, he sometimes mixes up "effectiveness" and "efficacy." He overstates his case when he indicates that the methodology and verbiage he proposes will "convincingly demonstrate" to patients the physician's intent. He suggests telling patients that a medication can "make sure." Shea offers a too universal approach without stressing enough the necessity for individualization.

Some readers may be put off when Shea becomes maudlin or sentimental. For example, Shea indicates "when our patients or their family members find themselves crying as they face the loss of hope for a cure, the greatest gift we have to offer is simply our own tears." Perhaps it is appropriate that Shea bend over backwards to make the point of doctors connecting with patients since the prevailing forces are in the opposite direction. But should a physician say to a patient "I've had some excellent luck with this medication?" Is what a patient really wants to hear a message founded on the doctor's luck?

Shea could make many improvements in the next edition of *Improving Medication Adherence*. These style opportunities do not stand in the way of this text's being an extraordinarily useful one for physicians at the beginning of their careers. As I indicated at the start of this review, first-year students and fourth-year students should have this as required reading. Yes, that means medical students would read this book twice. It should then go on their bookshelf to be drawn upon throughout the rest of their career. My fear is that if medical students don't read this before the end of medical school, the synapses that would allow for high-quality doctor-patient interactions will be long fried.

Meaning in Suffering: Caring Practices in the Health Professions

edited by Nancy Johnston and Alwilda Scholler-Jaquis; Madison, University of Wisconsin Press, 2007, 293 pages, \$26.95 softcover

Joy Stankowski, M.D.

Suffering is a universal and unavoidable part of human existence. In the course of caring for the sick, health care providers are uniquely positioned to play a role—positive or negative—in the lives of persons suffering. In *Meaning in Suffering*, which is the sixth volume of the series "Interpretive Studies in Healthcare and the Human Sciences," the editors draw together works from various authors to explore the meaning of suffering and how health care professionals can have an impact on this meaning.

Suffering is evil, as one author argues, or humans would not strive to avoid it. When we suffer, especially with the loss of health, we lose control of how our world works on a fundamental level. Besides our own dismay at this changing reality, we must also cope with the fears and prejudice of others. We live in a culture where health and control are prized, whereas the vulnerability of suffering is shameful.

Although the authors in this volume acknowledge this perspective, they argue that the outcome of suffering is not always negative. Positive responses such as compassion and forgiveness affect how the sufferer imagines and experiences suffering.

Although health care providers have frequent opportunities to interact with persons who are suffering, most providers keep a professional distance. As a result, provider-patient interactions are often negative. This is illustrated in the book's opening paragraph. A young physician is unable, or unwilling, to move beyond her pro-

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fessional props of paperwork and jargon to interact in a meaningful way with a dying patient.

After setting the stage, the authors challenge health care providers to remove their professional distance and find a “fitting response” to the suffering of others. Author and editor Nancy Johnston notes that the “helpfulness of health professionals resides in their capacity to call forth the conditions in which meaning can be restored.” Subsequent authors explore the conditions of storytelling and artwork as ways suffering patients find meaning in their suffering. Ultimately, then, suffering gains meaning through the imagination and subjective interpersonal interactions of the person suffering.

Although the editors should be applauded for their efforts to remind health care providers of the importance of helping patients with their experiences of suffering, it is unfortunate that the “methodologically rigorous” language of the book serves as a barrier to the non-research-oriented reader. The theoretical orientation of the authors results in a dense writing style and in an unnecessary overstatement of some points, such as making a case to health care providers for compassion in the face of suffering. The book is most effective in its later chapters, when it speaks to practical ways providers can overcome professional distance and have an impact on the suffering of others in a positive manner. ¹

the person, and when people are not tied to... negative ‘certainties’ about their lives, new options for taking action to address the predicaments of their lives become available.” Relinquishing a shameful “spoiled” identity, for example, an identity of a “crazy” person, to claim an identity as a person who is resisting and trying to overcome a challenging problem, such as “habits” or “voices,” energizes and inspires clients and the clinicians working with them. Continuing in this “re-authoring” vein, the smallest successes in limiting a problem are elicited, named, fleshed out, and historicized, making available a new story of the person’s knowledge and skills in coping that can be drawn from and built upon. Furthermore, discovering why a person wishes to overcome the problem (such as, “because I want to contribute something to the world”) opens up new possibilities for positive developments.

Narrative therapy brings the “why?” back to psychotherapy as a means to honor the importance of intentions and values in the creation of our lives, rather than examining only states, traits, drives, or biochemistry. Although White acknowledges the ways in which naturalistic explanations for people’s behaviors may be beautiful (such as “it’s only human to long for acknowledgement”), he sees these conclusions as therapeutic “cul-de-sacs.” Rather, narrative therapy seeks to “spark a heightened state of mental activity” in which people are “stretching their minds” and “exercising their imaginations” in creating new possibilities for their lives, on the basis of what they personally give meaning to. These practices lead to movement from a problem-saturated identity to a value-based identity that supports actions that move a person closer to living as he or she prefers. Unprecedented change and growth can result. The metaphor of maps, used throughout the book, aptly captures White’s detailed but nonprescriptive approach, in which he offers guidance for fruitful therapeutic inquiry while encouraging practitioners to allow conversations to be “unruly” and nonlinear.

Maps of Narrative Practice is an

Maps of Narrative Practice

by Michael White; New York, W. W. Norton and Company, 2007, 288 pages, \$25.95

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Narrative therapy offers effective psychotherapeutic approaches for every kind of mental health problem, and in his rigorous and graceful new book, *Maps of Narrative Practice*, Michael White has created a definitive text of theory and practice. White first began exploring narrative practices in the 1970s when working with families and children with longstanding problems, such as encopresis, by attending to how they experienced their lives through stories. By noticing their earliest, most tentative steps toward well-being and offering questions that made it possible to incorporate these “sparkling moments” into meaningful new stories of self-development, he discovered powerful ways to help people free themselves from their problems and find the health and happiness they desired.

Over the next three decades, while working with people dealing with

problems such as agoraphobia, bereavement, depression, psychosis, attention-deficit hyperactivity disorder, and trauma, he further developed and fleshed out how and why these emotionally moving, often playful “re-authoring conversations” work so well. Unrelated to “narrative medicine” or therapies that use stories in a general way, narrative therapy as developed by Michael White and his associates brings particular breadth, rigor, subtlety, and clinical acumen to working with the stories of people’s lives, attending meticulously to which stories are focused upon and what effect those stories have. His prolific body of work stands as a foundation of narrative therapy, summarized and systematically presented for the first time in this brilliant new book.

White maps out key territories of narrative practice, deftly linking theory with sentence-by-sentence analysis of therapeutic conversations. The book begins with the core narrative concept “externalizing the problem.” White says, “When the problem becomes an entity that is separate from

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important text by a master. Beautifully organized and a pleasure to read, it brings theory alive with colorful transcripts of therapy in every chapter and offers examples and instructions for applying narrative practices with the full range of mental health chal-

lenges that psychiatrists and therapists may be called upon to address. Although it is an excellent, accessible introduction to the field, experienced narrative therapists will draw upon its thoroughness, precision, and subtlety to invigorate and hone their craft. '

recent advances, this book covers a wide range of measures for assessing trauma.

The book also provides useful information for understanding the influence of environment, culture, and family background on assessment and about how to write reports regarding traumatized youths. Case examples included in the book help the integration of the different facets of assessing children and adolescents. Especially helpful and well discussed is a section on the necessary considerations and steps for the cultural and developmental adaptation of assessment measures for children of diverse cultures.

The book provides an excellent introduction for clinicians less familiar with youth trauma. It also serves as an important reference for more experienced clinicians and researchers. The author is well known among her colleagues in traumatology worldwide and demonstrates a career-long interest in working with youths who have experienced everything from parental homicides to terrorism, disasters, and other severe trauma. Therefore her approach is thoughtful and considerate of the information needed by frontline clinicians who may be working with traumatized youths.

Although the book is of tremendous value, it is not an easy read. It is full of information and in many ways serves as a good reference book rather than a casual read. Because this book fills a much needed gap in the trauma literature, the urgency in getting it to press may have resulted in some poorly edited text. At times the case examples are not fully explained or integrated with the text, so I look forward to future editions that may further improve upon the style and add greater value to the case examples. For now, the scope of information and depth presented in this book makes it a worthwhile read for mental health professionals interested in catching up with the latest understanding of the psychological impact and assessment of child and adolescent trauma. '

Last Call: Alcoholism and Recovery

by Jack H. Hedblom, M.S.W., Ph.D.; Baltimore, Johns Hopkins University Press, 2007, 224 pages, \$18.95

Allen Y. Masry, M.D.

For anyone who frequently encounters the phrase "90 meetings in 90 days" without truly understanding the depth of that phrase, this book is for you. In *Last Call*, Dr. Hedblom discusses the biopsychosocial aspects of an alcoholic on his or her quest to achieve and maintain sobriety. He describes this quest through the use of Alcoholics Anonymous (AA) as well as touching on the spiritual aspect of the program, a topic that needs to be addressed. As Dr. Hedblom states, "the impact of alcohol on the alcoholic is physically and psychologically devastating. The impact of the disease on the spirit is perhaps the most elusive and yet the most crucial to understand."

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The steps that a person who is sober from alcohol has gone through with AA to achieve that sobriety are eloquently described in *Last Call*. The book starts off by describing the founding of AA and discusses the various ways in which alcoholism has been defined, but it also stresses the multivariate syndrome, which is akin to the biopsychosocial formulation. *Last Call* discusses each of the steps of AA, describes what alcoholism means to the alcoholic and his or her family, and looks at the promises of the 12-step process and how it is applied to maintaining a sober life. In short this book is a valuable guide to anyone who treats someone suffering from alcohol addiction and is not familiar with the depth of the role that AA plays in treatment. '

Understanding and Assessing Trauma in Children and Adolescents: Measures, Methods, and Youth Context

by Kathleen Nader; New York, Routledge, 2007, 584 pages, \$75

Lisa R. Fortuna, M.D., M.P.H.

In the scholarly yet practical book, *Understanding and Assessing Trauma in Children and Adolescents* Kathleen Nader has compiled an extremely comprehensive clinical guide to understanding the assessment of trauma in children and adolescents.

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This is a first in the field and much needed for practitioners and researchers alike. Nader makes it clear that there are many issues that are important to evaluating children and adolescents. In response to these issues, she has compiled the most important and essential literature in the field, and she uses her clinical experience to provide important guidance on the topic. From clinical history to

Dancing in the Streets: A History of Collective Joy

by Barbara Ehrenreich; New York, Metropolitan Books, 2007, 336 pages, \$26

Maxine Harris, Ph.D.

In *Dancing in the Streets*, cultural historian and author Barbara Ehrenreich has written a fascinating, albeit somewhat uneven, book about the phenomenon of communal, shared ecstatic ritual. Ehrenreich posits that “the capacity for collective joy is encoded into us almost as deeply as the capacity for erotic love of one human for another.” She carefully defines the rituals and behaviors that constitute collective joy. She also traces the historical roots, beginning with ancient Greek civilizations, and elaborates on political, religious, and philosophical forces that have stifled the expression of a very natural human longing to celebrate and rejoice in one another’s presence.

The author’s discussion of ecstatic expression in the context of the epidemic of melancholia that ushered in the 17th century is especially intriguing. Ehrenreich draws the reader’s attention to the increase in depres-

sion that coincided with the decline and outright suppression of pleasurable, communal revelry. She conjectures that the century that gave us the rise of the individual and beginning exploration of the “inner self” also gave us a growing number of individuals who felt isolated and anxious. In earlier times, shared dance and celebratory festivals gave individuals a chance to merge with the community and perhaps experience the immunizing effect of joyfulness. Ehrenreich concludes that while the suppression of revelry by both the church and the state may not have caused depression, it removed a potential source of comfort from the reach of average citizens.

Ehrenreich also attempts, somewhat less successfully, to analyze modern examples of collective joy, such as rock concerts, sporting events, and the political rallies of the Fascist era. Perhaps because these events all seem to lack the spiritual dimension of ecstatic joy that allows individuals to transcend themselves and be filled with the power of a shared deity, her discussion in this area falls

somewhat short. She herself acknowledges that the lavish parades and rallies of the Nazis were more like orchestrated audience participation than any real shared joyfulness. Similarly, the camaraderie of tailgate parties, the movement of fan “waves,” and the swoons of dancing teenagers seem not to have the lasting impact of communal rejoicing.

By focusing on an important human phenomenon not often acknowledged by the mental health community, Ehrenreich invites the reader to consider the broader question of what exactly constitutes mental health. If we spend our days in front of a computer, shut off from the fellowship of others, or if we live mainly in our heads, out of touch with our bodies except for an hour or two at the gym spent exercising alone, are we missing an important, life-affirming part of what it means to be a healthy human? Certainly self-help purveyors exhort readers to find their inner happiness and follow their hearts, but rarely is the role of others, not as network members or support systems but as co-celebrants in the festival of life, mentioned as important, perhaps even essential, to our well-being not only as individuals but as communities and societies as well. ' "

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