Promoting Treatment Adherence: A Practical Handbook for Health Care Providers

edited by William T. O'Donohue and Eric R. Levensky; New York, Sage Publications, Inc., 2006, 472 pages, $79

Janis B. Petzel, M.D.

William O'Donohue and Eric Levensky remind us in *Promoting Treatment Adherence* that between 20 and 80 percent of our patients do not complete or continue the treatments we prescribe for them. Reasons for poor adherence can be astounding: one reason cited by the authors is "patients and clinicians often disagree whether a medication has been prescribed." Poor adherence is expensive. Wasted medication prescriptions for elderly patients alone cost more than $1 billion in 2007, to say nothing of the cost in human suffering.

The decision to focus on "adherence" rather than "compliance" sets a positive tone for this text. Organized in five sections with different authors for each chapter, the book presents strategies for assessment, which is surprisingly hard to do; improving adherence, with a very nice chapter on the stages of change; adherence to specific treatments, such as exercise or treatments for hypertension or HIV; and working with specific populations, including ethnic minorities and those with cognitive disorders. Most of the information did not strike me as particularly new, but there is much food for thought.

As this book notes, it is easier to change oneself than to expect others to change. It's a sad commentary that the more doctors involved in a patient's care, the more likely the patient will be to experience polypharmacy and adverse medication reactions. We can't expect patients to trust that medications are going to work if they frequently don't.

This book would be most useful for psychiatrists working in a consultation-liaison role, although the intended audience is a broader swath of health care providers. The chapters on specific illnesses give a succinct review of treatments for disorders such as asthma. The chapter on smoking cessation is excellent. Although I found the chapter on difficult patients motivating, my primary care colleagues may not have enough of a comfort level with the material to make it useful to them. I would have preferred this chapter to be aimed at primary care providers rather than at therapists, because many primary care providers feel unprepared for dealing with this patient population.

High points of the book are the chapters on motivational interviewing and on substance use treatment and the discussion of the role of fear and anxiety in nonadherence.

Some notable omissions include the use of technologies such as telehealth—which is being used with some success at VA facilities—and an expanded discussion of care management in chronic illness. The chapter on HIV lacked in-depth discussion of the impact of sexuality or substance abuse on adherence to treatment.

The chapter on diabetes management best summarized the crucial elements of care: recognize the importance of human contact as an agent of change and healing, treat depression to improve outcomes in physical illness, and create strong links between health and mental health.

Information empowers, fear disempowers. We as physicians need to ask about adherence issues, and we need to depend more on communication than on medication. ♦

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Essentials of Clinical Psychopharmacology, 2nd edition

edited by Alan F. Schatzberg, M.D., and Charles B. Nemeroff, M.D., Ph.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2006, 899 pages, $109 softcover

Daniel Schneider, M.D.

Psychiatry is a field known today as much for its characteristic medications as for its varied forms of psychotherapy. Practitioners are often called upon to make decisions about medications that provide clear benefits but frequently are also associated with an assortment of potential risks. It is essential for psychiatrists to have a firm foundation in the evidence base for the use of these medications as well as a thorough knowledge of the expected effects, side effects, and potential interactions.

To this end, the *Essentials of Clinical Psychopharmacology* serves as a reference for anyone involved in the medical practice of psychiatry. This is an abridged form of the bulkier and more extensive *American Psychiatric Publishing Textbook of Psychopharmacology*. I was surprised to find that with the exception of some clinical updates, the text is essentially unchanged from its larger namesake. The difference is that the textbook is divided into four subsections, whereas the abridged volume is made up of the two most clinically relevant of these subsections. One subsection treats each medication separately, and the other is divided by chapter into the pharmacological treatment of specific disorders.

The individual chapters are written by nationally and internationally

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known experts. The first section provides detailed information on the history, structure, pharmacology, side effects, and potential drug interactions for the medications covered and a review of the evidence of indications approved and not approved by the Food and Drug Administration. The second section is an extensive review of pharmacotherapy for each major *DSM* diagnosis as well as other major categories of concern, such as aggression, agitation, pregnancy, and late-life issues.

Overall, this book is excellent in providing a solid foundation in basic psychopharmacology. The chapters are notable not only for their content but also for the extensive reference sections that provide a rich resource for further reading.

There are some drawbacks to this book, but they are relatively minor. It focuses only on medications approved for use in the United States and provides little information on other medical options that may be available in countries as close as Canada. Also, although the multiauthored approach has clear strengths, there are also limitations. There is some variability between the thoroughness of each chapter, and I believe that the reader will note that although some chapters are exceptional, others are less so.

The question is not whether every psychiatrist needs a copy of this book, but whether it makes sense to buy this abridged version or the larger textbook. The larger volume is certainly sturdier given that it is hardcover, and it has about 50% more pages. However, bigger is not always better, and the reader may find that the additional information—chapters on the basics of pharmacology and of the biological basis of the various psychiatric disorders—may be easily obtained from other sources. The unique and valuable sections, those on the drugs themselves, are available in both editions, and the abridged version has updated information. Ultimately, I would recommend looking at a copy of both and making the choice for yourself before buying. No matter which edition is chosen, the reader will have a valuable resource that will be useful for years to come. ♦

Basic Psychological Measurement, Research Designs, and Statistics Without Math

by Marty Sapp; Springfield, Illinois, Charles C Thomas, Publisher, Inc., 2006, 272 Pages, $62.95

Kenneth E. Fletcher, Ph.D.

Trudging through *Basic Psychological Measurement, Research Designs, and Statistics Without Math*, page by agonizing page, brought to mind Dorothy Parker's remark in her Constant Reader review of A. A. Milne's *The House at Pooh Corner* that at a certain point in the reading, "Tonstant Weader Fwowed up." Although I never quite reached that point, it is just as well that this text is not titled *Statistics With No Pain* because some readers may require oral surgery brought on by the incessant teeth gnashing that precedes the masticating and digesting of each grueling page.

The title suggests that Marty Sapp's laudable objective in writing this text was to make research design and statistics more accessible to the student. It is unfortunate that he failed on every possible level. Sapp's writing style can only be characterized as turgid obfuscation. He apparently believes that peppering the pages with a plentitude of the conjunctive "and" magically makes the meaning more accessible to the reader. Nothing could be further from the truth. At the very least, overly liberal use of "and" leads to what my high school grammar book called "stringy" sentences. Grammatical errors and disordered presentation of ideas also contribute to the reader's confusion.

The text might best be characterized as headline statistics. Sapp provides many names of statistical procedures but few detailed explanations of them. Indeed, he all too frequently provides no explanation at all. Evidently his attitude is that explanations can always be found elsewhere, either in the numerous other texts Sapp advises the reader to consult for more detail or perhaps from the hapless teacher who has chosen to teach from this text. In the few instances where Sapp attempts further explanation, the garbled grammar, typos, and generally mystifying presentation of information is bound to leave the reader hopelessly lost. Take this excerpt from the blurb on the back of the book as a warning: "Once exposed to measurement concepts, research design is the next topic. With this area, the topic of variables are covered—dependent, dependent, moderator, control, suppressor, and intervening." Huh?

The book makes much of how it covers a wide variety of topics, from common descriptive statistics and univariate statistics to the more advanced. These topics include multiple regression, log linear regression, multilevel regression, multivariate analysis of variance, discriminant analysis, step-down analysis, canonical correlation, factor analysis, structural equations analyses, and path analysis.

In actuality, multivariate and logistic regression are each covered in two pages, and multilevel and discriminant analyses in one page each. Exploratory factor analysis and structural equations modeling, which includes path analysis, are covered together in two pages. Canonical correlation is covered in two paragraphs in less than a page, and log linear analysis is covered in one paragraph in less than half a page.

Do not torture your students or yourself; use a different text to teach research design and statistics. ♦

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Psychiatric Interviewing and Assessment

by Rob Poole and Robert Higgo; New York, Cambridge University Press, 2006, 238 pages, $55 softcover

Justin J. Trevino, M.D.

The stated intention of *Psychiatric Interviewing and Assessment* is to "help mental health professionals to develop the fundamental generic skills in interviewing and assessment. . . . It is about the process of making a diagnosis, and it is a practical guide to help the reader make the transition from novice to competent clinician." The authors are community psychiatrists in the United Kingdom with extensive clinical and teaching experience.

The book contains five sections that cover a wide range of topics: the nuts and bolts of psychiatric diagnosis, assessment, and history taking; strategies for interviewing difficult patients; clinician factors that affect information gathering and patient care; strategies for interviewing family members and considerations in conducting interviews in a patient's home environment; and issues related to personality and risk assessment, as well as the written communication of assessment results to a variety of interested parties.

This book contains an abundance of practical advice and clinical practice wisdom. The authors indicate early on that they will be providing their opinions as they discuss the various topic areas. These are clearly identified. The tone of the work is conversational, and points are made in a clear manner. Respect and empathy for patients and flexibility of approach are emphasized in the description of various suggested techniques.

The authors acknowledge the vagueness and uncertainty that often exist in the course of mental health treatment. They encourage the clinician to be ever observant, questioning, thoughtful, and open minded in the effort to better understand the uniqueness of each patient's presentation.

Potential readers should be warned that the book consistently provides references to literature and resources more familiar to British audiences than to American readers. Early on, the reader is encouraged to read *ICD-10* descriptions of mental disorders, and the "formal values of British medical practice" are presented in the chapter on values and beliefs. Likewise, case materials used to illustrate points have details unique to British practice. I did not find it problematic to reconcile these issues, because the resources and examples provided clear illustration of the associated concepts. American clinicians relatively new to the mental health field will likely need assistance from a more experienced clinician to reference equivalent resources specific to American practice.

I very much enjoyed and benefited from reading this book. I found that the section on self-awareness provided an excellent discussion of the impact of personal values, beliefs, and characteristics on clinical work. Having worked in a variety of mental health settings in clinical and administrative roles, I found myself in agreement with most of the ideas and opinions expressed by the authors. The book is not intended to be the final word on any of the topics it covers. Yet it provides a significant amount of specific information on most all of the topics it does address. More important, through the practical advice and opinions offered, it sends a clear message that relating to patients in a warm, genuine, accepting, and inquisitive fashion provides the setting in which patients are encouraged to collaborate with the psychiatrist, become more self-reliant and autonomous, and progress along the path to recovery from mental illness. I would wholeheartedly recommend the book to any student or clinician of any experience level in a mental health setting. ♦

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Recognition and Prevention of Major Mental and Substance Use Disorders

edited by Ming T. Tsuang, William S. Stone, and Michael J. Lyons; Arlington, Virginia, American Psychiatric Publishing, Inc., 2007, 429 pages, $65

Timothy B. Sullivan, M.D.

Ming Tsuang has been a luminary in the field of psychiatric research for more than 35 years. He has contributed greatly to our knowledge of psychiatric epidemiology, nosology, genetics, and etiology. In this text he has concentrated the work of research teams focused on a goal that clinicians must imagine to be unreachable: the possibility of intervening to prevent the development of major psychiatric disorders.

The title of this work is provided by a pivotal research project—detailed in the critical central section on schizophrenia research—the Hillside Recognition and Prevention Program. Data from this series of studies has identified the presence and importance of prodromal neurocognitive deficits among persons with schizophrenia and the possibility of early treatment in selected populations. This program has also challenged preconceptions, for example, by demonstrating that antidepressants may be as effective as antipsychotics in ameliorating the course of schizophrenia among at-risk individuals.

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In one chapter, Barbara Cornblatt and her coauthors discuss the ethics of the Hillside research design, its limitations, and why they and others think that prevention of schizophrenia is possible. This latter issue engenders a review of a changing perspective in schizophrenia research, which accords less importance to Kraepelin's century-old postulate that schizophrenia is primarily a neurodegenerative disorder, instead viewing the illness as neurodevelopmental with multiple variables and markers of risk. It is the presence of those markers, and the possibility of intervention to influence susceptibility to "triggers" among persons at risk because of neurodevelopmental anomalies, that has excited interest in this topic.

Tsuang's group adds a chapter on this subject in which they review more than 20 years of their research. In addition to discussing their family studies that describe characteristic neurocognitive and behavioral abnormalities or markers, Tsuang and his colleagues detail the molecular genetics and neurophysiology of schizophrenia. This fascinating research is the underpinning of our clinical psychopharmacology and adumbrates the direction of future clinical practice.

Introductory chapters review etiological risk factors, including genetic determinants and general environmental influences, and a thought-provoking chapter focuses on the role of the social environment in the development of major mental illnesses. Other chapters review the work of various authors, focusing on important contributors in matters relating to the themes of vulnerability and prevention.

The term "recognition" in the title does not imply a review of research on diagnostic tools or strategies, which I had mistakenly anticipated. The contributors here are principally concerned with identifying vulnerability markers, which may then suggest therapeutic targets, especially in the prodromal context.

I found this to be an intriguing book, helpfully focusing a large body of work that I would not likely otherwise have been able to digest. The articles are clearly written, in the main, and with mindfulness of the audience, which includes clinicians not familiar with the details of much of the basic science recounted here. It is a commendably useful text, to be read for its evident importance to our understanding of a critical and expanding area of investigation. ♦

Medical Apartheid: The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present

by Harriet A. Washington; New York, Doubleday, 2007, 512 pages, $27.95

Joshua Miller, Ph.D.

Most readers of *Psychiatric Services* are familiar with the notorious Tuskegee Syphilis Study, where 399 African American men with syphilis were studied by the United States Public Health Service to observe the course of the disease. Treatment for study participants was not only withheld but actively suppressed by the experimental team. The study began in the 1930s and continued until the early 1970s, when Peter Buxton, a young Polish immigrant who worked as a venereal disease interviewer for the Public Health Service, publicly blew the whistle after he was unable to prevail upon the Public Health Service to stop the experiment.

As shocking as that incident was, Harriet Washington amply documents how it was but one of many medical abuses committed against African Americans throughout United States history and probably was not the worst. In fact, Washington describes a multifaceted pattern of racist amd unethical medical practice, largely unknown to most people in the United States—particularly those who have not experienced racial oppression—with devastating consequences for the well-being of millions of African-American citizens. This practice led to a health "chasm" between blacks and whites and eroded the trust of many African Americans in the medical system to this day.

Washington, a journalist with a strong background in medical ethics, presents a thorough and compelling case and an encyclopedic historical catalogue of medical mistreatment, ethical lapses, misguided and harmful research, eugenic abominations, lethal experiments, discrimination, and neglect of essential medical needs. Washington starts at the beginning, which is important for understanding the evolution of "medical apartheid." She traces the collusion of slaveholders with doctors, some of whom were also slaveholders, to uphold economic interests while placing patients at risk and submitting them to painful, sadistic, risky experiments, such as untested vaccinations, intentional burns, and exposure to lethal levels of heat.

African captives were displayed in zoos and museums. We learn of sterilization of black mothers, injection of radioactive substances into uninformed and unaware research subjects, seduction and trickery of parents so that they allowed their children to participate in high-risk experiments and invasive surgery, and even release of dengue-, malaria-, and yellow-fever-bearing mosquitoes in African-American neighborhoods as part of an experiment by the Army Chemical Corps to test the efficacy of disease-bearing mosquitoes as a form of biological warfare. Even death did not bring respite; black cadavers were stolen from cemeteries to be used in white medical schools.

Washington thoroughly documents her concerns and has conducted impressive research. However, she goes

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beyond merely presenting the facts. She ties the medical malpractices into the larger issue of racism that has been a constant fiber in the thread of the American republic. Citing quotes from some of the book's worst offenders and linking them to prevailing ideologies and beliefs of the times, Washington shows how these abhorrent practices made sense to the people who promulgated them. She also illustrates a confluence of culpability between the government, the medical establishment, and the mainstream media, who created a legitimizing discourse enshrining scientific method and blaming recalcitrant victims for resisting the treatment because of suspicion and superstition. All of this has led to major mistrust of medicine and medical practitioners among many in the African-American community, further exacerbating the health chasm between races.

Washington's tone is at times understandably angry, yet she is also measured and thorough in her approach. She marshals an impressive array of evidence, and by use of quotes, the voices of perpetrators and victims speak for themselves. She is very cautious about attributing everything to racism, at times bending over backward to include other factors, and yet the impact of racism on the chain of misdeeds is indelibly inscribed. Although the book concerns itself with the domain of health and medicine, it illustrates the pattern of how institutions operate in many areas.

This landmark book is essential reading for all who work in medical, public health, and related professions and settings. Racism is still operating today to create higher health risks, less access to services, and lower-quality medical care for many people of color. This problem has historical, social, political, ideological, and psychological roots that influence all professions and service delivery systems. *Medical Apartheid* helps to shine a light of clarity and understanding into the dark shadows and recesses that have obscured our ability to grasp our past and to chart a socially and medically just future. ♦

Freud: Inventor of the Modern Mind

by Peter D. Kramer; New York, Eminent Lives, 2006, 224 pages, $21.95

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

If you would like to get to know Sigmund Freud but not invest an inordinate amount of time or energy in doing so, there is no better way to get to know him than by reading Peter Kramer's *Freud*. However, you should be prepared not to like Freud very much.

Kramer provides a readable, engaging biography of Sigmund Freud published by Eminent Lives. The book is just over 200 pages, and its small size means that one can almost fit Freud's entire life into one's pants pocket.

Kramer does a fine job of interweaving chronology and thematic elements so that the reader gets to know Freud much like one would get to know a new acquaintance. In the course of telling Freud's story, Kramer repeatedly returns to earlier events, interactions, thoughts, and conflicts to see how they inform his current development.

Kramer provides an understanding of some of Freud's basic approaches, highlighting their strengths and weaknesses. For example, Kramer notes that Freud "sought unitary explanations for a broad range of conditions, an effort that, as it took hold in psychiatry, would result in a breakdown of disease categories." Or "Freud's method is . . . turning the particular into the general and the moderate into the extreme." Kramer repeatedly points out how Freud was guilty of "overreaching."

Kramer's biography of Freud also enlightens the reader about the people who surrounded Freud. About this group Kramer notes, "Freud's subalterns tended to be bright and erratic. Most had recurrent mood disorders, depression, or manic depression. Not only Jung, but a number of Freud's inner circle became involved with their patients." In fact, a subtitle of this biography might be "with boundary violations by everyone, everywhere."

Kramer is quite clear that Freud was manipulative, self-centered, and focused on the advancement of his theories with facile genuflections at the altar of truthfulness. Kramer notes, "Freud altered the sequence of events to enhance drama and make it appear his theories arose from the material rather than the reverse; for he was not beyond creating a symptom when he needed one." Freud was guilty of the suppression of evidence and of a "preference for theory over fact." What Kramer almost gleefully points out is that Freud could be mistaken about facts and theories but nonetheless wield enormous influence. Perhaps paradoxically, brilliance eclipsed reality.

Although many at psychoanalytic institutes continue to debate the minute nuances of Freud's writings, Kramer notes that Freud's social observation just might be the aspect of his work that has aged best. To underscore this thought, Kramer points out that Freud's conclusions have formed the basis for popular self-help endeavors for decades and show no sign of waning.

Throughout *Freud*, Kramer makes it clear that he admires the man, and his tone reveals genuine warmth for Freud. This comes through despite Kramer's repeatedly pointing out Freud's cornucopia of shortcomings. He describes Freud as "undeniably more devious and more self-aggrandizing than we had imagined." He indicates Freud "bullied his patients and misrepresented his results." He informs us that Freud "always indulged himself."

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Kramer concludes that he feels saddened and depleted at the loss of a hero but perhaps affirmed by the notion that Freud, like any of us, is simply who he is. Perhaps we need not misconstrue as the embodiments of perfection those who lead us intellectually, or politically. I felt somewhat invigorated. I was moved by Kramer's biography to travel a few miles from my office in Worcester, Massachusetts, to the Clark University campus, where there is a life-size statue of Freud. I sat down next to Freud, peered over toward him, smiled, and simply said, "Thanks." ♦

The Unsayable: The Hidden Language of Trauma

by Annie G. Rogers, Ph.D.; New York, Random House, 2006, 320 pages, $25.95

Sandra L. Bloom, M.D.

I cannot recall a time when my eyes filled with tears while reading a textbook. But Annie Rogers' book, *The Unsayable*, is no ordinary textbook. The central paradox is the paradox of language—how it hides and reveals. Even in the title, the author illustrates the paradox by helping the reader to understand through her beautiful writing that which is most inexpressive in language. The book reads more like a novel because the author teaches the reader through stories and reminiscences that are simultaneously personal and professional.

Rogers begins by asking some fundamental questions: "When all the traces of history have been erased and the body itself is inscribed with an unknown language, how does a child begin to speak? . . . How is it possible to listen so that the child comes to know something vital and speaking feely becomes possible, so that living inside one's own body is no longer a nightmare?"

The book is divided into five parts. In part 1 and part 5 Rogers employs the enormously powerful device of telling her story. From the book cover we already know that she is on the clinical psychology faculty at Hampshire College, has been a Fulbright Scholar and a fellow at the Radcliffe Institute of Advanced Studies, and has authored a previous book. Now we learn some details about her troubled and traumatic childhood and adolescence and her own personal experience with psychiatric hospitalization.

In part 2 we are introduced to the period of Rogers's training in child psychotherapy and her introduction to the work of Jacques Lacan, which she then revisits in part 5. One of the impressive aspects of this work is the way in which Rogers wrestles with Lacan's often confusing and opaque concepts for the nonanalytic audience and makes them accessible and even comprehensible. She does this by allowing us to see how she applies her own growing knowledge to the young clients who come into her office. As she puts it, "it was becoming clearer and clearer to me that the unsayable could be 'spoken' through unconscious reenactments—but at a terrible cost."

When you get to part 3 and part 4, make sure you set aside some time for the reading because you may not want to put the book down. Part 3 tells the riveting story of one child and her family who Rogers follows through childhood, adolescence, and into adulthood, and we see the ways in which trauma is transmitted unconsciously down through the generations. In part 4 Rogers shares the stories of several girls, all of whom were in residential placement because they had repeated their own histories of trauma on other children.

At its heart, however, this is not just a book about the treatment of children. This book aims at reintroducing critical concepts that seem to have become lost in an era that focuses on diagnosing, medicating, removing symptoms, and changing cognitions and behavior. As Rogers puts it, the unconscious exists, cannot be denied, and "insists, repeats, and practically breaks down the door, to be heard." The author's ultimate goal is stated clearly as well: "if we don't understand how we are predators to one another through language—how our speaking sounds and resounds through the unconscious and determines our actions—we will certainly destroy one another and our fragile little planet." ♦

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