

## 40 Years of Academic Public Psychiatry

edited by S.C. Jacobs and E. E. H. Griffith; Chichester, England, John Wiley and Sons, 2008, 210 pages, \$170.00 hardback only

John A. Talbott, M.D.

This is a tough sort of book to pull off successfully. It is celebratory of Yale's Connecticut Mental Health Center's 40 years and congratulatory of the center's relationship with both the university and Connecticut during troubled times in American psychiatry. It also has scientific chapters on everything from neuroscience to social science, historical portions on public psychiatry and forensic psychiatry, and explanations of training and service programs in various disciplines. The contributors to *40 Years of Academic Public Psychiatry* include many of the brightest stars in our psychiatric firmament and its editors are foremost among them and among my favorite people and colleagues. Such a book can result in either a cavalcade of stars or a mishmash of competing agendas; in this case I think it's the former.

After I'd finished reading the book, stepping back, I was struck by the amazing array of talent that has gone through and been nurtured at Yale and the Connecticut Mental Health Center (CMHC). This book tells a rather impressive story of these fortunate people. The story is impressive to the point that one could be intimidated if looking to the book as a guide for one's own state-university collaborations. How could anyone replicate this success story?

But take heart. On a personal note, I remember interviewing for residency at Yale-New Haven Hospital in 1960 and getting the distinct impression I wouldn't make the cut there, whereas by 1983 when I returned to Yale-CMHC to give grand rounds, I felt thoroughly comfortable. My point is that despite the glory and fame that these authors and Yale hold, they are still, after 40 years, just good hard

thinkers and workers who succeeded where many others failed.

This is illustrated in one fascinating chapter that tells of the problems the center had with state leadership and the issues surrounding their relationships with Commissioners Plaut, Worrell, Hogan, and Solnit, whom were all national figures. It is carefully written and tactfully phrased, but the reader can figure out a fair amount of what's between the lines.

To some extent, *40 Year of Academic Public Psychiatry* is a specialist's

book, of interest to those of us who have battled these same battles and challenged these same challenges over the past 40 years. But I also think a young psychiatrist would have much to learn here about what the field offers, how ideas sprout and grow and how to fit into and sometimes even mold an organization. I enjoyed reading it, not just because it was like eavesdropping on the conversations of old friends but also because it does reflect our field's struggles and accomplishments.

One bizarre note is the concluding chapter by two authors from the Maudsley Hospital that seems strangely out of place in such a book; I hope it wasn't included to get United Kingdom readership or publication. But that's a minor quibble.

## Diagnostic Issues in Substance Use Disorders: Refining the Research Agenda for DSM-V

by John B. Saunders, Mark A. Schuckit, Paul J. Sirovatka, and Darrel A. Regier; Arlington, Virginia, American Psychiatric Publishing, 2007, 324 pages, \$70.00 softcover

Greg Seward, M.S.H.C.A

The book *Diagnostic Issues in Substance Abuse Disorders* is part of the current series, *Advancing the Research Agenda for DSM-V*. This contribution contains 19 chapters summarizing a research planning project to assess the scientific knowledge relevant to our current psychiatric classification system of substance abuse. The text then recommends steps to advance knowledge as we move toward *DSM-V*.

Although *DSM-V* is not due for release until 2012, planning for it began five years after the release of *DSM-IV* in 1994. In the foreword, Regier opens the reader to the process and some key historical points of *DSM* development. In the introduction, Saunders and Schuckit discuss the development of the agenda for the research. The authors provide the framework for each chapter: overarching issues relevant to the development of international diagnostic systems, research questions more specific to the substance use dis-

orders section of *DSM*, and discussions of whether substance use disorders should be included in the broader term "addictive disorders"—a term that includes other compulsive behaviors.

*DSM* has changed throughout the years since it was first released. Anyone who works in-depth in addictions or in mental and co-occurring substance use disorders knows this particularly well and hopes that the shortcomings of *DSM-IV* will be remediated by *DSM-V*. Readers will appreciate the debate and directions for research raised when substance use disorders are considered as categorical or dimensional or both. Each chapter is well conceived but can be tough reading at times for any newly initiated addictions clinicians.

Mr. Seward is director of the tobacco-free initiative and the coordinator of tobacco research at the University of Massachusetts Medical School, Worcester.

Dr. Talbott is professor of psychiatry at the University of Maryland School of Medicine, Baltimore.

It is encouraging to see the efforts being put forth to look at all addictions in a unified way. Especially refreshing is the focus on the neurobiology of addiction, cultural influences on diagnosis, and nicotine addiction. Patients have long suffered from our not giving all addictive substances and their respective craving behaviors the attention they merit.

Clinicians, educators, and researchers in this field should read this work and then encourage colleagues nationally and internationally to become familiar with it. Insurance company executives would do well to read this fine book and to use it as an invaluable resource to further educate themselves about the morbidity and mortality that result from all addictive substances. '

unique challenges experienced by biracial children. Part-Asian children search for identity by mentally volleying between two disparate cultures, whereas part-Latino children have a less dichotomous course because the Hispanic population is, by definition, already a multiracial one. White-black children face the greatest challenges in bridging the social distance between these groups. The one-drop rule, a vestige of slavery, mandated that part-black children identify as and be treated as black, regardless of individual preferences.

The final section of the book describes the consequences of race and racism on children's development across domains, including mental health, academic achievement, occupational aspirations and peer relationships. Black youths who engage in school and show signs of academic success may be discounted by their peers for "acting white," which is one of the many social transactions that causes a disparity in achievement. Racism can become internalized, leading children from minority groups to adopt negative cultural stereotypes, and can result in conduct problems, substance abuse, and violence. Although children's cognitive processes become increasingly flexible as they grow, the flexibility appears not to apply to race; by approximately the sixth grade, the number of cross-race friendships declines.

The book provides an in-depth, comprehensive, scholarly account of the research and theories in the field. Although some strategies and programs are offered to reduce stereotypes and discriminatory behavior, the authors acknowledge that changing social norms is easier said than done. All of which makes the title of "handbook" a misnomer, because the term usually connotes practical summaries and concise solutions. The book will appeal to those who, like the contributors, have specialized interest in the field. For other clinicians who persevere, the book provides useful insights embedded within the larger theoretical context. '

## **Handbook of Race, Racism, and the Developing Child**

*edited by Stephen Quintana and Clark McKown; New York, John Wiley and Sons, 2007, 528 pages, \$85*

**Matthew Kleban, M.D.**

Racial status is one of the first social categories young children learn, preceded only by sex differentiation. Although children seemingly possess an innate, biological drive to detect differences among groups, their racial identity is also influenced by an array of messages from their families, schools, and neighborhoods. Race is indisputably a dominant aspect of social interactions, but its degree of relevance at a particular moment in time can vary. In *Handbook of Race, Racism, and the Developing Child*, Stephen Quintana and Clark McKown describe the field as "an interesting nexus between developmental and psychological theories." They have assembled a multiauthored text to illuminate how children's development is intrinsically tied to and influenced by race.

The early chapters describe how a child's thinking about race changes with age, often in a Piagetian stepwise manner. A kindergarten-age child will understand race only as what is observable physically. He or she might believe that a Mexican classmate has one black parent and one white parent. As they mature,

children see race in literal associations such as cultural traditions or historical information, the kind of information emphasized during school lessons. By early adolescence, children develop a group consciousness heralded by the use of plural pronouns such as "we" and "us" in describing their own racial group.

Several of the following chapters focus on the way context morphs identity. Children seek to be simultaneously connected to, yet different from, others around them. Although Korean-American youths stress their Asian identities when among non-Asians, they would stress their specific Korean identity within Asian circles. The recognition of racism also depends on the prototype of the situation. For instance, the ability of children, who become aware of discrimination during middle childhood, to recognize negative behavior, derives from the prototype of its being more unidirectional. That is, they are more apt to recognize a white person discriminating against a person from a minority group than vice versa. Although parents may espouse egalitarian ideals to their children, they may subtly convey messages of racial inequality. The process may be elusive—not one exemplified by extended conversations but by fleeting exchanges and innuendos.

Another chapter describes the

---

*Dr. Kleban is assistant professor of psychiatry and behavioral sciences at the Albert Einstein College of Medicine and is also affiliated with Bronx Children's Psychiatric Center.*

## Drinking in Context: Patterns, Interventions, and Partnerships

edited by Gerry Stimson, Marcus Grant, Marie Choquet, and Preston Garrison; New York, Brunner, Routledge, Taylor & Francis Group, 2006, 264 pages, \$49.95

Choudahry Patel, M.D.

Chief editor Gerry Stimson and authors from such diverse organizations as the International Center for Alcohol Policies, the World Bank, the Universities of Queensland, Australia, Hong Kong, Seinan Gakuin, Japan, and the London School of Hygiene and Tropical Medicine have painstakingly presented a fresh look at the old problem of alcoholism. Even though much has been written on the subject, this volume was commissioned by the International Center for Alcohol Policies with assistance from the World Federation for Mental Health, the International Harm Reduction Association, and the Institut de Recherches Scientifiques sur les Boissons. The result is a rather new and comprehensive way of approaching alcohol and alcoholism.

This volume examines historical, cultural, social, and economical aspects of drinking; health benefits and its harm; the burden on society; the difficulty of forging effective partnerships; and perspectives on sustainable policies for alcohol production, consumption, and regulation. *Drinking in Context* provides a wealth of information for any policy maker. Included are exhaustive lists of references at the end of each chapter. There are easy-to-follow tables and boxed bold sections of core points on the subject discussed in each chapter. The section "Alcohol and the Global Burden of Disease: Methodical Issues" crystallizes the main points of the volume.

*Drinking in Context* also throws light on the current understanding of alcohol's effects on teenagers. These effects include drunk driving, risky sexual behavior and the possibility of spreading sexually transmitted dis-

eases, and other negative health consequences. The underlying theme is harm reduction, and the book examines feasibility of various interventions for teenagers.

The reader is drawn back again and again to the challenges that governments face in gathering reliable data, assessing evidence-based interventions, studying the feasibility of population-based interventions, and

legislating sustainable policies. The authors acknowledge that they pose more questions than they answer.

The authors could not emphasize enough the value of partnerships between different, sometimes competing, governmental agencies to achieve sustainable policies. This point is worth repeating, but because many contributors were commissioned to present their approaches, the reader may find some points unnecessarily repeated throughout the book.

*Drinking in Context* is relatively easy reading for a serious topic covered in depth. The volume is an excellent source of information for anyone interested in understanding the global issues posed by alcohol.

## Motivational Interviewing in the Treatment of Psychological Problems

edited by Hal Arkowitz, Henny A. Westra, William R. Miller, and Stephen Rollnick; New York, Guilford Press, 2008, 354 pages, \$38

Lisa R. Fortuna, M.D., M.P.H.

Since the publication of Miller and Rollnick's classic on motivational interviewing, this technique has become hugely popular as a tool for facilitating positive change in substance abuse and more recently in psychological and health behaviors. Motivational interviewing addresses a significant problem common to all therapies: resistance to change. The primary goal is to help clients increase their intrinsic motivation and resolve ambivalence in order to facilitate behavioral change.

*Motivational Interviewing in the Treatment of Psychological Problems* is a practical guide, edited by the leading experts and developers of this technique. It clearly moves motivational interviewing beyond the original arena of substance abuse to application with patients with diverse psychological challenges and toward their improved self-management and engagement in treatment. This is one of a series of highly accessible volumes by Miller and Rollnick that review the empirical evidence base and present easy-to-implement strategies,

illuminating concrete examples, and clear-cut guidance on integrating motivational interviewing with other psychological interventions.

This volume includes chapters on the application of motivational interviewing to the treatment of persons with anxiety disorders, combat veterans with posttraumatic stress disorder (PTSD), patients with obsessive-compulsive disorder who refuse treatment, and persons with eating disorders. Motivational interviewing can be applied to several other areas: as a way to treat pathological gambling disorder, as a prelude to psychotherapy of depression, as an integrative framework for the treatment of depression, and as a way to improve medication adherence among individuals with schizophrenia. It can also be applied to dually diagnosed patients and patients in the criminal justice system. Each chapter demon-

*Dr. Fortuna is the director of child and adolescent multicultural health research at the University of Massachusetts Medical School, Worcester.*

*Dr. Patel is a psychiatrist at the Westboro State Hospital, Westboro, Massachusetts.*

strates the application of motivational interviewing in the context of diverse patient populations that have all been traditionally understood as a challenge to engage in treatment.

I approached the text as a researcher interested in integrating motivational interviewing in the treatment of adolescents dually diagnosed with PTSD and substance abuse, a population hard to engage and motivate. What I found was an excellent step-by-step guide to motivational interviewing rich in clinical vignettes and therapist-patient dialogues illustrating how to manage various clinical scenarios with skill and sensitivity. The chapters also succinctly review motivational interviewing research for each type of problem under consideration, and also highlight areas where more research is needed. I found the chapters thought-provoking in generating my own research questions and

methods for testing the application of motivational interviewing for improving engagement and outcomes for my patients. The authors provide a clear message that there are fundamental components of motivational interviewing that make it what it is, but it is not totally a one-size-fits-all approach. For example, the chapter on the application of motivational interviewing to individuals with schizophrenia spectrum disorders highlights suggestions for modifications to address problems that more often occur among individuals with these disorders such as the presence of negative symptoms, cognitive impairment, and medication side effects. Therapists and researchers who are seeking a positive, respectful, and collaborative approach for helping diverse patients make positive change and for improving psychological interventions—this book is for you. '

useful and practical for residents. He is less effective when he attempts to summarize large quantities of information, thereby making material so diluted as to be of little utility. Fortunately, the majority of the book is written from the former perspective.

Steele's least useful chapter summarizes CBT; he becomes lost in the details of CBT techniques that cannot be adequately described in the pages allotted. In contrast, the chapter on psychodynamic therapy is excellent. In particular, Steele's summary of Strupp's psychotherapeutic lessons provides a useful framework for a resident who may initially need a relatively concrete set of goals for the psychotherapy patient. The chapter about psychotherapy research provides a lens that is particularly useful for the beginner psychiatrist. Steele begins with a succinct history of psychotherapy research and describes some of the unique challenges of psychotherapy studies.

Steele also provides a useful review of basic clinical statistics. Given that the psychiatric literature is replete with large placebo effects, Steele explains that these placebo rates do not demonstrate the psychiatric benefits of sugar pills. Instead the placebo effects likely reflect "regular contact with a concerned professional who takes an interest in the patient's symptoms, side effects, and progress," a placebo effect that is inherent in clinical trials and particularly germane to psychiatric studies. Steele also distinguishes between what Gabbard calls efficacy and effectiveness in psychiatric research. Efficacy reflects research on highly selected, well-defined patient populations. However, efficacy may bear little resemblance to the effectiveness demonstrated in studies of treatment of patients with multiple diagnoses in common clinical practice. Overall, *Outpatient Psychiatry* is a worthwhile text for beginning psychiatrists hoping for a practical and insightful overview of selected psychotherapeutic techniques and psychiatric paradigms. '

## Outpatient Psychiatry: A Beginner's Guide

by Thomas E. Steele; New York, W. W. Norton Company, 2007, 176 pages, \$24.95 softcover

William Meehan, M.D.

Thomas Steele has been training psychiatry residents in an outpatient setting for over 25 years at the Medical University of South Carolina. He states that he has long wished for a single text addressing the needs of the neophyte outpatient psychiatrist, and thus he has written *Outpatient Psychiatry: A Beginner's Guide*. The book provides an overview of several topics in outpatient psychiatry, including psychodynamic psychotherapy, cognitive-behavioral therapy (CBT), brief psychotherapy, supportive psychotherapy, psychotherapy with the prescription of psychotropic medication, psychotherapy research, and issues common to various therapies.

Given the topics covered, *A Beginner's Guide to Psychotherapy* might have been a more accurate subtitle. At 169 pages, the author does not attempt to cover each topic in depth but introduces the most salient points for a novice therapist. Steele understands that most psychiatry residents are initially somewhat uncomfortable with psychotherapy, and therefore he writes the book from a reassuring and hopeful perspective. Both eloquent and humorous, Steele makes the usually dense topic of psychotherapy relatively accessible.

As a third-year resident I found that the book consolidated my knowledge about psychotherapy and provided some pearls of wisdom that I had not come across in previous reading. Steele is at his best when he draws on his experience to distill information into a form that is

Dr. Meehan is a psychiatrist at the University of Massachusetts Medical School, Worcester.



**ADHD in Adults: What the Science Says**

by Russell A. Barkley, Kevin R. Murphy, and Mariellen Fischer; New York, Guilford Press, 2007, 489 pages, \$50

Justin J. Trevino, M.D.

Rigorous, comprehensive, informative, and impressive are words that come to mind after reading this book. This effort rewarded me with a clear understanding of the issues involved in identification of patients with adult attention-deficit hyperactivity disorder (ADHD), the serious implications of the disorder in regard to life's functional domains, and a conceptualization of the core cognitive issues underlying the condition. The book's goal is to "report the results of two of the largest and most comprehensive studies of adults with ADHD conducted to date, juxtaposing the results for clinic-referred adults with the disorder against those for children with the disorder who have reached young adulthood." The diagnostic and clinical implications of the collected data are highlighted throughout *ADHD in Adults*, and selected comments regarding treatment interventions are offered. The authors clearly indicate that the work is not meant to cover potential etiologies of adult ADHD or treatment interventions in a comprehensive manner; they do provide alternative informational resources for these important areas.

The book begins with a comprehensive overview of the history of ADHD among adults and its measured prevalence. This is followed by a review of the *DSM-IV* criteria for diagnosis that includes the authors' observations regarding issues for consideration as *DSM-V* criteria are developed. Studies discussed throughout the book are the University of Massachusetts (UMASS) study of clinic-referred adults with ADHD and the Milwaukee Study, a longitudinal study of children given a diagnosis of ADHD at age six years or younger

and followed to age 27 years. These studies are reviewed in detail as a prelude to in-depth discussions of the applicability of the *DSM-IV* symptom list (noted by the authors to have been developed with young children in mind) and age-of-onset requirement (before age seven years) to the diagnosis of adult ADHD. In light of the findings of the aforementioned studies, the authors provide recommendations for modification of these two diagnostic criteria domains.

The remainder of the work reviews the findings of the UMASS and Milwaukee studies in a very systematic manner. The overall burden of impairment in major life activities related to adult ADHD is discussed, followed by extended considerations of disorder-related impairment in several specific life domains, including education, occupation, health, money management, driving, dating and marriage, parenting, substance use, social behaviors, and neuropsychological functioning. In the chapters addressing this material, the format is uniform, with an introductory section reviewing the existing literature, a structured recitation of the pertinent findings of both noted studies (including highlighting differences in ADHD and control groups studied), and a "Conclusion and Clinical Implications" section reiterating important points of the chapter. The final chapter serves as an overall summary, emphasizing important issues related to patient assessment and behavioral management.

I appreciated the authoritative tone throughout the work. These authors' extensive involvement in the relatively underresearched field of adult ADHD was apparent. The literature reviews in each chapter were extensive and informative. The study data presentations provided information that often addressed noted gaps in the literature. The writing is clear and the data presentation well organized.

Each chapter has numerous data tables and figures, and the conclusion sections are comprehensive. I was consistently impressed with the rigor in the material presentation and the obvious attention to detail demonstrated in the study designs, data processing and presentation, and discussions of the implications and limitations of the data.

I would strongly recommend this work to those routinely involved in the assessment and treatment of patients with adult ADHD, as well as to those actively involved in or planning research activities with this patient population. For the clinician who encounters these patients less frequently, the concluding chapter and the conclusions of chapters of interest would provide excellent information and guidance. The authors succeeded splendidly in their effort to communicate the severity of adult ADHD and to advance concepts about its nature and ideas for addressing its related impairments.

---

**Emotion and Psychopathology: Bridging Affective and Clinical Science**

edited by Jonathan Rottenberg and Sheri L. Johnson;  
American Psychological Association, Washington, D.C., 2007, 336 pages, \$69.95

Curtis N. Adams, Jr., M.D.

The editors of *Emotion and Psychopathology* aim to provide an overview of the field of affective science. They determined that enough has been written in the many disciplines that contribute to affective science that a summary of current progress was due. The editors are honest with the reader about the limitations of this book and its subject. We are warned in the introduc-

---

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

---

Dr. Trevino is assistant professor of psychiatry at Wright State University Boonshoft School of Medicine and assistant chief clinical officer at Twin Valley Behavioral Healthcare, Dayton, Ohio.

tion that terms such as emotion, affect, and mood will be defined differently by each chapter author. In the afterword we discover that there is not one “bridge” between affective and clinical science, but that several spans might be necessary. Despite these challenges, it is worth reading the book in order to understand current methodologies that are applied to affective science to date, to help us understand how we may be able to learn more about psychopathology from studying emotions, and finally to review how much of the science has been translated into treatment.

The book is divided into three sections: “Advances in Basic Affective Science,” “Applications to Psychopathology,” and “Treatment Applications and Future Directions.” Authors for the most part write lucidly and evenly and clearly state the limitations of the current findings while proposing future directions. Most of the authors thankfully assume readers’ lack of knowledge and provide tutoring within the text. They want to teach a wider audience, not just the cognoscenti. It’s clear that some chapter authors read the work of other chapter authors, creating a book that coheres and is not a merely collection of review articles.

“Advances in Basic Affective Science” exposes readers to methods for measuring affective response. Self-report methods as well as purportedly more objective psychophysiological measures are explored here. In the “Application to Psychopathology” section, emotion research is applied to schizophrenia, bipolar disorder, major depression, phobias, fear, alcohol use disorders, and psychopathy. The authors of the final section, “Treatment Application and Future Directions,” suggest how affective science can be applied to anxiety disorders, how it might explain how antidepressants work, and how it may inform psychotherapy and vice-versa.

Researchers and practitioners are likely to benefit from reading this book from cover to cover. Researchers may learn of methods outside their area of interest. Treatment

providers will be able to retrieve the many useful nuggets lying in each chapter and apply them to a diverse patient population.

The book is weighted toward the affective research side and highlights the paucity of research on the clinical

applications. Readers who desire certainty or require a treatment manual for affective science will not find what they are looking for. The reader who can tolerate unanswered questions but wants to know where the field is today will benefit from this book. ‘

## **Death Benefits: How Losing a Parent Can Change an Adult’s Life—For the Better**

*by Jeanne Safer; New York, Basic Books, 2008, 215 pages, \$25 softcover*

**Maxine Harris, Ph.D.**

**I**n *Death Benefits*, psychologist and psychotherapist Jeanne Safer, Ph.D., has written a highly personal and somewhat controversial book about the advantages that pass to an adult when a parent dies. She views parental loss in adulthood as an opportunity for personal growth that may be missed because of guilt, denial, and prohibitions against benefiting from the loss of a parent. Although Safer asserts that these benefits are available to all adults when a parent dies, her examples tend to highlight parents who have heaped considerable emotional abuse on their children.

Safer’s clinical vignettes, starting with the story of her own controlling, narcissistic mother, depict parents who seemed incapable of feeling pleased and who routinely found fault with even their very successful children. Tyrannical fathers are paired with depressed, complaining, and inconsolable mothers to produce a profile of emotionally abusive parents. It is not surprising, then, that many of the 60 men and women whom Safer interviewed for her book felt relieved, free, and even joyful at the parent’s death.

If Safer’s monograph had been intended as a book about emotional abuse, its impact, and the eventual release that comes with the death of the abuser, most readers might agree with her clinical insights and conclu-

sions. But it is not. *Death Benefits* is a book about adult parental loss in general and about the benefits that all or, at the very least, most adults experience when a parent dies. Her desire to generalize from her personal experience and the stories told by her small and questionably selected sample reveals the real weakness of her book. She is not just writing a personal memoir; she is defining what she believes to be a near universal phenomenon when she asserts about parental loss that “nothing else in adult life has so much unrecognized potential to help us become more fulfilled human beings.”

These limitations noted, Safer’s book does offer a useful self-help formula for dealing with any significant adult loss, be it the loss of a parent, a close friend, or a spouse. She provides the reader-mourner with four straightforward questions that can serve as a guide in processing any significant loss. Her questions empower the bereaved to assess not only what they got from the deceased that was important and warrants saving and cherishing but also what was bequeathed that needs to be discarded, both psychologically and literally. The process, which begins with an honest assessment of the parent’s life and character, helps to facilitate memory and mourning in general. By empowering the reader to actively choose what legacies will become part of one’s own growing and evolving self, Safer makes mourning into an active and potentially creative process. ‘

---

*Dr. Harris is chief executive officer for clinical affairs for Community Connections in Washington D.C.*