

Recovery From Disability: Manual of Psychiatric Rehabilitation

by Robert Paul Liberman, M.D.; Washington, D.C., American Psychiatric Publishing, 2008, 628 pages, \$65

Yad M. Jabbarpour, M.D.

With historic vision, clinical sensibility, and scientific tenacity, Dr. Robert P. Liberman has been a founding father of psychiatric rehabilitation, developing it to form a cornerstone of treatment for persons with serious mental illness. He is a distinguished professor at the University of California, Los Angeles (UCLA), where he has been a member of the faculty since 1970 and where he has directed since 1977 the UCLA Center for Research on Treatment and Rehabilitation of Psychosis, funded by the National Institute of Mental Health. With *Recovery From Disability*, Liberman has provided a guiding resource to help clinicians bridge the gap between science and clinical services, thereby helping patients bridge the gap from disabling illness to recovery.

The initial section of the book provides the conceptual and evidence-based foundations for psychiatric rehabilitation, from terminology to discussions on the recovery movement. The main theories are reviewed, ranging from the vulnerability–stress–protective factors model of mental disorders, to social learning theory, to life span developmental psychology. The review provides a framework for the driving principles and practices of psychiatric rehabilitation. The mid-section contains the core focuses for psychiatric rehabilitation: illness management, functional assessment, social skills training, family involvement strategies, and vocational rehabilitation. This section is the manual's principal substance, formatted to bring psychiatric rehabilitation home to the clinician and on behalf of the patient.

Dr. Jabbarpour is clinical assistant professor at the University of Virginia School of Medicine and chief of staff at Catawba Hospital, Catawba, Virginia.

The last chapters address specific vehicles for the delivery of rehabilitative services and emphasize special service situations. Liberman discusses the applications to case management and personal support specialists and thereafter tackles the further applications to housing, assertive community treatment, and psychosocial clubhouses. Integrated mental health care is underscored. Given the complex needs of persons served in our fragmented systems of care, the author attends to special rehabilitation services for special populations, ranging from those of diverse ethnic and cultural backgrounds to those with severe mental illnesses who are incarcerated in jails and prisons. Rehabilitation for persons with treatment-refractory mental illnesses and co-occurring substance use disorders, as well as for older adults, is discussed. Liberman ends by spotlighting future developments for rehabilitation and recovery, including prevention, cognitive remediation, the use of technology, and the integration of consumers into rehabilitation with peer support specialists and other supports.

Each chapter offers not only direct content but also clinical examples and learning exercises to engage the reader. The author ends each section with summaries and key points that pull together the salient, take-home elements. These teaching techniques help readers incorporate knowledge through multiple formats of learning. The manual also provides a complementary resource that pulls together Liberman and colleagues' multiple modules for psychiatric rehabilitation, as exemplified by medication management, community re-entry, symptom management, and family modules. The manual would have benefited from the use of electronic media—by in-

cluding a CD-ROM, for example—to provide links to the modules and more elaborative applications.

Liberman provides a large—over 600 pages—yet practical handbook that brings theory into practice for the reader. With this manual, recovery is no longer simply a values-based vision. *Recovery From Disability* improves our function in psychiatric services by providing pragmatic, evidence-based tools to improve our utility as providers. Clinicians from all disciplines who serve persons with severe mental illnesses will benefit by including this book in their library.

The Placebo Response and the Power of Unconscious Healing

by Richard Kradin; New York, Taylor & Francis, 2008, 296 pages, \$40

Lisa Dixon, M.D.

One of the great mysteries of medicine is the placebo effect. As health care providers, we are ambivalent about it. Is the placebo effect a tool in our toolkit, or is it an indicator of our ineffectiveness? Is it something to celebrate and master, or is it something to hide from the world? Richard Kradin's book is a fascinating exploration of the placebo effect, satisfying for both the biological scientist committed to the primacy of neuroscience and for the clinical therapist, comfortable with the vagaries of the world of feelings and beliefs that provide the foundation of human relationships.

With his background, Kradin is uniquely suited to write this book. He is a trained psychoanalyst and has contributed academic articles in the psychoanalytic literature. He is also a medical internist, immunologist, and pathologist, treating cancer patients with innovative immunotherapies. He illustrates his points with com-

Dr. Dixon is director, Division of Health Services Research, University of Maryland School of Medicine, Baltimore.

elling anecdotes from the world of cancer treatment. Tumors disappear and reappear, seemingly as a response either to belief in the physician team or faith in the treatment, or lack thereof.

The placebo effect is of special relevance in psychiatry because many of the treatments produce a large placebo response. It is also of special relevance because at least some of the placebo effect is attributable to the therapeutic relationship between care provider and patient—something on which we spend a great deal of time and effort focusing in our training and supervision.

The volume is divided into chapters that almost stand on their own and can be read or not read, depending on one's interests. Each chapter is very dense, and readers should take their time to absorb the content. The first few chapters define the placebo response and describe its rich history in medicine. Kradin challenges our comfort with plain statements, such as "Many lay people harbor the erroneous notion that physicians know how most treatments work." He explains the advances of modern medicine but does

not let his readers off the hook. He explains the advantages of randomized clinical trials but also their limitations. We are left pondering the question of what it means for a treatment to be better than placebo.

The middle three chapters focus on the science of the placebo response. What kinds of people develop a placebo response? Here Kradin makes the case that most people have the capacity to develop a placebo response, which he characterizes as a state rather than trait behavior. Some readers might skim the chapter on what we know regarding how placebos act, depending on their background and interest in neuroscience.

The final three chapters provide intellectual exploration and synthesis about the placebo response. A compelling discussion of the ethics of the placebo response reveals some mind-bending paradoxes. Ultimately, Kradin's consideration of the placebo response underscores our awareness of the truth of humans as both independent and dependent, as both isolated and completely connected. Kradin's book is both scientific and spiritual.

mains, including the dynamics of self versus others and developing insight into the emotions of the self and others. Mentalizing past experience and emotions relates the past with the present, a fundamental process in psychotherapy that is often transformative. Our patients' capacity to mentalize in their own mental states from the past yields insight into maladaptive behaviors that can then be changed.

The book elucidates mentalizing as it is applied to fundamentals of development. This becomes relevant in numerous areas, such as attachment and early traumatic experiences. The chapter on neurobiology demonstrates synthetic thinking at the highest level, with cogent and informative discussions on the neuroanatomy of social cues, emotionality, and interpersonal experiences, as well as the pathology of autism and psychopathy. This chapter is as thought provoking as it is enjoyable.

The next part of the book is the direct application of practicing mentalizing. The reader is offered a discussion of the "how-tos" of mentalizing and directly applying this technique to psychotherapy. An explicit example is presented that readily demonstrates the process of mentalizing in a psychotherapeutic formulation. This formulation is shared with the patient in writing, described as a process of "holding your mind in mind." I particularly enjoyed the discussion of the "pretend mode," where the authors posit intellectualizing, rationalizing, and engaging in psychobabble as "bullshit." It is in fact critical to the therapeutic process that this "bullshit" be identified for therapy to occur, lest the illusion of therapy blindside the process of positively affecting functioning.

The chapter that discusses the interventions of mentalizing is a very helpful application guide to working with patients. It encompasses mentalizing the transference process and offers specific pointers in a section appropriately called "Top Tips," which include maintaining an active stance, making contrary moves, and using common sense.

Mentalizing in Clinical Practice

by Jon G. Allen, Ph.D., Peter Fonagy, Ph.D., and Anthony W. Bateman, M.A., F.R.C.Psych.; Washington, D.C., American Psychiatric Publishing, 2008, 433 pages, \$55

Jeffrey S. Barkin, M.D., P.A.

Every so often a book comes along that synthesizes so much information as to inspire true intellectual and epiphanic awakenings within the reader. Such is the case with *Mentalizing in Clinical Practice*. The authors convincingly propose that mentalizing is the cornerstone of understanding both human experience and the full range of psychotherapies.

Mentalizing is the activity of un-

derstanding behavior as it pertains to the human experience of thoughts, feelings, and perceiving mental states. Mentalizing, as proposed by the authors, is "attending to mental states in oneself and others—the most fundamental common factor among psychotherapeutic treatments." Within the context of a therapeutic relationship, psychotherapy is fundamentally engaging our patients in mentalizing.

We are treated by the authors to a journey of mentalizing. This process facilitates awareness in multiple do-

Dr. Barkin is a psychiatrist with a private practice in Portland, Maine.

The remainder of this volume applies mentalizing to social systems and psychoeducation. The chapter on social systems extends mentalizing into the area of violence, discussing the prevention of violence in schools and violence in global conflicts. It is fascinating reading.

This volume represents new concepts as well as discussion of older ideas provided in both an engaging and enjoyable fashion. It is of interest to anyone who practices psychotherapy or anyone with an interest in human behavior. I recommend this work without reservation. You will not be disappointed.

that these famed youth cultures of the past are no different from the current street youth and street family cultures. They are different because of history and personal circumstances. But the point remains that use of such methods to describe today's street culture is flawed.

The author's use of current empirical work also concerns me. In the prologue to the book, Denfeld plainly states that street families are a "criminal subculture" that has gone unchecked. This is followed by mentioning the research of John Hagan and Bill McCarthy on street families. However, these researchers present a more nuanced view of criminality and violence in street families. To ambiguously juxtapose such a statement alongside current research potentially misleads the reader to believe that the statement is drawn directly from the work of the scientists.

The book describes some of the etiological issues that led to the psychopathology of various members of the street family. Likewise, Denfeld documents the struggles of over-taxed social service and legal systems that set the context for crimes of such tragic proportions. However, the author does not attempt to present the data in a manner that allows the reader to draw an objective conclusion. Some likely conclusions are that youths in street families are unequivocally criminals in training, that the social service system is turning a blind eye to the psychological problems of the youths while supporting their lifestyle, and that no one (save perhaps the police) is willing to be brutally honest enough to properly deal with the situation.

In conclusion, Denfeld has created a thorough and powerful investigation of a specific murder case, but the book does not give a complete picture of the lives of street youths and young adults. The work is thought provoking and will spark debate on the topic of homeless youths and their survival on the streets. But it is not a text that someone should read to better understand the plight of street youths.

by Rene Denfeld; New York, Public Affairs Publishing, 2007, 336 pages, \$26

Joshua Aaron Ginzler, Ph.D.

On first glimpse of the full title of *All God's Children: Inside the Dark and Violent World of Street Families*, I must admit that I feared the message the author was delivering, given the misperceptions of homeless youths that already exist. There is no disputing the true facts of the horrific story that is at the center of Rene Denfeld's book. The story is about the lives of young men and women; many had been grappling with long histories of abuse and loss that led to lives of pathology and vulnerability. It was a perfect storm of circumstances that ended in a grotesque tragedy that shook Portland, Oregon. A nouveau "Charles Manson"-style family story ends in the death of a young woman who should have been better protected from the life she led. Where the presentation of the story goes wrong for me is that the author uses this violent murder as an entry point for a foray into the lives of street youths. This myopically sets the trajectory for the conclusions of

Denfeld's thesis from the moment of conceptualization.

Denfeld eventually presents enough information for people to formulate an educated opinion of the younger segment of the homeless community. Yet I was left with a visceral sense that the opinions might not be the fully informed, compassionate, or even objective perspectives that either the research or provider community would hope to transmit. Denfeld often uses incendiary language, sometimes obscuring the facts. To illustrate, in one passage Denfeld contrasts today's street youths to the beatniks and hippies of previous generations, claiming that today's street youths "squander their energies on their dramas." The comparison is inaccurate and inappropriate. The famed Beat poets and authors who so well documented their generation's struggles often survived by using questionable subsistence strategies, or they ran with explicitly criminal characters (for example, Neal Cassady). Their lives were rife with addiction that caused death at relatively young ages for some, like Jack Kerouac. I am not suggesting

Dr. Ginzler is a research scientist at the Alcohol and Drug Abuse Institute, University of Washington, Seattle.

Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery

Edited by Terri Tanielian and Lisa H. Jaycox; Santa Monica, California, RAND Corporation, 2008, 498 pages, \$55.50

Terra C. Holdeman, M.D., M.S.

This book is a compilation of papers coedited by Terri Tanielian, who has a master's in psychology, and Lisa H. Jaycox, who has a doctorate in clinical psychology. Both are now with RAND; Tanielian is currently the codirector for the Center for Military Health Policy Research, and Jaycox is a senior behavioral scientist and clinical psychologist.

This book begins by explaining what makes the conflicts in Afghanistan and Iraq different from other wars. It continues by determining the prevalence, correlates, and consequences of posttraumatic stress disorder (PTSD), depression, and traumatic brain injury (TBI) among returning service members of Operation Enduring Freedom and Operation Iraqi Freedom. The book concludes with a discussion of the cost of mental health care as well as the challenges and opportunities to improve access to high-quality health care for this population.

The key findings on prevalence of mental health conditions and TBI are that current rates of exposure to combat trauma and mental health

conditions among returning veterans are relatively high. Groups at higher risk for these conditions include Army soldiers and Marines, those serving in military reserve forces, discharged soldiers, retired military, enlisted personnel, women, and Hispanics. Also at risk are personnel serving 12- to 15-month deployments and those with more extensive exposure to combat trauma. There is a gap in care for PTSD and TBI. The need for treatment is high, but few receive adequate services because of concerns that care would not be kept confidential and would preclude recipients from future job assignments.

A key finding is that PTSD, major depression, and TBI can have long-term, cascading consequences. These consequences include substance abuse, suicide attempts, unhealthy behaviors, physical health problems, mortality, diminished productivity, and unemployment.

The costs associated with treating the mental health conditions resulting from combat service are also examined. Estimates of the cost of treating major depression or PTSD for two years postdeployment range from \$5,904 to \$25,757 per case. Provision of evidence-based care will save money or pay for itself. In 2005, estimates

of the cost of TBI ranged from \$25,572 to \$30,730 per mild case and from \$252,251 to \$383,221 per moderate or severe case. Another main finding is that lost productivity is a key driver of the costs associated with major depression, PTSD, and mild TBI.

The contributors offer several observations about systems of care. For example, many mental health services are available for active duty personnel, but gaps and barriers are substantial. Quality of mental health treatment needs increased attention from the Department of Defense, and the Veterans Administration (VA) offers a promising model to this end. However, because of fixed-budget constraints, the VA faces challenges in providing access to mental health care for veterans and deactivated reservists and National Guard personnel. The VA is a leader in assessment of health care quality and improvement, but VA medical centers and community providers, including those within the TRICARE military health plan, still need evaluation. Also, the book points out that the science of treating TBI is young. The difficulty of identifying those with lasting effects from mild TBI hampers care. The complex health care needs of military service members with more severe injuries require careful coordination of services.

This book has very adequately met its stated objectives, and it is a must for those working in the psychiatric field who want to learn more to understand and treat veterans of the conflicts in Afghanistan and Iraq.

Dr. Holdeman is a resident in psychiatry with the University of Maryland, Baltimore.