

the editors, stresses the importance of a variety of factors in effecting innovation, including the personal characteristics of change agents, the presence of targeted change strategies, and the existence of a supportive social climate.

The editors have clearly worked hard to make this volume a unified whole, and their effort has been amply rewarded. There are, in fact, important lessons to be deduced from this book. Given inevitable differences in local circumstances, it is probably impossible to "replicate" another community's solution. Planners who aim at importing model programs into their communities are thus well advised not to seek instant

solutions, but rather to plan strategies that are specifically suited to the strengths and limitations of their own communities.

Unfortunately, Schulz and Greenley's volume says too little about how to maintain system change once it has been effected. How may we ensure that innovations will survive the disappearance of the original change agents or alterations in the supportive social climate? Perhaps, however, this is a question for some other book to pursue in depth, for the present volume represents an important preliminary step. It is a study in the finest tradition of sociological inquiry and, as such, may be considered part of a broader analysis and commentary.

the balance between confrontation and support, and the type, evolution, and duration of psychological change. They write clearly, as if in an active dialogue with the reader. They also characteristically present both sides of an issue along with unflinching reports on the presence or absence of relevant research. They do not espouse a particular approach but rather convey a desire that informed readers select therapies on the basis of clinical fit and efficacy.

While aware of the current realities of time and money, the authors have refrained from recommending brief psychodynamic therapy for all problems and all patients. For example, they provide an informed discussion of the problems encountered in treating patients with certain types of character disorders. They are aware that the common matrix for all brief psychodynamic therapy is a short-term dyadic relationship; patients known to become acutely psychologically brittle in response to relationships will not easily benefit from a brief therapy in which the relationship itself is so fundamental to the process. Unfortunately, they do not comment on patients who do not have the option of long-term treatment and instead receive multiple focal segments of brief psychodynamic therapy over the years. They might have also commented in greater depth about the interface of cognitive and psychoanalytic techniques and what elements of psychopathology may be most effectively reached by each technique.

The authors expect that the reader has a moderate amount of training in long-term treatment and a rudimentary understanding of the principles of psychoanalysis. Although they do not align themselves with a particular orientation, they assume that the reader accepts the concepts of transference, continuity of mental life over time, the unconscious, and the dynamic function of defenses. Thus *Models of Brief Psychodynamic Therapy* should be welcomed by trainees as well as by more seasoned practitioners who want a thoughtful, conceptual foundation in this approach to treatment.

## Models of Brief Psychodynamic Therapy: A Comparative Approach

by Stanley B. Messer and C. Seth Warren; New York City, Guilford Press, 1995, 374 pages, \$38.95

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In an era when managed care organizations and public policy have placed increasing time constraints on all psychotherapy, Drs. Messer and Warren's *Models of Brief Psychodynamic Therapy* is a timely work. The authors offer more than a review of a series of psychoanalytically oriented brief therapies. They present the reader with a basis for comparing the therapeutic efficacy and clinical fit of the different models described.

They begin with a presentation and critique of the research basis of the efficacy of brief psychodynamic treatment over the past 30 years. The reader finishes this chapter convinced of the efficacy of brief psychodynamic treatment and more aware of the complexity of defining and demonstrating what constitutes a positive therapeutic effect.

The authors then classify the various treatment approaches within sub-

groups that share a particular psychodynamic viewpoint. There is, for example, a section on therapies—those of Malan, Davanloo, and Sifneos—that subscribe to a drive-structural model of psychodynamics. The work of Luborsky, Horowitz, Weiss and Sampson, and Strupp and Binder is discussed in a section demonstrating approaches that share a relational focus. In another section, the authors present the work of Mann as demonstrating an integrative approach and then follow with eclectic approaches, focusing on the work of Garfield, Bellak, and Gustafson.

Although a few of the bedfellows created by this schema are somewhat forced, the method of organization does facilitate comparing one model of treatment with another. It also demonstrates the interrelation between successive models of brief treatment and the successive formulations and revisions of psychoanalytic theory of the past 30 years.

Messer and Warren regularly return to key therapeutic themes: the role of patient selection, transference,

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