Goodwin & Guze’s Psychiatric Diagnosis

This is the sixth edition of a classic text. I am fortunate to own a copy of the first edition published in 1974, authored by Robert Woodruff, Donald W. Goodwin, and Samuel Guze. The book was pioneering because it presented psychiatry through the lens of the medical model that originated at Washington University in St. Louis, MO. This remarkable department brought together a diverse group of people, many trained in the East, to pursue a new paradigm often referred to as “biologic psychiatry.” As someone trained in this model, the term is a misnomer and still is greatly misinterpreted by its critics. Simply put, the model espoused evidence-based psychiatry before the term was even coined. These men and women included Edwin Gildea, Eli Robins, Samuel Guze, George Winokur, Donald W. Goodwin, Robert Woodruff, Lee Robins, Paula Clayton, Rodrigo Munoz, John Feighner, and many others. Although considered progressive by many, this “atheoretical” approach was a direct challenge to predominant views of the time.

I discovered the second edition when I was a resident and it was love at first sight. The book was clearly written, entertaining, and presented facts about a disorder without the psychiatric jargon I saw in other texts. The book focused on the many syndromes the authors considered valid, as explained in their groundbreaking paper on psychiatric diagnosis, commonly referred to as the “Feighner Criteria.” Validity was determined based on clinical description, laboratory studies (as limited as they were), delimitation from other disorders, follow-up, and family studies. These “five phases” are still considered the standard for validating diagnoses. This new approach to diagnosis, in which specific criteria were enumerated, was embraced in DSM-III, published in 1980. The book was not comprehensive and ignored other topics that residents needed, such as interviewing methods. Yet, it endured through subsequent editions until 1996. Its authors passed away, and those who knew of the book assumed that it had disappeared into history.

Imagine my surprise (and delight) when I received a copy of the sixth edition. This was akin to seeing an old friend return after many years, having assumed the person was gone. Carol S. North and Sean H. Yutzy, both trained at Washington University, teamed up to resurrect the book, now renamed Goodwin & Guze’s psychiatric diagnosis, in part to remind its audience of those great men. There are several important changes in the new edition, including new chapters on the evolution of diagnosis, evaluation, posttraumatic stress disorder (PTSD), and borderline personality disorder. Chapters on “anxiety neurosis” and “phobic neurosis” have been renamed and consolidated as “panic disorder and phobia.” The chapter on anorexia nervosa has been changed to “eating disorders.” All chapters present up-to-date material, and tend to follow the same format (ie, history, epidemiology, clinical picture, etc.), followed by references. Recommendations for clinical management reflect the latest information. Few psychiatric writers seem to care about the history of psychiatry, and this book reminds us that little of what we see today is new. For example, in the chapter on PTSD, the authors point to a witness of the Great Fire of London in 1666 who later wrote: “... I cannot sleep at night without great fear of being overcome by fire.”

The book retains its original style—readability combined with a no-nonsense approach that is refreshingly jargon-free. I highly recommend this book.

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REFERENCE
Although forensic neuropsychology is a young field, it has grown by leaps and bounds in recent years in terms of utilization of neuropsychologists in legal proceedings, new case holdings, and research. Drs. Horton and Hartlage have updated their 2003 book to not only include more legal and research material but also to address application of neuropsychology to special groups and discuss future issues in the field.

The first section, foundations of neuropsychology, provides an introduction to brain functioning assessed by neuropsychologists and brain taxonomy. Given that brain structure is not the focus of this book, this is an adequate abstract of neuroanatomy, with charts summarizing brain lobe functions and hemispheric lateralization serving as good resources to those already knowledgeable about neuropsychology. Those not well versed in neuropsychology may use this book as a resource, however, the information on specific brain areas controlling certain cognitive and personality functioning may be misinterpreted as being absolute.

The history of clinical neuropsychology in the forensic world and key issues, such as fixed vs flexible battery approach, are well enunciated even for the layperson. The current status of neuroimaging in the legal world, particularly in the area of aggression and the connection to psychopathy and personality disorders, is introduced with appropriate descriptions of how results can be applied and interpreted and possible limitations.

An area that I, as a forensic neuropsychologist, found exceedingly useful was information on malingering. Certain relevant issues, however, are missing, such as the emerging issue of using the Minnesota Multiphasic Personality Inventory-2 vs the Minnesota Multiphasic Personality Inventory-2 Restructured Form, and the use of symptom questionnaires (ie, Structured Inventory of Malingered Symptomatology, Structured Interview of Reported Symptoms, Miller Forensic Assessment of Symptoms Test) in conjunction with neuropsychological tests of malingering, given the frequent presentation of both exaggerated psychological symptoms and cognitive impairment.

The second section deals with ethical and legal issues. These chapters provide crucial information to the practicing forensic neuropsychologist, including solutions when dealing with practice issues. Letter samples and case examples are well utilized in this section. I believe the chapter dealing with test security should be required reading by not only neuropsychologists but also psychologists who conduct any testing, whether or not they engage in forensic practice.

The chapter reviewing civil competencies is brief despite listing important competencies, including those related to medical decision-making, consenting to treatment, consenting to research, and fiduciary and testamentary abilities. The chapter on criminal competencies has extensive legal information. However, neither the section on civil competencies nor criminal competencies lists neuropsychological measures that would be useful in conducting various evaluations.

The chapter on privacy, confidentiality, and privilege is comprehensive, and is useful for neuropsychologists and general psychologists involved in forensic issues with excellent use of clinical examples. The conflict of interest chapter is extensive and reviews practical issues including testifying, fees, and providing depositions.

The third section, practice issues in neuropsychology, segues well from the previous chapters. Here you see the integration of issues that are unique to neuropsychology, such as brain lateralization of functioning and issues unique to forensic neuropsychology, such as third party observ-
ers, positions by professional organizations, and relevant research.

The section on measuring change in functioning is quite technical, but an important area of neuropsychology to be elucidated because it provides evidence necessary to determine not only clinically but also statistically meaningful change. In this section, graphs and tables are very useful in explaining complex issues, and the utilization of specific test examples, such as the Wechsler Memory Scale, is beneficial.

Similarly, information regarding the estimation of premorbid IQ is easily understood through specific test examples, and the concept of traditional “hold” tests is included. For regression equations, such as the Baron, I would prefer to see a list of the factors that are part of the equations, if not the actual equations themselves.

In the fourth section, special issues and populations are discussed extensively, including fitness for duty, disabled individuals, older clients, children and youth, autism spectrum disorders, substance abuse, and neurotoxicology. However, there is great variability in the structure of these chapters. Some are short and lack information on specific tests that are appropriate and useful to conduct evaluations and base legal opinions and some are extensive with specific recommendations for neuropsychological evaluation and helpful case examples. Reviewing these chapters, I found myself wanting to know if there are any case holdings specific to autism because there is no mention and to read a summary of how drug use pertains to recidivism, for which there is extensive literature.

The conclusion addresses important future issues, such as utilization of the Internet. There also is mention of certifications in neuropsychology but, surprisingly, not in forensic psychology.

Overall, I found the Handbook of forensic neuropsychology to be useful in providing survey information for many issues associated with the field. The strongest and most useful chapters were those with charts, examples, and/or sample materials. However, I have an issue with the inconsistency of the information provided across chapters, with some providing information only on forensic psychology or only on general neuropsychology, rather than all chapters addressing issues of forensic neuropsychology. In the next edition of the book, I would like to see more integration as well as integration of assessment of psychological symptoms (such as psychosis) with assessment of cognitive functioning.

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The pressure to do more, to see more patients, and to push productivity is increasing in all medical specialties. Unfortunately, increased productivity does not necessarily mean better work. It is frequently measured by numbers, akin to car companies during the "good old times," when focus was on the volume of cars produced. Because our day is naturally limited and cannot be stretched, ultimately we end up squeezing in more patients per hour or day. This volume provides advice and guides us on how to increase the number of patients effectively.

The book is divided into an introduction, preface, 2 parts (total of 26 brief chapters), and an appendix containing a list of useful references. The preface, "The 20-minute hour is new, where did it come from?" provides a historical review of the changes in our practice over the past 4 decades—the origins of the 50-minute hour (Freud suggested to "chill out or cool off for a few minutes between therapeutic hours" [p xi]); non-parity for mental health; the arrival of managed care with its management of access, requirement rates, and documentation requirements; the concept of health care as a profit center from the corporate and the clinician’s perspective; the impact of managed care on psychiatry and psychotherapy in particular; the changes in reimbursement rates (psychotherapy is reimbursed significantly less per minute than the rest of the psychiatric practice); and the positives of managed care. Access to mental health has increased and the costs have decreased (almost no inpatient care!) but there has been a huge increase in the administrative costs for the entire health care system (mine: almost another industry!).

Part I of the book, "Ways to make the 20-hour work for you," consists of 8 chapters—1. Beginnings—not a moment to spare; 2. Measuring symptoms; 3. Setting the contract; 4. Decisions, decisions; 5. Psychoeducation/teaching; 6. Shortcuts; 7. Early and later pitfalls; and 8. Terminating treatment. The focus of these chapters is to provide shortcuts, from using small talk to enhance rapport, to measure symptoms and changes quickly, to jump start education, or to end a session on time without much problem. Some of the advice is good (ie, list of office supplies for the initial interview), some advice points out that shortcuts also mean cutting and focusing on money. The chapter on measuring symptoms advocates using a visual analogue scale (not bad advice), and a small scale for rating depression from 0 to 10 with sad or smiley faces is included. The chapter on contract includes a solid handout concerning practice information for the patient. Some advice is questionable and seems driven by the idea of just cutting. I personally would not wait 6 weeks to see a patient who was started on selective serotonin reuptake inhibitor “unless there are unacceptable side effects.” That is too long and does not foster a therapeutic relationship, even if the patient sees a therapist in the meantime. The discussion of psychoeducation is good. It correctly points out that interest in teaching psychoeducation to residents and students is minimal or non-existent. I missed the resources (handouts, etc.) for psychoeducation here, but fortunately they are listed in

the following chapter. The chapter on shortcuts provides some tips on talking to patients effectively (but pointing out that one should never interrupt and never tell someone who is talking that his/her time is up). This chapter also points out the importance of documentation and includes a table on “how to avoid malpractice problems.” The last 2 chapters of this part, on early and late pitfalls and termination, are again a mixture of the author’s empirical advice, opinions, and occasional material supported by the literature.

The second part, “Quick-grab chapters,” includes 18 chapters discussing specific clinical situations, encounters, and troubling issues with chapters on: 9. The depressed patient; 10. The bipolar patient; 11. The anxious patient; 12. The traumatized patient; 13. The angry or violent patient; 14. The somatizing patient; 15. The patient with mild schizophrenia; 16. The questionably psychotic patient; 17. The adolescent patient; 18. The elderly patient; 19. The borderline personality patient; 20. The mildly mentally retarded patient; 21. The suicidal patient; 22. The depressed patient that is or wants to become pregnant; 23. The divorcing patient; 24. When your patient (or you) is stalked; 25. When tragedy befalls you or your patient; and 26. The clinician’s vulnerability to violence. Similar to the first part, some chapters present useful information (ie, the chapter on the “anxious patient” includes a table on the amount of caffeine in various drinks), while others present less useful and not very clear information (ie, the chapter on mild schizophrenia includes a non-useful and non-critical review of the CATIE study). Some chapters are just short blurbs (questionably psychotic patients, adolescent patients) while others cover their topics fairly well (the elderly patient, the depressed pregnant patient). The most readable chapters are the ones covering topics not frequently found in other texts or not taught well in residency training (ie, working with the divorcing patient or with the mildly mentally retarded patient).

I am not against shortcuts and/or increasing productivity in a good sense. However, the focus should not be on numbers and should not be measured exclusively by negative outcomes. The focus rather should be on quality of outcome and quality of care we provide. The amount of our paperwork should be reduced and the approval procedures by insurance companies simplified. Some of these concerns are touched upon lightly in this volume and some are not. There are some factual mistakes and at times the author writes about persons who had done something important, yet does not provide proper reference (ie, introduction to somatization disorder patient). Those are probably fixable and at times tolerable flaws. The main issue I have with this book is its unclear message. Do the proposed shortcuts enable us to maintain good quality of care? What is the purpose of shortcuts—good care or an easier life for treating physicians? I am not exactly clear, although I recognize the importance of both. In summary, this is a mixed bag of useful information and not so useful or not much information at all about certain topics. Some beginners may find this book useful and some may find it simplistic, not very informative, or will question the way some topics are covered (or better, not really covered).

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Self-Management of Depression: A Manual for Mental Health and Primary Care Professionals


Chronic diseases, such as diabetes, obesity, some cardiovascular diseases, and depression, often are irreversible or relapsing conditions that are either persistent or run a wax-and-wane course (p 4). The goal of chronic disease treatment is not cure—as we do not have a cure, in most cases—but “to support patients in managing their own disease so they can maintain satisfying, pleasurable, and independent lifestyles” (p 4). Thus, the modern approach to comprehensive management of various chronic illnesses includes self-management.

According to the authors of this book, “Self-management can be defined as the methods, skills, and strategies by which individuals effectively direct their own activities toward the achievement of specific objectives. It usually includes goal-setting, planning, scheduling, task tracking, self-evaluation, self-intervention, and self-development” (p 1). They wrote this book to “provide primary care physicians and nurses, psychiatrists, psychologists, social workers, and other professional caregivers with the knowledge and tools for making their work with patients with depression more efficient and effective by integrating self-management treatment strategies with conventional professionally delivered treatment modalities” (p 2).

The book consists of 8 chapters that explain the use of self-management in depression in various settings and discuss key elements in its use. The first chapter, “The use of self-management for depression,” explains what self-management is and how it is relevant for depression and other chronic conditions, and then discusses the principles of self-management, such as empowering patients and promoting their self-efficacy. The text then turns to the specifics of self-management of depression and the key resources and tools of self-management, such as individualized assessment, collaborative goal-setting, skills enhancement, follow-up and support, access to resources of daily life, and continuity of quality clinical care.

The second chapter, “Care management of depression,” focuses on treatment of depression in primary care and the need for a multidisciplinary approach. It discusses the role of care managers in the management of depression in primary care (eg, facilitating depression screening or providing depression education). The final part of this chapter reviews barriers in the implementation of collaborative care for depression in primary care, such as technical difficulties, practice orientation of primary care physicians, and reimbursement policies of insurers. One important piece of information found in this chapter: most screening questionnaires, such as Center for Epidemiological Studies Depression Scale (CES-D), Patient Health Questionnaire (PHQ-9), and Quick Inventory of Depressive Symptomatology—Self-Report (QIDS-SR) are free, but there is a fee for using the Beck Depression Inventory II (BDI-II).

The third chapter, “Self-assessment instruments for depression,” is a detailed review of properties of self-assessment instruments for monitoring the severity of depression (CES-D, PHQ-9, Inventory of Depressive Symptomatology Self Report, QIDS, and BDI, BDI-IA, and BDI-II), Internet-based self-instruments for depression, and the application of all these instruments. The authors point out (p 47) that, compared with clinician-rated instruments, self-rated instruments are less time
The fifth chapter, “Physical exercise as a form of self-management for depression,” is a solid review of the evidence of the value of exercise in depression management, challenges in implementing exercise as a treatment for depression, and practical recommendations for incorporating exercise into depression management.

This chapter includes 4 appendices: A. Weekly exercise log; B. Tips for deciding on type, schedule, and intensity of exercise; C. Frequently asked questions about exercise and depression treatment; and D. The pros and cons of beginning an exercise program.

The sixth chapter, “Self-management of depression using meditation,” is a thorough review of meditation use in depression (including mindfulness training), its challenges and limitations, and finally, some practical considerations (which patients would be appropriate candidates for meditation, how should it be introduced, etc.). This chapter includes an appendix on resources for learning about meditation.

The seventh chapter, “Cultivating social support,” focuses on the role of peer support in self-management. The peer who provides the support usually is an individual who has previously had first-hand experience with the patient’s condition (p 163). This chapter again discusses challenges and limitations of peer support and provides some practical advice in this area. The chapter is accompanied by 4 appendices: A. Tips for finding a peer support group; B. Tips for selecting a peer support group; C. How can family and friends help when a loved one is depressed? (very useful, eg, recognizing and understanding the symptoms of depression, approaching the person with depression, encouraging treatment, etc.); and D. Six interpersonal habits that can make depression worse.

The last chapter, “Putting it all together,” is the usual summary of the previous chapters—in this case, advising how to apply self-management for depression in your practice.

Although this book addresses an important area of management of depression and parts of the book are interesting, I had mixed feelings about it. It is wordy and repetitive at times. I think it provides too much information about issues busy clinicians would not care much for—or have much time for—such as a detailed discussion of the various versions of the BDI. The first half of the book is not very practical, and the authors only slowly get into practical, clinically oriented advice later.

I would appreciate much more concise and direct advice-oriented summaries of each chapter, perhaps in the form of bullets. One would also appreciate an appendix with all the screening assessment tools (at least the free ones) printed and ready to be copied. I also cannot envision many practitioners having enough time to implement most of the advice, which is not a criticism of the book but rather a complaint about the current state of affairs in the practice of psychiatry.

In summary, this is a book about self-management of depression, not really for introducing self-management of depression to one’s practice; so although it contains a lot of useful information, it is not very practical for that purpose.

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Bipolar Disorder in Young People: A Psychological Intervention Manual


Bipolar disorder (BD) in children and adolescents has received, for various reasons, a lot of attention in the scientific and lay press lately. Many have rightfully questioned the increase in the number of children and adolescents diagnosed with this disorder. The potential role of new medications approved for this disorder and the marketing push by their makers has been widely debated. The widespread use of the new antipsychotics in BD especially in young individuals brought another serious element into this debate—the possible long-term adverse effects of these medications such as metabolic syndrome and diabetes mellitus. Last but not least, part of this debate is the proposal of a new DSM-V diagnostic category of “temper dysregulation disorder with dysphoria.” This category should supposedly help to alleviate the overdiagnosing of BD in children and adolescents, which, according to some, is much less frequent than generally thought.

Somehow lost in this entire debate remains the new developments in the management of BD in young individuals—the host of psychological interventions that have been found effective in BD, either alone or in combination with medications. The use of these interventions in young individuals is the focus of a new volume by Australian and European authors, Bipolar disorder in young people: A psychological intervention manual.

The book contains a preface, introduction, 9 chapters, and 13 appendices. As the authors point out, this is the first book summarizing a manualized psychological intervention for people in adolescence and early adulthood who are experiencing BD (p vii). The introduction notes that most BD patients relapse after 5 years of treatment despite good medication adherence (p ix). Psychological interventions clearly seem to help in preventing relapse and aid in adherence to medications. However, while the efficacy of psychological interventions in BD has been studied and well documented, many studies tend to exclude people under the age 18 (p x). This slender volume summarizes and manualizes the available information in this area in combination with the authors’ experience “of working with a naturalistic, ‘real world’ population of young people who are experiencing their first episode of mania and who previously had little, if any, contact with a mental health service.” After summarizing key information about BD in young people in the first chapter, this manual describes 8 modules addressing key areas commonly experienced when working with this population (p vii)—assessment and engagement; psychoeducation and adaptation; medication adherence; targeted cognitive-behavioral interventions; social rhythm regulation; family work; comorbid issues (substance abuse, alcohol and other disorders); and relapse prevention, including identification of early warning signs.

The first chapter has clinically important and relevant points, such as the fact that BD has one of the highest lifetime risks for suicide associated with any psychiatric disorder, and it has been demonstrated that receiving treatment is associated with lower suicide and mortality rates (pp 2-3). This chapter also succinctly summarizes some characteristics of young people with BD and opportunities for early psychological intervention following the first episode (ie, early intervention may prevent suicide and may prevent secondary morbidity; it may
help prevent breakdowns in relationships; and it may help prevent relapse). The second chapter reviews issues such as diagnostic difficulties in BD (40% of persons with BD are initially misdiagnosed with unipolar depression), elements of psychological assessment of patients with this disorder, and characteristics of a positive therapeutic relationship (therapist and patient factors). The third chapter discusses several important issues such as insight and the ways in which young persons may adapt to the diagnosis of BD. I found the discussion of challenges to insight in the early phase of BD quite useful—examples include the experience of mania and hypomania can seem counter-intuitive to the concept of disorder or that posttraumatic stress resulting from involuntary hospitalization may be distressing and threatening to the sense of invulnerability. This chapter also reviews psychoeducation, functional recovery, and working to enhance psychological adaptation and reduce stigma, guilt, and shame, including the concept of posttraumatic growth.

The following chapter is an excellent overview of medication adherence. The reasons for poor medication adherence in BD are numerous and challenging, i.e., stigma of long-term medication use, comorbid disorders, the fact that mania is pleasurable, side effects of medication, impulsivity, and rebellion. Factors that may assist medication adherence include understanding the reasons for nonadherence, recognizing that adherence is not a polarizing concept, identification of the right medication and dose, good psychoeducation, good therapeutic relationship, work with the family, motivational interviewing, and establishing routines and cues. Medication adherence also should be strongly encouraged when the patient is asymptomatic. The fifth chapter is a solid introduction to cognitive-behavioral interventions in BD with focus on a phase-specific intervention. The sixth chapter focuses on a relatively new element of psychological interventions in BD—social rhythm regulation and stabilization, including interventions such as life event charting, sleep hygiene, sports, and diet. The seventh chapter deals with relationships and family work. The eighth chapter discusses the high degree of comorbidity in BD, namely anxiety disorders, abuse, posttraumatic stress disorder (PTSD), and alcohol and illicit substance use. The last chapter informs the reader about the identification of early warning signs, prevention of relapse and termination of therapy. It includes a good example of a comprehensive “goodbye letter.” All chapters include good clinical examples and conclusions summarizing each chapter in a bullet form.


This volume is a great addition to the BD literature. It is useful, practical, clinically oriented, and well organized. It presents refreshing views (mostly Australian) and an optimistic outlook of psychological intervention for BD in young individuals. I believe that every clinician treating young patients suffering from BD will find this book useful. As the authors point out, “bipolar disorder can have a significant effect on adolescent development and has traditionally been associated with poor outcomes, both symptomatically and in terms of psychosocial functioning” (p vii). The message of this volume is that this could be, at least partially, changed, and the negative impact of BD on development and future functioning could be alleviated. This is a positive message and the manual is definitely a good buy.

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Psychodynamic Therapy: A Guide to Evidence-Based Practice


Psycodynamic therapy has been criticized as being out-of-date, difficult to integrate within today’s practice, and lacking evidence-based research. For others, it remains an integral way to understand patients on a deeper level, help them improve their symptoms, and lead healthier lives. Drs. Summers and Barber address these differing opinions in Psychodynamic therapy and set out to “describe a contemporary psychodynamic therapy model that we believe is practical, effective, and easily integrated with other treatment modalities.”

The book is organized into 5 parts: context, opening phase, middle phase, combining treatments, and ending. This provides a unique chronological structure that beginning psychotherapists can use to organize their understanding of psychodynamic therapy. Clinical examples are woven into the writing beginning in the first chapter. These examples engage the reader, are useful illustrations of psychodynamic therapy in clinical practice, and provide a deeper understanding of its techniques, challenges, and goals. The authors emphasize active psychotherapist participation as opposed to the outdated “blank screen.” From the beginning, Drs. Summers and Barber describe psychodynamic therapy in the context of other treatment options. The authors also describe relevant research on psychodynamic therapy succinctly in each chapter and acknowledge the lack of and difficulties in performing research. However, I think it would have been informative to discuss these studies in greater detail.

The chapters on context concisely define psychodynamic therapy and explain different perspectives within the field. Interestingly, their discussion is not limited to approaches within psychodynamic therapy. For example, Drs. Summers and Barber coherently weave a clinical example into the writing and describe how a psychodynamic and cognitive-behavioral therapist would view and clinically approach different aspects of a patient’s presentation and treatment. It was refreshing to read a description of psychotherapy not presented within a vacuum but in the context of other treatments.

In the following chapters, the authors move on to the opening phase in treatment, during which skills the therapist needs for a good therapeutic alliance, the patient’s and the therapist’s role, formulation, and treatment goals are discussed. Most valuable were the specific, practical tips for a beginning psychotherapist, such as how to introduce and explain psychodynamic therapy to a patient and how to appropriately phrase and time interpretations.

In the chapters on core psychodynamic problems, the authors write about 6 problems—depression, obsessionality, fear of abandonment, low self-esteem, panic anxiety, and trauma—which they believe are the majority of problems that are appropriate to treat with psychodynamic therapy. They discuss in detail patient presentation, psychodynamic conceptualization, therapy techniques, transference, and countertransference. Unfortunately, the amount of evidence for effective treatment of some problems, especially obsessionality and low self-esteem, is limited. It would be beneficial to spend more time describing the available research or reasons why the problems were included if little research was available. Without this, it remains unclear why the authors thought these particular problems, and not others, would be appropriate for psychodynamic therapy.
In the discussion of the middle phase, I found that the chapter on change included a thoughtful discussion of this process within therapy. The section on difficult decisions, which the authors describe as “particular moments when there is a sense that the patient is at a fork in the road, with an important decision to make,” could be expanded to include specific examples, possibly brief process notes from sessions, and further discussion on how to approach these important issues.

The section on combining treatments includes a chapter on combining psychopharmacology with psychotherapy. Particularly useful are the practical ways to treat patients with medications and psychotherapy, the complex role a psychiatrist must take, and how to understand patient reactions to medications using psychodynamic thinking.

The last section, entitled “Ending,” consists of 1 chapter about termination. The description of ways to distinguish premature from appropriate termination and how termination affects the therapist were particularly informative. Drs. Summers and Barber even address the often encountered forced termination when trainees complete their training. The authors only briefly touch upon the topic of supervision. It would be interesting to include psychodynamic meanings of supervision and its affect on the therapist-patient relationship because supervised psychotherapy is a key component of training curricula.

Overall, the book provides a structure in which a psychotherapist can organize a patient’s presenting symptoms, diagnosis, psychodynamic presentation, and treatment approach. The organization lends itself less to a reference text, but may be applicable to a beginning psychotherapist who already has some understanding of and interest in psychodynamic therapy. Such a reader would appreciate a guide that explains psychodynamic therapy and provides practical advice. Although the flowing style is interesting and easy to read, it may be less applicable to experienced clinicians. Those particularly interested in a thorough discussion of the available research may be disappoint with the brief descriptions of most of the included studies. However, the authors have formulated an excellent guide to starting psychodynamic therapy. The text engagingly and concisely offers useful information about how to understand and apply psychodynamic theory to clinical practice.

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