L earning the art and practice of psychotherapy is complicated and challenging. Most clinicians learned to practice psychotherapy through supervision in training programs, a process that frequently is hit or miss. Some supervisors are good in discussing the theoretical underpinnings and their own understanding of Freud, Jung, and others, but do not provide much practical advice on how to “run” a session. Others are practical, yet, for various reasons, do not clearly explain the basics such as defense mechanisms and how to deal with them. In all fairness, there are few who are providing both, but not many. Therefore, it is customary to supplement the lack of one or the other with a hopefully good text trainees can use.

There are many good books and articles discussing the theoretical underpinnings of various psychotherapies. There are not many good texts focused on explaining and presenting practical issues, such as opening a session or dealing with boundary infractions or termination, in a simple and easy-to-understand way that one can easily incorporate into his/her practice. One such text is the book by Bender and Messner. Seldom do we find a book that attempts and succeeds in combining both, explaining the theoretical underpinnings and providing good practical advice on how to apply this in everyday practice in a clear and simple manner.

Dr. Allan G. Frankland, a practicing psychiatrist and psychotherapist from Vancouver, British Columbia, Canada, put together this small book to help novices to “learn the basic nuts and bolts on how to perform psychodynamic psychotherapy from an object relations perspective” (p 3). He explains that, “object relations is one of the four main theoretical models of psychodynamic psychotherapy” (p 6) (the other 3 being self psychology, ego psychology, and attachment theory) and that “object relations focuses on inaccuracies in the individual’s mental representations (ie, ways of perceiving and understanding) of self and others and the impact of these on the person’s relationships” (p 178). He further expounds that “as object relations therapists, we use our experience of the therapeutic relationship in the here and now to guide and refine our understanding of the difficulties the patient has in relating to her/himself and others” (p 10), and that one of the main features of objects relations therapy is its emphasis on understanding and addressing pathology within the patient’s style of relating (p 13). He warns that this style of therapy can be emotionally charged for the patient and therapist (p 10).

accompanied with explanatory footnotes and use a clinical example of a fictitious patient named Susan.

Dr. Frankland emphasizes that one of the particular strengths of object relations therapy lies in helping patients develop a more balanced view of self and others that reflects the simultaneous existence of good and bad qualities (p 14). He proposes a H.O.R.S.E. interviewing approach—Hear, Observe, React, Synthesize, and Execute. He presents a host of practical and concrete advice. For instance, he suggests telling the patient that the session will last 50 minutes and that one should avoid saying “around 50 minutes” or “just under an hour” (p 35). The statement of “50 minutes” and nothing else conveys several messages to the patient—that the therapy will be structured and organized by the therapist and the therapist is in full control. It is also a bit reassuring for the patient. He discusses the pros and cons of chitchat at the beginning of the first session. The text includes discussion of various defense mechanisms and their explanation, all in a clinical context. The discussion of the decompensation includes warning that a poor fit of patient and psychotherapy modality can lead to decompensation and if there is a poor fit, it is preferable to switch to a more appropriate treatment modality (including medication) or to transfer the patient to someone else. The chapters on dealing with verbal attacks, erotic transference, countertransference, gifts, and providing advice are filled with useful practical tips. The author also suggests that object relations therapy could be integrated with cognitive therapies. I also liked that the author does not use the politically correct term “client” and sticks to the good old “patient.”

The text explains everything, not leaving anything out and not taking the reader for granted, assuming that he/she knows anything specific. However, the author recognizes that this book will be a starting point for many and he warns that this text is not intended to be an in-depth discussion of object relations history, theory, or terminology (p 4). As he says, “there is a wise saying in the martial arts tradition, the best way to teach someone nothing is to teach him everything. I believe this to be true particularly when trying to help someone develop a challenging new skill” (p 4).

At the beginning of this book Dr. Frankland outlined his goals: to promote understanding of object relationships while keeping complicated theory and terminology to a minimum, to provide useful examples of the most clinical situations, and to be concise. I like brief texts that are to the point and this is clearly one of them. This little book will be useful for clinicians trying to learn the tools of the psychotherapy trade (especially object relations) together with some basic understanding of the theoretical underpinnings. I would suggest that psychotherapy novices use it together with the previously mentioned book by Bender and Messner.1 Nevertheless, I do not think that only novices will find this book useful. Many experienced clinicians not familiar with the practice of object relations will find it quite useful as a guide for dealing with patients having serious interpersonal/relationship difficulties, such as the proverbial borderline personality disorder patients.

Richard Balon, MD
Wayne State University
Detroit, MI, USA

REFERENCE

Most clinicians now realize that autism is a spectrum disorder with a variety of contributory neuropathologic and behavioral elements. This book includes a number of researchers who address the new evidence regarding these elements. New additions to the literature regarding the theories of neuropathology and developmental disorders are discussed in a meaningful and rigorous way.

Since the early descriptions of autism spectrum conditions by Leo Kanner and Hans Asperger, clinicians often have met serious challenges untangling the causes and treatment for these disorders. This small text helps explain much of the current theories about autism. Much of the material is a refreshing introduction into basic neurochemistry as it is applied to human behavior and development. Autism and related conditions are now considered to be among the most common developmental disorders with an incidence rate of about 1 in every 150 children. With such a high rate of occurrence we as physicians need to know as much theoretic information as possible about this serious and persistent illness. The authors explain that autism is a clinically heterogeneous disorder with an obvious genetic diathesis. They point out that early detection of this condition can greatly change the outcome of this disorder. The old misinformation about chemical exposures and immunization are put to rest in this informative volume.

Alterations in the biochemistry of minicolumns are discussed in a way that is enlightening and interesting for physicians who are not biochemists. The editor and chapter authors make liberal use of diagrams and pictures to explain complex paradigms. This section of the book opens to a discussion of pharmacological treatments. A nice addition to this book is a user-friendly appendix containing simple abstracts and chapter summaries, which is wonderful if you want a quick review of the essential material in each chapter.

I felt that I had learned more about autism after reading this book and I believe the average physician would feel the same. The authors answer many questions and cover a big topic in relatively few pages. It is well organized and the editor has done a good job of maintaining high scholarly standards while keeping the material easy to digest. This is an interesting and informative book and it is highly recommended.

James Wilcox, DO, PhD
Tucson, AZ, USA
Many psychiatrists and other physicians treat alcohol use disorders using various pharmacotherapies. Most physicians probably treat these disorders based on what they learned during their training or hopefully the latest literature. However, most of us probably do not consider and understand the many variables involved, “including a complete assessment of the patient’s individual medical, psychiatric, environmental, and social issues, as well as knowledge of the uses of a variety of pharmacological and nonpharmacological interventions” (p 1). In other words, what, when, to whom, and under what circumstances, because each treatment should be individualized to reflect patients’ needs and to reflect his/her response to treatment. Specific guidance in a structured form has not always been available. The American Society of Addiction Medicine (ASAM) put together Patient placement criteria (now in their second, revised edition) to “assist clinical staff in using the variables to provide timely, appropriate, and effective care” (p 1). This volume specifically addresses pharmacotherapy, although at the end it briefly reviews selected nonpharmacologic therapies as well. The volume has been put together by a group of editors, but expert advisors, field reviewers, and the Steering Committee of Coalition for National Clinical Criteria are listed as contributors.

The book consists of 7 chapters and 4 appendices. Chapter 1, “Introduction,” briefly overviews alcoholism and its treatment and presents some staggering numbers. “About 3 in 10 US adults drink at a level that increases their risk for medical, psychiatric, and social problems. Of these heavy drinkers, about 1 in 4 meet the criteria for alcohol abuse or dependence” (p 1). The chapter further explains treatment planning using the ASAM criteria and the purpose of this supplement. Chapter 2, “Role of the ASAM criteria in the treatment of alcohol use disorders,” summarizes the principles embodied in the ASAM criteria, the need for individualized treatment planning, and then explains how to use the ASAM criteria to match patients to treatment. The authors point out that there are 4 models of care—complications-driven treatment; diagnosis, program-driven treatment; individualized, assessment-driven treatment; and outcomes-driven treatment—and that the ASAM criteria play “an integral role in the latter two approaches by providing a multidimensional assessment structure for treatment planning that meets the patient’s assessed needs and improves the prospect for a positive outcome” (p 12). The ASAM assessment dimensions are: 1: Acute intoxication and/or withdrawal potential; 2: Biomedical conditions and complications; 3: Emotional, behavioral, or cognitive conditions and complications; 4: Readiness to change; 5: Relapse/continued use/continued problem potential; and 6: Recovery environment. Unfortunately, most treating professionals probably do not consider all of these dimensions. The large part of this chapter also includes a risk assessment matrix with a large table demonstrating dimensional interactions that can increase or reduce severity and risk. The authors state that the primary goal of the matrix is “to promote improved assessment, treatment planning, and placement of patients with substance use disorders (with or without co-occurring disorders) by adopting a more holistic, multidimensional approach that matches patient’s needs” (p 23). The authors emphasize that the patient’s diagnosis...
is a necessary but insufficient determinant of service needs and that risk:
- is multidimensional and biopsychosocial
- relates to the patient’s history
- is expressed in current status
- involves a degree of change from baseline or premorbid functioning
- its assessment must integrate the patient’s history, changing situation, and current status.

The final part of this chapter reviews issues such as compliance vs adherence (the term compliance is falling into disuse), caring for patients with co-occurring disorders and inability to access services, and assessment of imminent danger.

The next chapter, “Strategies for managing alcohol withdrawal” finally gets into specific pharmacotherapy issues. It discusses assessing the risk of withdrawal first, including definitions of degrees of intoxication and withdrawal presentation and assessment using the Clinical Institute Withdrawal Assessment for Alcohol, Revised Scale (CIWA-Ar). The mainstay medications for withdrawal—benzodiazepines—and their use are reviewed first. It is a useful discussion of mechanism of action, safety, evidence of effectiveness, selection of a specific benzodiazepine, precautions, contraindications, use in pregnancy, dose, and duration of treatment. I was a bit surprised by the statement that benzodiazepines are classified by the FDA in pregnancy category C (p 37), because I believe they mostly are in category D and should be avoided during pregnancy, especially the first trimester. This chapter also includes a discussion of adjunctive medications for alcohol withdrawal (eg, carbamazepine), alternative medications for detoxification (pentobarbital, beta-adrenergic blocking agents, anticonvulsants), and nonpharmacologic therapies for alcohol withdrawal. Chapter 4, “Placement criteria for managing alcohol withdrawal,” provides step-by-step treatment guidance within the above-mentioned dimension 1, listing 4 levels of care (ambulatory detoxification without extended on-site monitoring, ambulatory detoxification with extended on-site monitoring, residential/inpatient detoxification, and medically managed intensive inpatient detoxification). Most of this chapter consists of a large, detailed risk assessment matrix for dimension 1 in the form of a large, detailed table. Chapter 5, “Strategies for preventing and managing relapse,” emphasizes that “relapse rarely is caused by any single factor and often is the result of an interaction of individual situational, physiologic, and sociocultural factors” (p 55). The chapter starts with nonpharmacological approaches to relapse prevention (eg, identifying environmental cues, identifying environmental stressors, establishing a more balanced lifestyle, helping the patient understand and manage craving, improving interpersonal relationships, and others) and then moves to pharmacological approaches. The chapter reviews FDA-approved medications—acamprosate, disulfiram, and naltrexone (both oral and injectable forms)—and off-label and experimental uses (eg, topiramate, bacosfer, serotonergic antidepressants, ondansetron). The review of each approach is detailed, discussing all the aspects as I mentioned in the case of benzodiazepines for withdrawal. The chapter also includes a discussion of developing a treatment plan, such as selection of a pharmacologic agent, contraindications and cautions, combining pharmacotherapies, integrating pharmacologic with psychosocial therapies, duration of treatment, and treatment of co-occurring disorders, including contraindications and cautions of certain medications in some diseases. The chapter includes summarizing tables.

Chapter 6, “Placement criteria for preventing and managing relapse,” builds on the previous chapter and discusses treatment levels within dimension 5 (relapse and its possible risk) using different levels of care (early intervention, outpatient treatment, intensive outpatient treatment/partial hospitalization, residential/inpatient treatment, and medically managed intensive inpatient treatment). It also reviews domains for assessing risks in dimension 5 (1: history and pattern of substance abuse, 2: response to substance effects, 3: response to external stimuli) and provides a matrix to develop a risk profile including a comprehensive inventory of relapse stressors and environmental problems. This chapter also includes comprehensive tables summarizing the matrix and other material reviewed in the chapter.

Finally, chapter 7, “Case example of risk assessment,” contains 7 detailed cases with their initial presentation, dimensional assessment, placement, discussion, follow-up, reassessment, and other aspects. Included are tables summarizing issues such as patient’s dimensional severity profile, etc. This chapter allows the reader to fully understand how to apply the placement
Clinical Assessment in Psychiatry. Mastering Skills and Passing Exams


Anyone who teaches medical students and residents knows that many of them love to just get by and to obtain a simple tool or advice on how to pass an examination without much effort. Therefore, as long as we have examinations, we are going to have texts intended to help pass them with as little effort and study as possible. Clinical assessment in psychiatry. Mastering skills and passing exams strives to be such a text. The cover of this volume states that it “focuses on the key clinical skills emphasized by the American Board of Psychiatry and Neurology in residency training and on the oral board examination” and that it is derived from a successful course at Yale University, which suggests that the authors do not examine the American Board of Psychiatry and Neurology (ABPN) oral examination.

The book consists of a Preface, 3 chapters, Appendix, and Patient Interview Video available online. Chapter 1, “Preparing for clinical examination in psychiatry,” basically is a brief, simplistic summary of the ABPN oral examination with vague suggestions on what to study and recommendations on how to prepare for the patient interview and clinical vignettes. Chapter 2, “Conducting the psychiatric interview,” is a typical detailed discussion of a standard psychiatric interview that includes setting the stage, introductions, conducting the interview with all of the usual components, advice on what to do when one forgets to ask important information during the interview, case presentation, presenting the multiaxial diagnoses and differential diagnosis, case formulation, presenting treatment options, conducting a risk assessment, and answering difficult questions during the examination. The text is a bit formulaic, but useful. Chapter 3, “Case vignettes and discussions,” is the larg...
est part of the book. It includes case vignettes and discussions of psychotic disorders, mood disorders, anxiety disorders, substance abuse disorders, cognitive disorders, personality disorders, somatoform disorders, and sleep disorders. Each disorder presentation includes case history, multiaxial diagnosis, and formulation (diagnostic, etiologic, therapeutic, and prognostic). The text here is dense, full of information, and simplistic at times. The section on anxiety disorders includes only obsessive-compulsive disorder and posttraumatic stress disorder. Similarly, the discussion of personality disorders includes only 2—borderline personality disorder and antisocial personality disorder. This chapter also discusses several psychotherapies—psychodynamic, cognitive-behavioral, dialectical behavior, interpersonal, group, and family psychotherapy. The chapter closes with a brief hodgepodge treatise on cross-cultural psychiatry. The Appendix includes a 30-minute interview template, a 30-minute interview checklist, a table on the cytochrome P450 system, and a table of common psychotropic medications (from which sertraline is missing). As noted, the book includes online access to full text of the book and a video demonstrating interviewing skills. I have to admit that I did not watch the video because I got discouraged after the Web site started to ask me for personal information, despite the fact that I had a password. The reader should know that the chapters are not referenced, but include lists of suggested reading. I am not sure how useful these lists are because they do not include works cited in the text, but do include, for instance, a 1987 Archives of General Psychiatry article (p 43) and the 1998 8th edition of Kaplan and Sadock's synopsis of psychiatry (the 10th edition is already available) (p 178).

I am not clear who is the intended audience of this book. The authors claim that this book is geared towards trainees taking clinical examinations in psychiatry and is helpful for anyone who wants to learn skills needed to be a good clinician/diagnostician. This suggestion sounds like the entire crowd of psychiatric educators failed their trainees and this book is going to fix it. The authors also state that “psychiatric trainees will not have to spend a lot of extra time and money to acquire the clinical interviewing skills that are important to their career” (p ix). This is true, but not because of this book; the oral part of the ABPN examination will cease to exist and all trainees will take the Clinical Skills Verification exam during their training, for which no outside training program preparation will be necessary. Also, I am not clear what this book really strives to be, either a textbook or a guide to take an exam. It is hardly a textbook considering it is not comprehensive and, in addition to all my criticism above, is incomplete because it does not cover all aspects of clinical psychiatry (eg, adjustment disorders, eating disorders, sexual disorders, or the psychotherapy modality probably most frequently used by psychiatrists, ie, supportive psychotherapy). In my opinion, there are better guides for taking the disappearing exam, such as the fourth edition of Morrison and Munoz’ Boarding time.1

Maybe I am too old, but aren’t trainees and others supposed to read regular books and textbooks and not briefer texts? And aren’t we too focused on shorter and shorter manuals teaching how to pass exams, rather than broadening our knowledge by reading comprehensive texts? The latter would certainly help our patients and maybe ourselves. I hope that the reader can figure out my final judgment.

Richard Balon, MD
Wayne State University
Detroit, MI, USA

REFERENCE