Approach to the Psychiatric Patient: Case-Based Essays

edited by John W. Barnhill, M.D.; Arlington, Virginia, American Psychiatric Publishing, 2009, 565 pages, $62

John Santopietro, M.D.

In a world of limited resources, imagine having access to case consultation with any of over 100 faculty at Columbia and Cornell at a moment's notice. As a clinician who has spent time in the trenches of community psychiatry, to me such access would be invaluable. *Approach to the Psychiatric Patient*, an extensive collection of case-based essays edited by John W. Barnhill, M.D., chief of consultation-liaison at New York Presbyterian Hospital and faculty at Weill Cornell Medical College and Columbia University Center for Psychoanalytic Training and Research, opens the door to a corridor rich with resource.

Another important achievement of this collection is that it approximates a historical snapshot of the field. Each short essay is written from a well-defined angle. The authors write as if they had been asked an important clinical question by a colleague, creating tones of familiarity, urgency, and realism. The essays address one of ten composite cases that were well thought out and capture real-world problems. Each case is then addressed by about ten clinical points of view, including many familiar and respected names (Auchinloss, Mann, and Cooper, to name a few), and each section ends with a helpful list of the summary points.

Approach to the Psychiatric Patient provides an educational resource that is valuable not only to trainees but also to seasoned clinicians in any of our disciplines. This book is filled with wisdom and insight. Some are classic, such as Kernberg on borderline organization and Schafer on therapeutic zeal. Some are cutting edge, with views from pharmacogenomics and neuroimaging. Others speak of social context, such as Kim Hopper's essay on a composite case of schizophrenia from a viewpoint titled Homelessness and Social History:

"Psychiatry may make its own history, but it does not do so under circumstances of its own choosing. This hoary homespun truth becomes especially vivid in the lives of its protagonists—patients and providers alike—when they span periods of unusually disruptive change. Such is the case with Anthony Da Piazza: born in the era of secure confinement, suffering his first psychiatric crisis during the heyday of deinstitutionalization, and then settling into an extended period of residential and clinical instability (punctuated by bouts of outright homelessness) during a time when the mental health system itself was struggling to find its bearings, recoup public confidence, and establish a fresh set of ground rules."

With such a distinguished and extensive group of essayists who gave generously to this project, one would hope that the editor rose to the moment. What a task: to coordinate over 100 points of view, to minimize redundancy and inconsistencies, and to maintain flow. In this Dr. Barnhill has succeeded masterfully through his vision for the work and the architecture he used. One might argue a few points—that the breadth of views comes at the expense of some depth, that there may be some institutional bias that could misrepresent the entirety of the field, that the sheer size of the work presents a challenge. These are minor. In the end this book is a gift—to trainees and the academic community, to multidisciplinary teams in the trenches who need practical wisdom, to historians of the future looking for a snapshot of our field at the beginning of this millennium, and (as the dedication indicates) "to the people who suffer from psychiatric illness, with the hope that the text helps improve their care."

The reviewer reports no competing interests.

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Textbook of Psychotherapeutic Treatments

by Glen O. Gabbard, M.D.; American Psychiatric Publishing, 2009, 896 pages, $95.00

Lina Cassandra Vawter, M.D.

When I was a second-year resident, I had my first meeting with a patient about whom I had been exhaustively forewarned: she was exceptionally astute, intermittently psychotic, and habitually sadistic. She immediately asked what I knew about interpersonal therapy. I cringed, admitting that I really didn't know much, and spent the rest of the appointment trying to regain some semblance of competency. Surely I had been post-call for that lecture.

When I first opened Glen O. Gabbard's *Textbook of Psychotherapeutic Treatments*, I turned directly to the segment devoted to interpersonal therapy and found four concise chapters: Theory, Techniques, Applications, and Combination With Medication. I read those chapters first, to find out what I could have said. Next I found the section on cognitive-behavioral therapy and found four corresponding, well-written chapters. From the perspective of a fourth-year resident, this book offers an excellent quick but comprehensive orientation (and reorien-

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tation) to a variety of psychotherapies, many of which are covered in residency training and some of which are not.

Included in Gabbard's book are sections on psychodynamic, cognitive-behavioral, interpersonal, and supportive therapies. These sections are followed by eight shorter sections (one chapter each) covering several permutations of therapeutic assemblage, including family systems theory and practice and couples therapy (including emotionally focused, psychodynamic, and behavioral therapies). Group therapies covered include psychodynamic, family interventions, and cognitive-behavioral therapy for pain. All chapters are peppered with enough references to demonstrate adequately the book's scholarly origins, without creating mental tangents that detract from its readability. The book is certainly approachable for the busy and novice practitioner.

The book ends with chapters that initially look a bit miscellaneous but are actually pertinent and interesting chapters on psychotherapy integration, mentalization-based therapy, brain processes informing psychotherapy, and professional boundaries. Dialectical behavioral therapy is unfortunately placed in the midst of this last section, though it certainly merits the status of the other therapies to which four chapters are devoted. For anyone else who is new to the term, "mentalization" refers to a "procedural, mostly non-conscious . . . intuitive rapid emotional reaction in response to all the social and personal interactions around us," a "process by which we make sense of each other and ourselves." It is linked to borderline personality disorder by attachment theory, with the assumption that the disorder is caused by a reduced capacity for this skill. It is the focus of a relatively new form of therapy for patients with borderline personality disorder and is aptly placed alongside the chapter on dialectical behavioral therapy.

The chapter on brain processes presents the most novel and interesting material, effectively providing a compelling case for the study of neurobiological processes by the average practicing therapist and certainly the average psychiatrist. All in all, this book is an excellent reference for residents, therapists, psychologists, and any practicing psychiatrist who wishes to fortify and expand his or her knowledge of psychotherapeutic interventions, their theoretical bases, and current advances in exploration of their neurobiological correlates.

The reviewer reports no competing interests.

The Physician as Patient: A Clinical Handbook for Mental Health Professionals

by Michael F. Myers, M.D., and Glen O. Gabbard, M.D.; Arlington, Virginia, American Psychiatric Publishing, 2008, 252 pages, $51

David Baron, M.S.Ed., D.O.

This handbook, co-authored by two of the leading psychoanalytic educators in North America, covers an important topic rarely addressed in the training of mental health care providers: providing treatment to the physician-patient. The text is divided into three sections—Physician Characteristics and Vulnerabilities; Diagnostic and Treatment Issues in the Distressed and Distressing Physician; and Prevention, General Treatment Principles, and Rehabilitation.

The entire book is an easy read and very well written. As would be expected from two master educators, each chapter includes several case examples that highlight key educational points. Chapters finish with a concise conclusion and bulleted key points. Virtually every chapter includes helpful tables that summarize facts presented in the text.

If the reader is seeking raw data related to physician-patients, he or she is advised to look elsewhere. The goal of this book is to provide insight into and a better understanding of the dynamic issues at play when physicians become patients. Its intended audience includes psychiatrists, primary care providers, addiction specialists, psychologists, clinical social workers, and psychiatric nurses. The content and writing style are appropriate for all of these groups of mental health providers. References are listed at the end of the book, making for an easier read, and cover 1957 to 2007. An appendix lists seven relevant Web sites and a brief description of their content.

Of the 12 chapters included in the text, the two I found most interesting were chapter 5 on addictions and chapter 11 on suicidal physicians. Both are important topics that do not receive the attention they deserve in most training programs. Both of these chapters are chockful of useful clinical pearls.

My only critique of this book would fall under the category of truth in advertising. The title should include "A Psychodynamic Perspective." Although chapter 9 provides a brief overview of cognitive-behavioral therapy, it is presented from a psychodynamic perspective. The entire book has a very strong psychodynamic influence—not a bad thing, and who better to give it than Dr. Myers and Dr. Gabbard? Its target audience should be trainees and early-career mental health providers.

To borrow from a local movie reviewer, I would give three stars out of four for a nicely written, clinically relevant, easy-to-read handbook full of useful clinical pearls.

The reviewer reports no competing interests.

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The Lives They Left Behind

by Darby Penney and Peter Stastny; New York, Bellevue Literary Press, 2008, 205 pages, $14.95

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

Penney and Stastny, authors of *The Lives They Left Behind,* deserve great credit not only for saving "suitcases from a state hospital attic" from being destroyed but also for bringing to life the patients whose property was excavated. However, I was dismayed that they did not trust the patients to speak for themselves. Instead, the authors, by grafting their views onto the patients' lives, have undermined the memories they worked so hard to preserve.

First, the authors inflame the reader with ideological rhetoric. For example, they equate the patient to a "prisoner of the mental health system." They claim to be able to pick out a group of psychiatric patients by their "medication shuffle." They state that psychiatry was and is "largely in the business of stripping patients of their quotidian identities." Further, they claim that psychiatric diagnoses neither previously nor currently "provide a basis for successful treatment and recovery." Also, hallucinations, paranoia, and major depression are described as responses to stress and diversity and not as "indications of a chemical alteration in the brain." Biological psychiatry is put forward as a model to explain "so-called schizophrenia" that "posits a brain-based process that injects toxins into itself . . . a sprouting of malignant neurons." The authors explain that psychiatry has "generally been complicit" in violence and loss, driving women mad throughout history.

Second, the authors put forth a revisionist history. The following pronouncements do not comport with historical fact: American psychiatric hospitals of the 19th century were built to accommodate thousands of patients; this is contrary to Thomas Kirkbride's design, whose model was most followed. Another claim: for over 100 years, Willard State Hospital sustained itself "by the labor of its mostly unwilling charges"; however, the authors' own accounts dispute this. Next, they claim that the end of unpaid patient labor in 1973 was a major factor in deinstitutionalization; however, it is common knowledge that deinstitutionalization was well under way a decade earlier. They indicate that male psychiatrists in the 19th century were "all too willing to oblige" husbands who sought to "institutionalize their troublesome spouses." Yet Superintendent Andrew McFarland tried desperately to rid himself and his hospital of Elizabeth Parsons Ware Packard (1). Although the book describes Willard Hospital as unique in admitting individuals with neurosyphilis and elderly persons because there were no other institutions to do so, all state hospitals for the first half of the 20th century admitted such persons (2).

More revisionist history: the authors perpetuate the view that a diagnosis of schizophrenia "virtually guaranteed lifelong institutionalization" even in the 1950s. *Psychiatric Services* is replete with articles from its 1950s editions that dispute this portrayal (3). Also, the authors claim that although 19th century psychiatry touted recreation as therapeutic, this was just pretense—its true purpose being "to lighten the workload of attendants and administrators." Nineteenth century psychiatrists wrote much to the contrary, however (4). According to the authors, "before the introduction of 'modern' psychiatric drugs in the 1950s, there was little offered in the way of mental health treatment." This is simply not so (2–4). Further, they claim that neuroleptic drugs such as chlorpromazine did not actually improve people's mental or emotional state; again, there is evidence to dispute this (5).

Third, the authors actually do what they claim not to have done: they create "a posthumous pasting together" of lives that is an "exercise in puzzlegamesmanship."

Let us take one of the suitcased lives:

Rodrigo Lagon drafted a letter to his uncle in 1921, two years after his admission to Willard State Hospital. His letter opens with, "I am pleased to inform you I am still living at Willard State Hospital" and closes with a postscript, "I have no definite knowledge yet when I shall obtain my freedom." The authors conclude that Mr. Lagon did not feel he was hospitalized for treatment at that time. How could they know? That Mr. Lagon went on from there to be hospitalized another 60 years is outrageous—on that we concur. But what was Rodrigo Lagon's experience? Opening the suitcases allows the authors to bounce their views off the saved possessions of the lives of Willard State Hospital's former patients but fails to allow Mr. Lagon and the others—so often voiceless—to speak for themselves. Did Penney and Stastny think that we, the readers, would not hear them?

The authors say "the suitcase owners' responses to decades of hospitalization ranged from resignation to resistance, from despair to hope that they might someday be released." They go to great lengths, on an admirable endeavor, to portray the richness of the lives of people who shared mostly that they passed through the portals of Willard State Hospital. Why transform their reactions to Willard State Hospital into such a flattened range of responses? What about gratitude, fury, safety, fear, familiarity, ambivalence, comfort, a sense of belonging, and freedom from homelessness, starvation, and routinely untreated physical ailments?

Or did the authors not trust the doctors, whose records are cited extensively? Much to my surprise, these physicians, whose caseloads could number in the hundreds,

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recorded patients' perspectives—the good, the bad, and the ugly—infrequently (preposterously so by any contemporary standard) but with a texture that today is in the process of being obliterated by the electronic medical record.

Finally, Rinzler's photographs are excellent. I am sorry I missed the traveling exhibit. I believe it would have left me sad about these patients' lives. The book left me sad about what has been done with their life remains.

The reviewer reports no competing interests.

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Schizophrenia: Cognitive Theory, Research, and Therapy

by Aaron T. Beck, Neil A. Rector, Neal Stolar, and Paul Grant; New York, Guilford Press, 2008, 418 pages, $45

Lon C. Herman, M.A.

For graduate students, residents, current practitioners, and others seeking a single body of work to deepen their understanding of schizophrenia and treatment approaches benefiting those affected by the syndrome, *Schizophrenia: Cognitive Theory, Research, and Therapy* is made to order. Cognitive therapy is increasingly used as a treatment option for people with schizophrenia who experience persistent symptoms, and this volume provides a compelling, though even-handed approach, for considering this treatment option.

The authors are recognized leaders in promoting the cognitive model of schizophrenia and its treatment. Yet, this book goes well beyond the model by providing a concise, historic overview of how schizophrenia has been conceptualized and addressed and how contemporary biological knowledge can be integrated with the cognitive model to address this serious disorder.

The four primary symptom categories that characterize schizophrenia—delusions, hallucinations, negative symptoms, and formal thought disorder—are introduced through case studies, followed by grounding in the theoretical and practical strategies that can be utilized to engage and treat. The scientific evidence underpinning each of the treatment approaches described throughout the book is accessible and balanced. In addition, the authors have provided a series of tables and guides for assessment and treatment in each of the major symptom areas.

A separate chapter is devoted to the relationship between cognitive therapy and pharmacotherapy, with a focus on the need for integrating the two approaches among therapists and psychiatrists.

As a therapeutic intervention embedded within a recovery orientation, the authors stress the need for establishing effective, patient-empowering therapeutic relationships. To achieve this goal, the book provides a thoughtful examination of assessment options and methods. A brief review of assessment rating scales, interviews, and tests is presented, along with a description of their empirical support and practical administrative considerations. The basic structure of cognitive therapy for people with schizophrenia is laid out in a bullet-pointed table providing an overall structure for therapy; a second table outlines the components of a typical 25- to 50-minute cognitive therapy session.

The book concludes with the sharing of a number of useful instruments, such as the Beck Cognitive Insight Scale and the Cognitive Assessment of Psychosis Inventory.

In developing this book, the authors clearly set a high bar with an ambitious set of objectives: providing a historical overview of schizophrenia; describing the syndrome's etiology; synthesizing theory, research, and practice; offering cognitive and biological perspectives; and providing practical advice to treatment providers. In each instance, the book has met the challenge. It is recommended for professionals across health disciplines as well as others interested in state-of-the-art treatment approaches to schizophrenia.

The reviewer reports no competing interests.

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