Resident's Guide to Clinical Psychiatry

by Lauren B. Marangell, M.D.; Arlington, Virginia, American Psychiatric Publishing, 2009, 410 pages, $44.95

Stacey Burpee, D.O., M.P.H.

Throughout medical school and residency training, medical reference handbooks—often conveniently located in one's white coat pocket—have been a reliable source of information when working in the trenches. The *Resident's Guide to Clinical Psychiatry* is a succinct handbook created for the psychiatry trainee, whether it be the medical student, psychiatry intern or resident, or the medical resident who is training in neurology or a primary care specialty. In this book, Lauren B. Marangell, coauthor of the *Concise Guide to Clinical Psychopharmacology,* provides trainees with the most current information on diagnosis and treatment of patients with a psychiatric illness.

This book follows a natural progression, beginning with the initial encounter with the patient and then proceeding to evaluation, diagnosis, and treatment. The first chapter reviews the initial evaluation, offering key tips for beginning the interview process, such as how to establish rapport with the patient and ensure safety. Examples of orders for various samples as well as of a patient history and physical examination are given, as is a helpful guide to documenting a suicide risk assessment. For trainees, the most valuable information in this chapter is the set of tables outlining selected elements of physical and neurological examinations, which detail pathologic findings, examination procedures, and signs and symptoms suggestive of a medical cause for psychiatric symptoms.

The main body of the text consists of 12 chapters focusing on common psychiatric disorders and three chapters covering the most common specialties of consultation-liaison psychiatry, emergency psychiatry, and child and adolescent psychiatry. Material is brief and easy to reference. It cites comprehensive, evidence-based information regarding the prevalence, risk, differential diagnosis, *DSM-IV* criteria, evaluation, and treatment of each disorder. Brief explanations of differential diagnoses can be quickly referenced and are not simply lists of diagnoses but include valuable diagnostic clarifications, such as the differentiation between obsessive-compulsive disorder and obsessive-compulsive personality disorder.

The book concludes with three chapters on pharmacotherapy, psychotherapy, and electroconvulsive device-based treatments. Chapter 14, on pharmacotherapy, is the most comprehensive of the three chapters and is organized by medication class. Characteristics of each medication are listed, including medication effects, mechanism, side effects, and prescribing for special populations. Convenient tables offer simple prescribing guidelines pertaining to starting and maintenance dosages, available oral doses, and mean half-life for each medication. The chapter even provides a comprehensive guide to the informed consent process for prescribing monoamine oxidase inhibitors, including a detailed chart of special diet and medication restrictions, which is not commonly available in pocket reference guides. In looking toward the future of psychiatric treatment, the guide concludes with a chapter on the technologically based treatments, including electroconvulsive therapy, vagus nerve stimulation, transcranial magnetic stimulation, and deep brain stimulation.

The *Resident's Guide to Clinical Psychiatry* is a great pocket reference for any individual in the early stages of psychiatric training. This guide would benefit not just psychiatry residents but also all medical trainees, such as general medical students and residents anticipating a future of serving individuals who have a psychiatric illness.

Dr. Burpee is affiliated with the Department of Psychiatry, University of Massachusetts Memorial Medical Center, Worcester.

Preventing Boundary Violations in Clinical Practice

by Thomas G. Gutheil and Archie Brodsky; New York, Guilford Press, 2007, 340 pages, $38

Margaret A. Bolton, M.D.

This book is a well-written, well-referenced, comprehensive guide to boundaries in clinical practice for therapists of all stripes. Thomas G. Gutheil, M.D., the preeminent expert on the topic, and Archie Brodsky, who has written in this area and collaborated with Dr. Gutheil in the past, are uniquely qualified to write on this subject.

What makes this work valuable and refreshing is the focus on the dynamic principles that shape the relationship between therapist and patient. The authors recognize a broad array of therapies and different norms that characterize each, while teaching sound clinical practice that is informed by basic psychodynamic principles. Frequent clinical vignettes underscore teaching points, and chapters often end with "key reminders" that summarize these points.

The book is logically organized, starting with definitions that differentiate boundary violations from boundary crossings. These distinctions set the tone for exploring this complex topic in a down-to-earth and knowledgeable manner. Dilemmas are explored and advice is given

Dr. Bolton is clinical assistant professor of psychiatry, Center for Health and Wellbeing, University of Vermont, Addison.

on various situations, including but not limited to meeting patients in social situations, nonpayment of fees, bartering, gifts, self-disclosure, physical contact, e-mail, and out-of-office contacts. There are even examples of suggested dialogue with a patient. Much appreciated by this writer, who practices in a small community, is the attention given to practitioners who work in remote areas or communities of shared interest, where roles often intertwine.

Sexual misconduct and the typologies of offenders are well discussed. Attention is devoted to the identification of patients who are susceptible to boundary incursions or who are prone to test boundaries. Likewise, guidance is offered for therapists to recognize vulnerabilities in themselves. Another important topic covered is the potential harm to patients and the ramifications of the legal processes patients may use to complain. Prevention, as noted in the title, sums up the main work.

As the authors note, no book can provide all the answers to the multitude of questions and scenarios possible in regard to boundary problems. They express hope that the book is a reference to be used in conjunction with supervision and consultation and as a way of conceptualizing a situation. The work meets and exceeds this expectation. This book provides sound, clinically focused principles for thinking about our responsibility to our patients, the underpinnings of the relational dynamics with our patients, and our responsibility for maintaining our own health and healthy boundaries.

Particular strengths of the work are the egalitarian tone in which the differing work of clinicians of various theoretical backgrounds and work settings are recognized, the combination of clinical and forensic expertise that inform the book, the level of detail in discussing each area covered, and the time taken to explain the underlying psychodynamic principles and clinical rationale. Experienced therapists and psychoanalysts may experience the book as rudimentary and at times repetitious, but this book is a must-read for clinicians in training and is a solid reference for even the most experienced clinicians—especially for those who think "this won't happen to me." ▪

Leaving It at the Office: A Guide to Psychotherapist Self-Care

by John C. Norcross and James D. Guy Jr.; New York, Guilford Press, 2007, 238 pages, $45 hardcover, $25 softcover

Julia Matthews, Ph.D., M.D.

This small book (206 pages without references) is a gem, full of wisdom and depth but presented in a highly accessible and practical format. The concept of self-care is important and often neglected in training and practice. Both authors are experienced clinicians and teachers as well as accomplished researchers, who have studied over many years the personal development of psychotherapists. They have contributed dozens of papers and several books between them. They offer a broad perspective abstracted from the research literature, interviews with senior clinicians, and their own experience. Papers and books on self-care typically focus on the prevention of burnout or "compassion fatigue," and recommendations are often facile or obvious. As the authors note, "The failure to consider the individual motives, needs, and vulnerabilities of psychotherapists renders much of the well-intended practical advice on self-care hollow and general. . . . One-size-fits-all treatments never accommodate many people, be it our clients or ourselves."

The authors emphasize self-care as an "ethical imperative" for psychotherapists (and I would add for all caregivers). The authors specifically cite the ethical codes for psychologists and mental health counselors, both of which require the practitioner to be aware of any personal problems or restrictions that could impair his or her capacity to render care and to seek consultation or assistance if these exist. Similar ethical guidelines exist, of course, for psychiatrists and social workers. I was, however, struck by the additional ethical guideline for mental health counselors that explicitly enjoins counselors to "engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities." Given the centrality of the therapist, one would wish that such an appreciation of self-care be codified in the ethical standards of all mental health fields.

This book sets out to consider a wide range of strategies that can be tailored to the individual clinician and integrated into his or her practice and personal life. Although the recommendations are appropriate for therapists of any theoretical stripe, the authors clearly have an appreciation for psychodynamic perspectives and they draw on these understandings to enrich their recommendations.

With candor, compassion, and humility, the authors consider the special predispositions and vulnerabilities of those of us who choose to become psychotherapists. In chapter 2 the authors identify the many considerable rewards of being a psychotherapist, such as the satisfaction of helping others, daily variety and challenge, and personal growth. More revealing, however, is their sophisticated discussion in chapter 3 of the potential hazards of being a psy-

Dr. Matthews is associate professor of clinical psychiatry, University of Massachusetts Medical School, Worcester, and is on the faculty at the Psychoanalytic Institute of New England, East, Needham, Massachusetts.

chotherapist, including the commonly acknowledged ones (emotional depletion; work isolation; working with difficult, unmotivated, or hostile patients; and managed care intrusions) and those less easily acknowledged (grandiosity, unrealistic self-imposed expectations for success, and exploitation of patients for vicarious gratification of the therapist needs). Throughout the book, the authors are sensitive to the importance of the human relationship between two unique individuals, therapist and patient, and the potentially dehumanizing impact of managed care intrusions.

Subsequent chapters then address various aspects of self-care—attention to physical health, building supportive relationships, defining boundaries, confronting cognitive distortions, developing nonprofessional interests, creating a sustaining work environment, using personal therapy for psychological growth, enhancing spiritual growth, and fostering creativity. Each chapter integrates research data with the authors' thoughts and experiences and ends with a summary and self-care checklist. Readers needn't be put off by the notion of a checklist; the items include subtle and imaginative ideas that stimulate one to consider ways to self-assess and creatively integrate strategies that will enhance personal well-being. Here are a few examples: "Beware of avarice. Are you working long hours out of financial necessity or because you are getting greedy?" "Compare your clinical and scholarly performance to same-aged peers in similar circumstances, not to authorities." "Conduct an environmental audit of your workplace for comfort and appeal." "Cultivate awe and wonder at the human spirit; it will enable you to pull hope from hell."

My single quibble is that the book's title, verging as it does on "Just say no," understates the complexity of the issues and solutions addressed by the authors. In summary, I highly recommend this book for all mental health trainees, practicing clinicians, and indeed all professionals who struggle to provide care to persons in need. ▪

Therapy After Terror: 9/11, Psychotherapists, and Mental Health

by Karen M. Seeley; New York, Cambridge University Press, 2008, 252 pages, $35

Curtis N. Adams Jr., M.D.

The book *Therapy After Terror* asks many very good questions about trauma and treatment in New York City after the 9/11 attacks. Karen M. Seeley adds to her narrative the first-person accounts of 35 therapists, including physicians, to underscore her conclusion that therapists were not well prepared for an attack of this magnitude and behaved in ways that were at times helpful and at other times questionable. She also suggests that the mental health care apparatus that was constructed to handle the needs of those affected might have overloaded local citizens with information about trauma and enticed some who were having normal reactions to the attacks into believing that they were trauma victims in need of treatment. Once people sought care, who was most qualified to treat them? Using what techniques? For how long? Was it proper to charge for therapy? Was it improper to not charge? Seeley doesn't pretend to have the answers to these questions, but answering them is vital before the next large-scale disaster.

Lack of access to care is a frequent concern for those who provide mental health services, but in post-9/11 New York, there were unprecedented levels of funding, and there was an apparent reduction in stigma associated with seeking mental health care. Still, Seeley highlights the difficulties that some therapists had in reaching those who might be in need, showing that some therapists could not reach first responders who would not admit therapists into their fraternity. Also, the author recounts that a few therapists who were from racial or ethnic minority groups felt excluded from much of the work at Ground Zero.

We are offered a view of the treatment of trauma and how therapists reacted to their clients' trauma and their own trauma as direct or vicarious victims of 9/11. We see that some therapists were slow to diagnose posttraumatic stress disorder (PTSD), others were quick to do so, and some did not diagnose it at all, but all were using (or not using) the same *DSM* criteria. Later, we are shown how PTSD was used to confer political advantage to those so diagnosed, at times turning them into unalloyed innocent victims deserving of compensation, a potentially disempowering outcome.

One might conclude that there is little here if one counts only the 196 pages of text. Not so. There is plenty here that will have the reader thinking long past the end of the book. There are some omissions, however. For example, physicians are included in Seeley's group of interviewees, but there is no mention of medications or whether the physicians struggled with deciding to whom or whether to offer medication. Still, for those who regularly treat people experiencing trauma, this book will expand ongoing debates in the field with the extraordinary backdrop of 9/11 in view. For those who don't treat trauma survivors but who are tempted to help with the next disaster, this book will cause them to consider whether they have relevant training to be helpful as a therapist in a disaster. ▪

Dr. Adams is assistant professor of psychiatry, University of Maryland, Baltimore.

The Family Intervention Guide to Mental Illness: Recognizing Symptoms and Getting Treatment

by Bodie Morey and Kim T. Mueser, Ph.D.; Oakland, California, New Harbinger Publications, 2007, 227 pages, $17.95

Paul Plasky, M.D., Ph.D.

The basic premise of this book is stated unambiguously in its title: it is a guide, for family members, for intervening in a loved one's mental illness. Step by step it walks the reader through recognizing the illness, obtaining an evaluation, initiating treatment, and maintaining wellness.

From the beginning it champions family involvement as a key to recovery, but the authors never become strident or political. There is no catastrophizing. Instead, family members are deputized and given alternatives to helplessness. These illnesses may be life altering, but they can be broken down into a series of manageable problems. It is no wonder that the book carries a front-cover endorsement from a director of the National Alliance on Mental Illness.

The book is organized chronologically, starting with the first symptoms of illness. Sometimes the factual information is somewhat dry; a guide to the major *DSM-IV* diagnoses is probably not needed here. What works best are the vignettes and discussions. Problem situations are presented from various angles, sometimes in narrative form; suggestions are offered, always respectful of the patient. Also very helpful are the explanations of professional terms, such as "cognitive-behavioral therapy" or "the private sector." And the section on how to listen offers an excellent modern-day introduction to the techniques of client-centered therapy.

There is no ambivalence here about family involvement. There is some discussion of a patient's right to refuse medication and of privacy issues. However, the authors believe that family involvement in treatment is necessary, and to their credit they tackle the problems this creates. For example, they directly address the concerns patients may express to their families regarding medication: Will I have side effects? Will I become addicted? Will my personality change?

For clinicians working with patients and families who need more basic information, it may be best to offer this book paired with a more traditional diagnosis-based text, such as *Surviving Schizophrenia: A Manual for Families, Patients, and Providers,* by E. Fuller Torrey, or *A Brilliant Madness: Living With Manic-Depressive Illness,* by Patty Duke and Gloria Hochman. But if you or your clients are determined to help out when a loved one becomes mentally ill, look no further; here is your road map. '

Dr. Plasky is medical director, University of Massachusetts Memorial Hospital, Worcester.

Contemporary Issues in Family Law and Mental Health

by Michael G. Brock and Samuel Saks; Springfield, Illinois, Charles C Thomas Publisher, 2008, 141 pages, $32.95

Peter Ash, M.D.

Many of the contemporary issues this volume addresses center on sexual abuse allegations that are "confirmed" in treatment for suspected abuse. The authors, an attorney and a clinical social worker, write in a lively style, and they don't pull their punches. This is a book with a message: the authors insist that child sexual abuse allegations should be first investigated in a well-conducted forensic interview.

In a series of chapters, the authors condemn the problems that arise in an all-too-common sequence that starts when a parent brings a child to treatment with a suspicion of abuse; this is followed by the therapist who begins treatment for "possible abuse" before determining whether abuse has actually occurred. The therapist hears only one side of the story, attempts to confirm abuse—often through multiple sessions and suggestive questioning—and then, when the child has "confirmed" the abuse, the therapist hands the case—already decided in what the authors aptly term "therapy court"—over to the judicial system. The final chapter addresses the question of whether such treatment should be considered malpractice. Although these problems are familiar to forensic experts who become involved in litigation in such cases, they are much less familiar to many therapists, who would be well advised to read this book before beginning treatment for possible but unsubstantiated abuse.

Other chapters cover introductory material about the roles that mental health professionals play in family courts and issues related to conducting custody evaluations.

The book grew out of a series of the authors' articles in the *Detroit Legal News* and reflects Michigan law. Michigan has been at the forefront of states in establishing clear legal procedures relevant to mental health litigation involving children, such as spelling out components of the best-interest tests and requiring state evaluators of child abuse to use an approved protocol; the authors rightfully applaud this standardization. There is considerable variation among the states, however, and the authors do not caution the reader that these standards and other practices in Michigan, such as *Daubert* rules or court-appointed expert witness immunity, do not apply in all jurisdictions. '

Dr. Ash is director, Psychiatry and Law Service, Emory University, Atlanta, Georgia.