

maintenance treatment should be at a lower dose than for acute treatment. Another section proposes routine use of loading doses of tricyclics, lithium, and valproate in the inpatient setting. However, in the final chapter on geriatric patients, the

medication recommendations seem particularly sound.

In summary, this book is highly recommended for clinicians and reviewers working in managed care networks. Its use could indeed maximize treatment outcomes.

evinces a deep understanding of the major approaches to therapy and suggests practical ways in which they can be combined in a thoughtful and planned manner.

This humane, practical, clinically informed book takes us a long way toward understanding what ethical managed care would look like.

## Treatment Planning for Psychotherapists

by Richard B. Makover, M.D.; Washington, D.C., American Psychiatric Press, 1996, 239 pages, \$35

James E. Sabin, M.D.

This is not a heady era for psychotherapy. In training programs, psychotherapy is taught less often, less extensively, and less well than in the past. Managed care has imposed stringent criteria for defining "medically necessary" psychotherapy, making third-party payment for psychotherapy more difficult to obtain (1). In this environment, Richard B. Makover's carefully conceptualized book about planning psychotherapeutic treatment is the right book for the right time.

In the course of extensive experience as a teacher and consultant, Makover has developed an unusually clear system for planning psychotherapeutic treatment and checking to see if it is still on track. In the book he presents his system in a way that will be useful to a varied audience—trainees learning the art and science of therapy, teachers seeking to expand their educational repertoire, and experienced clinicians who want to sharpen their skills at doing time-effective treatment and getting it covered by insurers.

Makover describes his approach to treatment planning as "top down," by which he means that well-planned treatment starts with a clear formulation of the outcome the clinician and the patient want the treatment to achieve. From this understanding of

the objectives for the treatment, the clinician derives a clinical strategy for achieving the desired results. This clinical application of the familiar management-by-objectives approach might seem so obviously sensible that it would not require extensive restatement. However, as Makover observes, there has been a tendency in psychotherapeutic education to confuse the psychoanalytic technique of conducting interviews in a nondirective fashion with an nondirective and often overly vague overall approach to structuring the treatment process.

A summary will not do justice to the richness and subtlety of the book because Makover makes his points through clinical examples. In his approach, planning starts by formulating a specific, achievable "aim" that includes "no more than what the patient wants from therapy and what the therapist is able to provide." Next comes articulation of "goals," which Makover defines as the concrete objectives that—if achieved—will allow the aim of treatment to be fulfilled. Only after formulation of aims and goals does the clinician choose the therapeutic techniques ("strategies") and practical moves ("tactics") that will be applied.

From one perspective, it is unfortunate that Makover chooses to call his approach "top down" planning. In organizational literature, "top down" refers to a leader- or manager-centered approach; however, Makover's method of planning is determinedly collaborative or—to use a current buzzword—"customer centered." He

## Reference

1. Bennett MJ: Is psychotherapy ever medically necessary? *Psychiatric Services* 47: 966-970, 1996

## Essential Psychotherapies: Theory and Practice

edited by Alan S. Gurman, Ph.D., and Stanley B. Messer, Ph.D.; New York City, Guilford Press, 1995, 534 pages, \$55

Katherine G. Kennedy, M.D.

Alan Gurman and Stanley Messer have aimed to create a primary reference that overviews the major schools of psychotherapy. They have endeavored to collapse the several hundred contemporary forms of psychotherapy into a dozen distinct methods of theory and practice that they define as "essential." "Essential psychotherapies, in our view, are those that form the conceptual and clinical bedrock of the field [and are] indispensable in the training and education of psychotherapists," the editors write.

These 12 approaches are traditional psychoanalytic psychotherapy, relational approaches to psychoanalytic psychotherapy, person-centered psychotherapies, behavioral therapy, cognitive therapy, existential-humanistic psychotherapy, gestalt therapy, transactional analysis, the family therapies, transtheoretical psychotherapy, the brief psychotherapies, and the group psychotherapies. Soliciting chapters

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from authorities in the various approaches, the editors asked them to describe "not only what is fundamental to their ways of working, but also what is innovative and forward-looking in theory and practice." To facilitate the book's overall coherence and help the reader more easily compare and contrast different treatment approaches, Drs. Gurman and Messer encouraged their contributors to follow a detailed and thoughtful framework; it includes the history of the approach, theories of personality and psychopathology, the practice of therapy, and the mechanisms of change.

In general, the chapters are scholarly, well referenced, and lucid. Some are very strong—that is, are instructive, compelling, and substantive reviews of their approach, with clinical illustrations that are vivid and practical. However, other chapters are dense and jargon filled and only reinforce the mystery of elusive concepts. At times the reader encounters a tedious repetition of ideas when authors adhere too rigidly to the suggested guidelines, and there is some redundancy between chapters.

Some authors speak to the reader like a companionable clinical supervisor, and others as if from a college lectern; still others are dry and distant. The editors' intentions might have been better accomplished if the book had been edited to a consistent tone; alternatively, they could have provided a final chapter to summarize and contrast the different perspectives.

The reader is left with questions about the construction and credibility of the book. By what methods did the editors consolidate the hundreds of different psychotherapies into these 12 approaches? Why were gestalt therapy and transactional analysis considered historically "essential"? How were the contributing authors chosen? Why are no biographical sketches offered beyond the authors' academic affiliations? And why were no M.D.s asked to contribute?

Also neglected are other important factors that merit consideration in today's practice: the integration of pharmacotherapy with psychotherapy, the financial aspects of treatment,

and the intersection of theory with the atheoretical *DSM-IV*. Finally, discussion of the clinical applicability of certain approaches is sparse and raises concerns about the potential dangers if an approach is used inappropriately.

The editors have made a sincere effort to provide concise summaries of different psychotherapies. This is a useful reference book on basic theory and practice, although it is neither an encyclopedic compilation of theoretical knowledge nor a practical how-to

book. It is partly intended as a textbook for the student of psychotherapy at the undergraduate level and beginning graduate level, although some chapters might be difficult to comprehend without prior clinical experience. More advanced clinicians will find selected chapters useful as a refresher on familiar theories or for acquainting themselves with unfamiliar psychotherapeutic approaches. The book will be useful in the classroom, but, although helpful, it is not an essential text for one's library.

### **Sexual Pharmacology: Drugs That Affect Sexual Functioning**

*by Theresa L. Greshaw, M.D., and James P. Goldberg, Ph.D.; New York City, W. W. Norton & Company, 1996, 596 pages, \$75*

**Bruce D. Gaulin, M.S. Pharm.**

The introduction to this book about the sexual side effects of drugs states that the objectives are "to integrate medical, pharmacological, and psychological arenas," "to acknowledge pharmacological implications of gender differences," and "to inspire further research." This extremely comprehensive text meets its goals with an impressive level of detail. The 93 pages of references indicate the extent of the research that was drawn on in creating this work.

The first of the book's seven sections consists of three chapters covering the basic principles of sexual pharmacology; it serves as a very useful primer. The reader is introduced to the types of sexual dysfunction that can occur as a consequence of medications as well as a thoughtful set of guidelines to help identify problem-prone medications. The section includes interpersonal techniques for the clinician wishing to incorporate meaningful questions about a patient's sexual functioning into the medical history.

The next section, Sex Differences and Hormonal Therapies, is perhaps the most challenging in the book.

Chapters on sexual aspects of neurochemistry and on estrogens, progesterone, and testosterone cover these subjects in great detail. Clear associations are made between each of the neurotransmitters and their known or suspected effects on sexual function. This information promises to be helpful in determining the likely sexual effects of many medications, both psychotropic and nonpsychotropic. In the last chapter in the section, the authors attempt to explore the mysteries of dehydroepiandrosterone (DHEA) and the numerous medications that adversely affect it. They make a compelling argument for further research.

The next four sections review the effects of specific drugs on sexual function. One covers drugs of abuse and includes alcohol, caffeine, and nicotine as well as opioids, marijuana, and other illegal drugs. Other sections examine the antihypertensives (four chapters), psychotropics (six chapters), and antiulcer medications (one chapter) in considerable detail. Suggestions for alternative therapies are made wherever applicable. Many medications used in internal medicine for which few sexual data exist are covered in a separate chapter.

The book concludes with six chap-

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