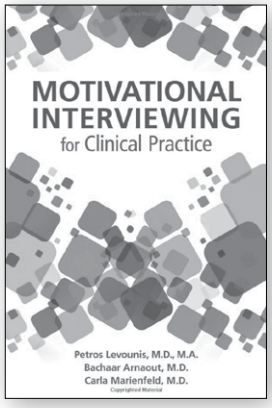
BOOK REVIEWS

Motivational Interviewing for Clinical Practice



Edited by Petros Levounis, Bachaar Arnaout, and Carla Marienfeld; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-046-7; pp 272; $65 (paperback).

Motivational interviewing (MI) is definitely *en vogue,* especially in the area of addiction treatment. However, it is frequently associated solely with addiction treatment, which is unfortunate. Motivational interviewing "... is a patient-centered effort to help patients change their behavior" (p 3). As noted in this volume, "... change is a natural and ubiquitous process that is intrinsic to each person and that may occur without any outside intervention... MI seeks to hasten this natural change process by creating an interpersonal situation, wherein the patient can engage in a collaborative dialogue that supports behavioral change from the patient perspective. Fundamentally, MI is not exactly a *method* or a 'bag of tricks'—not something that can be done *to* someone—but rather something that is done *with* someone, a way to *be with* another person that increases the likelihood that person will consider and become more committed to change" (pp 16-17). This change of behavior could be any change, not just a change of behavior within the context of addiction treatment. Thus, MI could be used in various psychological issues and disorders, and in combination with various psychotherapies, or even in administration and management.

The editors of this book, Drs. Levounis, Arnaout, and Marienfeld, put together a group of MI experts (mostly in addictions) and edited this small volume on MI. The book consists of 3 parts—(1) Getting Ready to Use Motivational Interviewing; (2) Getting Good at Motivational Interviewing; and (3) Getting Advanced in Motivational Interviewing—and 2 appendices: (1) Key Concepts in Motivation and Change; and (2) Answer Guide to Study Questions.

Part 1 covers the basics of MI in 6 chapters: MI in addiction treatment; fundamentals in MI, and 4 processes utilized by MI—engaging, focusing, evoking, and planning. The chapter about MI in addiction treatment notes that among various treatment approaches for substance use disorders, "... MI is of special importance because it can be viewed as the essential clinical skill for engaging patients in treatment and motivating patients to reduce substance use and to follow through with specific behavioral or pharmacological treatments recommended" (p 4). The text also emphasizes that MI "is not intended to persuade a patient to move in a direction that is not of their choosing, to get the patient to do what the clinician wants, or to coerce the patient.... It is an active persuasion technique" (p 8). Finally, in discussing the importance of skills in MI, the author of this chapter writes that MI is not easy to learn; that to truly learn MI, it is important to get a lot of feedback and supervision; and that clinicians should be trained to recognize and reinforce their patients' change talk.

The following 5 chapters provide the basic knowledge of MI, illustrated by numerous case scenarios. It is important to note that "MI targets behavior but does not do so by providing models, skills, or solutions. MI is often delivered as a brief intervention, which has been shown to have at least modest successful results after only a few sessions.... It is compatible with other treatment approaches, and this allows its integration into many types of clinical practices and providers" (p 25). I found useful the discussion on communication styles in the engagement processes, especially the emphasis on reflective listening. These chapters may seem highly technical, but they are well structured and easy to read.

The second part of the book is devoted to discussions of integrating MI with other psychotherapies (cognitive-behavioral therapy,

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psychodynamic, supportive, group) and with pharmacotherapy, and using MI in a diverse society. The chapter on integrating MI with other psychotherapies includes some caveats: (a) MI is compatible with many of these psychotherapeutic modalities; (b) combining MI with other psychotherapies not only enhances the efficacy of both MI and specific psychotherapy, but also sustains the MI effect; (c) MI has often been described as a "'prelude' to other interventions" (p 107); (d) "MI need not be abandoned once a patient has mustered sufficient motivation to move forward and engage in treatment" (p 107); (e) "Motivation is a fluid phenomenon, and its strength inevitably fluctuates. A skilled therapist is able to use MI in a manner that is tailored to the individual patient's needs by continuing to assess progress through a motivational lens. This allows for the selective reintroduction of MI principles at therapeutic choice points when ambivalence resurfaces" (pp 107-108).

The chapter on MI and pharmacotherapy first illustrates how MI can be utilized throughout the shared decision-making process about medication treatment (including fostering adherence), and then reviews medications approved for the treatment of substance abuse (disulfiram; naltrexone and its extended form; acamprosate; methadone, buprenorphine; extended-release injectable naltrexone; nicotine replacement treatments; varenicline; and bupropion for smoking), and how MI can impact the choice of medication. The last chapter of this part focuses on using MI in diverse countries, languages, age groups, races, and ethnicities, and in lesbian, gay, bisexual, and transgender persons.

The third part of the book discusses teaching MI; MI in administration, management, and leadership; and the science of MI. The chapter on teaching is probably the most useful and thoughtful, noting that "Ideally, training in MI never ends" (p 177). This chapter also includes several resources. The final chapter includes a table of tools to assess adherence and competence while implementing MI.

The chapters are generally well organized, with many examples, case scenarios, key points, study questions, and reflections about each chapter that are written mostly by medical students.

This comprehensive book would definitely be useful for clinicians interested in learning MI and how to include it in their general practice. It could also be used as a teaching text in training programs, where combining the text of this book with feedback, coaching, and supervision may create an ideal environment for learning this useful intervention.

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DISCLOSURE: Dr. Balon is a member of the American Psychiatric Association Publishing editorial board.

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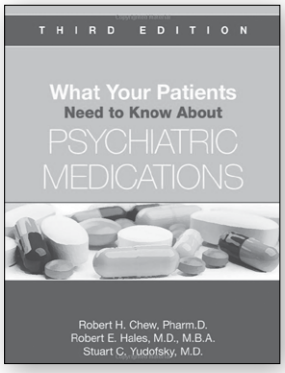
What Your Patients Need to Know About Psychiatric Medications. Third Edition



By Robert H. Chew, Robert E. Hales, and Stuart C. Yudofsky; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-58562-508-6; pp 463; $97 (paperback).

Many books on psychiatric medications have been published, and many of them are terrible. We can legitimately ask, "Why yet another book about psychiatric medications?" This handy text provides the answer to that question. It is actually useful.

This is not merely another description of medications and adverse effects for the masses. Authors Chew, Hales, and Yudofsky have skillfully written a book that takes into consideration what the practitioner would need to tell his or her patients about their medications. This book fills a much-needed niche for both the psychiatrist and the patient. It is a remarkable psychopharmacopeia distilled to fit the needs of the patient. It is well composed and clearly written. The organization of the book is logical and easy to follow. There often is a certain amount of tedium that goes with a pharmacology text, and the authors have kept this to a minimum. They have managed to cover all major areas of psychopharmacology from a practical perspective. The clinical features are emphasized. There is little in the way of theoretical physiology in this material.

The book covers most of the major compounds used in modern psychiatry. These range from common medications to some that I have never prescribed. It provides a handy way to read about pharmaceuticals that could cross one's path with a new case or on the consult service. The comprehensive nature of the text is quite impressive. The mechanism of action, dosage, adverse effects, and risks of each compound are well covered. Potential medical issues are discussed for each medication. These range from drug interactions to risks for special populations, such as geriatric patients, pregnant women, and nursing mothers.

It should be emphasized that this book is not designed to be a book for clinicians or residents. It is a distillation of what most doctors would want their patients to know and understand about medications, and as such, the format of the text is simplified and aimed at the layperson. It does this, however, in a logical manner that does not aim to frighten or bias the reader in favor of any particular treatment. Within this context, the medications are described in a standardized fashion, which could seem redundant to the experienced specialist. Given the book's limitation of being aimed at the general public, it manages to remain interesting for more than 400 pages. I recommend it for patient education, but not as a primary reference.

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DISCLOSURE: The author reports no financial relationships with any company whose products are mentioned in this article, or with manufacturers of competing products.

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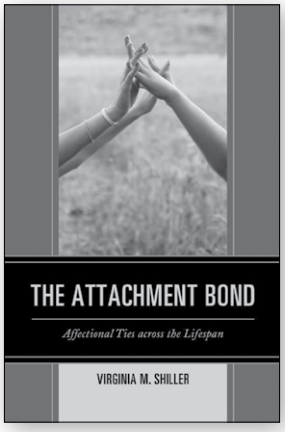
The Attachment Bond: Affectional Ties across the Lifespan



By Virginia M. Shiller; Lanham, Maryland; Lexington Books; 2017; ISBN 978-1-4985-2253-3; pp 215; $95 (hardcover).

Attachment theory is a very important part of developmental psychology. It attempts to shed light on some aspects of interpersonal relationship development, especially on "children's innate needs, the influence of parenting, and the ways in which the social environment contributed to child development" (p 7). The attachment theory is usually associated with an early development and creation of various forms (eg, secure, insecure) of attachments between children and their caregivers. It has also become apparent that early life experience has influence on later personal relationships. Persons who developed different attachments during their formative childhood experience may form different attachments to people in adulthood. Thus, during the last several decades, the attachment theory has also been applied to the attachment in adults, eg, feeling of close attachment to their parents or romantic partners. As Virginia Shiller points out, "while there is a tremendous wealth of knowledge about attachment through the lifespan, there is no single clear, succinct, and scientifically accurate overview of the field" (p xi).

Dr. Shiller thus wrote this book to present such an overview and synthesis of the enormous body of literature on attachment with an attempt to cover the entire lifespan and to examine "the influence of early life experiences on later personal relationships" (p xiv). The 8 chapters cover topics that include the birth and history of the study of attachment; first bonds: infants and parents; how relationships lay the groundwork for future development; toddlers and preschoolers: bonds with parents, teachers, and peers; mothers, fathers and their own histories of attachment; links to adaptation in middle childhood and adolescence; bonds in adulthood: relationship with lovers and friends; and the impact of attachment parenting, child care, and post-divorce overnight visitation for young children. The conclusion then tries to put it all together. Dr. Shiller points out that her book is not specifically about the many clinical applications of attachment research, although she includes clinical anecdotes or results of interventional studies. She states that her main intent "is to impart the background needed to understand the many practical applications for which attachment research provides the foundations" (p xiii).

The chapters are what they are—well-referenced reviews of the topics that include good notes. The first chapter provides a good history of the "birth" of attachment theory with a focus on John Bowlby's work, including factors that influenced his interest in attachment. The chapter also includes an outline of the rest of the book. The second chapter reviews the work of Mary Ainsworth, especially her Ugandan and Baltimore studies. It also describes the origins of delineation of various attachment styles in children—the secure attachment style (65% of children), insecure-avoidant attachment style (21% of children), and insecure-resistant attachment style (14% of children). Further in the chapter, yet another style—disorganized/disoriented, or later just disorganized style. This style usually develops in children who experienced maltreatment (eg, regular hitting, bruising, but also neglect). The text also discusses the criticism of the original attachment focus on mothers and mentions that "there is now beginning evidence that the quality of the couple relationship plays a significant role in the path towards infant security" (p 36). The last interesting part discusses a study of intervention/coaching for parents of irritable infants—62% of infants of mothers who received the coaching were securely attached,

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while only 28% of infants of mothers who did not receive coaching were classified as securely attached. The following chapter not only emphasizes the importance of attachment security for future development, but also the relationship between attachment and the regulation and dysregulation of emotions. Interestingly, as noted in the next chapter, "children with insecure-avoidant attachment histories turned out to be significantly weaker in language comprehension and in expressive and receptive language" (p 79).

The fifth chapter delves into considering attachment security in parents and on transmission of security (or insecurity) from parents to children. This is an important area that is not always considered in clinical practice. The sixth chapter moves into middle childhood and adolescence and brings the reader's attention to the fact that "children with secure attachment histories were more likely to form close friendships. And, these children were more likely to form friendships with *other* children with secure attachment histories" (p 132). The chapter also emphasizes that "experiences in infancy do not determine the life course of children. Major life events can change the life trajectory" (p 141). The seventh chapter brings the reader to "adulthood, when attachment bonds have shifted from parents to romantic partners and friends" (p 17). The author, citing John Bowlby, emphasizes that "Throughout adult life the availability of a responsive attachment figure remains the source of a person's feeling secure. All of us, from the cradle to the grave, are happiest when life is organized as a series of excursions, long or short, from the secure base provided by our attachment figure(s)" (p 147). The author also notes that studies show that "individuals who were more secure in infancy showed better conflict recovery in their early twenties with their romantic partners" (p 152). It seems that the insecure-resistant attachment style also has a negative impact on physical health in later life, especially inflammation-related illness (eg, heart disease, asthma, diabetes and others). The last chapter reviews "attachment parenting," the impact of non-maternal child care, the area of divorce and custody, and the impact of regular overnight stays in 2 homes on infant and toddler attachment development.

The conclusion summarizes the findings of attachment literature and mentions the implications of attachment security for marital success, mental health, and even for physical health. The text also comes full circle and looks "at attachment security in relationships at the end of life, when daughters have become caretakers to their disabled mothers" (pp 17-18).

Dr. Shiller wanted the following messages to be taken from her book: "First, simply put, both mothers and fathers play a powerful role in shaping the person their child will become. Second, we cannot ask parents to give more than they have been given. The kind of parenting that mothers and fathers are able to engage in is shaped both by their own past experiences and by current circumstances. As a society, we should recognize these two basic facts and invest in the well-being of young families" (p xiv). I believe that this goal has been achieved. However, to my disappointment, I am not sure that the role of attachment over the lifespan has been well synthesized in this volume. It may be because the available information is still too spotty. The writing is also not always very helpful. The chapters feel more like long review articles at times, missing more clearly defined conclusions. Nevertheless, this book is an informative and revealing read for anyone interested in attachment theory whether for professional or personal reasons.

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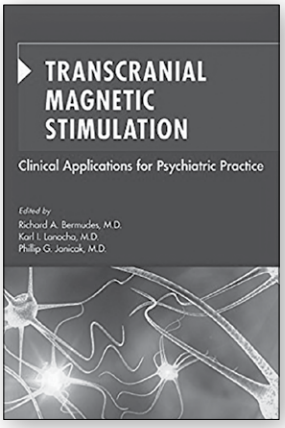
Transcranial Magnetic Stimulation. Clinical Applications for Psychiatric Practice



Edited by Richard A. Bermudes, Karl I. Lanocha, and Phillip G. Janicak; American Psychiatric Association Publishing; Arlington, Virginia; 2018; ISBN 978-1-61537-171-6; pp 216; $65 (paperback).

Psychiatry has made significant strides in the treatment of mental illness during the last half of the century. Nevertheless, the achievements have not been quite satisfactory. Many patients do not respond to standard treatments; many treatments have significant adverse effects; and it seems that psychopharmacology has entered a blind alley.[1] Various studies of treatments of depression have shown that the efficacy and effectiveness of antidepressants is limited. The most efficacious treatment of depression—electroconvulsive therapy (ECT)—has significant adverse effects and has been stigmatized to the point that many patients and their families feel uncomfortable with this treatment and reject it. Thus, psychiatry continues in its search for novel, more efficacious treatments that produce less adverse effects. One such treatment approach, although not completely novel, is neuromodulation. "Neuromodulation describes any treatment that modifies or alters the activity of the nervous system. In the broadest sense, this term could be said to refer to pharmaceuticals, but the term generally is used to refer to treatments that use some form of electromagnetic stimulus" (p 111). ECT is a prototype of the therapeutic neuromodulation approach. We have been searching for an adverse effect–free alternative to ECT for a long time. Finally, about a decade ago, the FDA approved the first neuromodulation treatment since the introduction of ECT—transcranial magnetic stimulation (TMS).

Indicated for treating patients with unipolar major depression who failed to respond to conventional antidepressants, TMS has been only gradually gaining acceptance since its approval. Drs. Bermudes, Lanocha, and Janicak gathered a group of experts to put together this small volume that intends to help clinicians understand this new treatment method, its indications, technical aspects, and ways to implement it into clinical practice. The book consists of a preface, 10 chapters, and an appendix. The chapters address areas such as clinical applications and patient selection, risk management in TMS for major depression, combining pharmacotherapy with TMS in the treatment of major depression, use of TMS together with psychotherapy, managing patients after TMS, TMS and other neuromodulation therapies, TMS for treatment of other mood disorders, TMS for disorders other than depression, and current FDA-cleared TMS systems. The appendix lists available TMS courses.

The introductory chapter emphasizes that TMS is effective for patients who failed antidepressant treatment; that, unlike ECT, TMS is office-based and does not require sedation or anesthesia; that it does not have cognitive or other, systemic, adverse effects; and that the fact that it is administered by a physician assures adherence. The chapter also reviews the basic technology and principles of TMS—TMS is basically "brain electrical stimulation without the use of electrodes" (p 2), because it uses a magnetic field created by electricity. TMS is usually described in terms of 4 interrelated parameters: location (brain region stimulated—most frequently dorsolateral prefrontal cortex), intensity (magnetic field strength), frequency (number of pulses per second and frequency of treatment sessions) and duration (number of pulses per treatment session and total number of treatment sessions). Clinicians and patients need to realize that

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TMS treatment for depression typically involves treatment 5 days/week, Monday through Friday, with treatment sessions generally lasting 20 to 45 minutes, and that on average, ≥30 treatments consisting of ≥3,000 pulses per session are needed for maximum therapeutic benefit. Motor threshold and coil placement need to be determined by the treating physician. Treatment may sometimes end abruptly, but is usually tapered during several weeks—thus, the usual 25 to 30 treatments administered 5 days/week are followed by 3 treatments for 1 week, 2 treatments the next week, and 1 treatment the final week. Although clinical improvement may be seen in 2 to 3 weeks, it typically requires ≥30 treatments over 4 to 6 weeks.

The chapter on patient selection emphasizes that there is no "ideal" patient for TMS. According to the FDA, TMS may be considered for a patient who does not respond to any number of antidepressant trials—the authors of this book define a failure to respond to 2 antidepressant trials as treatment resistance. The only contraindication to TMS is the presence of a ferromagnetically sensitive foreign object in the head area (such as dental implants made with magnetically sensitive materials that are located on the side of stimulation). The authors note that cost is definitely an issue for some patients—"Even with widespread insurance coverage for TMS, deductibles and copayments may add up to a sizable sum over the course of treatment" (p 33). The exact amount of the sizable sum is unfortunately not defined—but the authors provide a table of private insurance coverage policies for TMS (Medicare and VA Medical Centers/TRICARE may cover; coverage is not widely available for Medicaid members but is possible). The chapter on risk management emphasizes that TMS compares favorably with other neuromodulation treatments in terms of safety and tolerability. The most common adverse effects include application site discomfort (pain) or events due to direct stimulation of neural tissue (eg, trigeminal nerve related pain, toothache). Other adverse effects may include psychosis, mania (both rare), and auditory changes (TMS generates noise, earplugs are necessary).

The message of the chapters on combining TMS with other treatments, such as antidepressants and/or psychotherapy, is that, except for augmentation of TMS, there is not much evidence from controlled studies, yet the combinations are frequently used in clinical practice (including many online-delivered therapies). The chapter on managing patients after TMS suggests that acute TMS is beneficial for most patients with more chronic depression for up to 4 months. The chapter also reviews maintenance TMS strategies to prevent relapse or recurrence (reintroduction of TMS, repeated courses of TMS, and maintenance TMS). However, how best to optimize the durability of TMS is still unclear.

The discussion of other neuromodulation therapies basically lists FDA-unapproved therapies (eg, magnetic seizure therapy, deep brain stimulation, vagus nerve stimulation) and focuses on the comparison of TMS and ECT. As one might guess, ECT is more effective, and TMS is better tolerated. The authors also suggest that TMS *may* be used as a complementary treatment to ECT for acute treatment of major depression, or as a maintenance treatment after successful completion of an acute course of ECT. The next chapter surveys the limited evidence for the use of TMS in bipolar depression, perinatal depression, adolescent depression, and late-life depression. Finally, the chapter on the use of TMS in mental disorders other than depression suggests that TMS may be used off-label for refractory negative symptoms of schizophrenia. The use of TMS in other mental disorders, such as obsessive-compulsive disorder or posttraumatic stress disorder, is not warranted at the present time. The last chapter describes 5 TMS devices with FDA permission to market in the United States and their characteristics, including images of each. Unfortunately, the price or price range of these devices is not a part of this chapter.

While I believe this book is useful, I think it could have been substantially shorter because it is repetitive and wordy. While most of the information about TMS is useful, some information is missing. The text emphasizes insurance coverage of TMS, yet the price of the course of treatment is not available beyond the statement that it could be sizable. Knowing the ballpark figure of the devices' prices would be also useful. But if you are considering to start using TMS in your office, you should definitely buy this book.

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REFERENCE
1. Balon R. Has psychopharmacology entered a blind alley? Ann Clin Psychiatry. 2017;29:157-158.