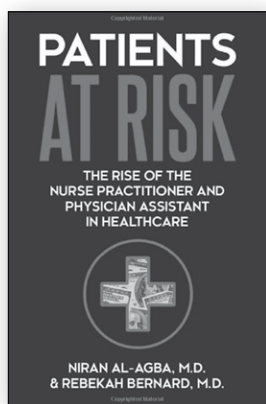


## BOOK REVIEWS

# Patients at risk. The rise of the nurse practitioner and physician assistant in healthcare



By Niran Al-Agba and Rebekah Bernard; Irvine, California; Universal Publishers, Inc.; 2020; ISBN 97816277343169; pp 235; \$27.95 (paperback).

This disquieting book presents an analysis of a troublesome trend in American medicine—the rise of nurse practitioners (NPs), physician assistants (PAs), and other nonphysician practitioners such as optometrists, psychologists, pharmacists, naturopaths, and chiropractors who all, despite their frequently inadequate and insufficient medical education, would like to practice medicine and ultimately be reimbursed at the same level as physicians.

The authors, both private-practice physicians, have framed their book with a story of a young, talented college student and athlete and her fatal encounter with an emergency department nurse practitioner after suffering from a pulmonary embolism.

Each of the 8 chapters (1. Difference that can kill; 2. Is there a nurse practitioner in the house? 3. A slippery slope; 4. The death of medical expertise; 5. Bait and switch; 6. Lies, damn lies, and statistics; 7. Fake it ‘til you make it; and 8. Knowledge is power) starts with a part of a developing story of the young patient being admitted and managed by an NP in the emergency department; the chapters then continue with the analysis of a particular topic related to the efforts of NPs and PAs to practice medicine ultimately on their own, ie, without physician supervision.

The Introduction points out that there are more than 1 million physicians, 290,000 NPs, and 131,000 PAs actively licensed in the United States. However, while the number of physicians has grown only approximately 12% over the last decade, the number of NPs doubled, and the number of PAs grew by approximately 54%. Interestingly, there are 179 medical schools and more than 400 NP program in the United States. The Introduction further notes that non-physician advocacy groups claim that NPs and PAs can provide safe and effective care for patients and that some studies show that they can do that when working with physicians. However, as the authors point out, “there are absolutely no credible scientific studies that support the safety and efficacy of non-physician

practitioners without physician supervision” (p xvi).

Chapter 1 describes the development of the NP model (different from the original nurse role in medicine) and the steps toward independent practice, supported by various politicians and parts of the medical industrial complex (eg, the collaboration of the Robert Wood Johnson Foundation with mega-pharmacy chain CVS in creating MinuteClinics staffed by NPs and filling prescriptions at CVS pharmacies ... maybe with medications produced by Johnson & Johnson). The second chapter focuses on NPs’ education, which frequently lacks rigorous program admission and other criteria. In addition, the NP certifying examination requires just a fairly low number of clinically supervised hours (this is for NPs who must have some nursing education, too). Thus, for instance, after passing the examination, psychiatric NPs can treat patients “across the life span” with 500 hours of experience; compare this with the equivalent of 15,000 hours required to become a psychiatrist, with an additional equivalent of 5,000 hours to become a child and adolescent psychiatrist.

Similarly, Chapter 3 focuses on the education and training of PAs and on PAs’ recent efforts to increase autonomy and separation from physicians (seems absurd to me for someone called a “physician assistant”). PAs are required to obtain 2,000 clinical hours of experience, still far less than physicians. Interestingly, most PAs do not work in primary care as was originally intended. They work in specialty areas, though few of them receive formal training in medical

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subspecialties. This chapter also discusses psychologists, pharmacists, optometrists, chiropractors, and naturopaths (they attempt to practice as primary care physicians!). All these practitioners provide lower-quality care than physicians. As noted at the end of this chapter, “the key to providing care to the underserved is not only just access to care, but rather access to quality care” (p 57), and we should not be served with “quick fixes and shiny solutions” by the health care industry.

The following chapter deals with the “death of medical expertise.” It starts with the explanation of the Dunning-Kruger effect. Dunning and Kruger found that “high-performing students underestimate their competence, while low-performing students overestimate their competence and skills” (p 62). The confidence first decreases with education and increases with experience (U-shaped curve). Interestingly, “even top experts in a field may never achieve the self-confidence level of those with minimal knowledge on the subject” (p 63). The effect explains why “people with the least amount of knowledge may insist they are correct, instead of being confused, perplexed, or reflective about their erroneous way” (p 64). This is clearly related to the difference between nonphysicians’ and physicians’ experience. This chapter also discusses how to acquire appropriate expertise in a specific field; it takes approximately 10 years. Expertise is an important element, as research shows that “the level of expertise, rather than intellectual capability, is strongly predictive of diagnostic accuracy” (p 66). The chapter further dives into how doctors learn to think (differential

diagnosis!), the making of a physician, medical education inside and outside the United States, and whether there is really a shortage of physicians, or whether we are instead facing maldistribution of health care. The authors note that the lack of physicians in rural areas is not compensated for by non-physician practitioners. They also note that while we are facing a rise in the number of NPs, we are facing a shortage of bedside nurses.

Chapter 5 delineates the role of the corporate world in this complex change of the health care industry and the shift from physician-provided services to services provided by non-physicians. It discusses the loss of physician-led care, the forced collaboration, and the dawn of using medical algorithms and artificial intelligence. The next chapter reviews studies on NPs’ performance in clinical care and comparisons with physicians. Chapter 7 further explores the differences between the way physicians and NPs practice, and emphasizes that medicine is not nursing, and nursing is not medicine; they overlap but should be separate entities “to the best of patient care.” The text also brings to our attention the reality that “as corporations replace physicians with non-physicians, a two-tier system is developing” (p 147). Those with financial means will look for physician-provided services, and those without funds will see whichever “provider” the insurance companies send them to.

The final chapter emphasizes that “knowledge is power.” While discussing the role of the patient, the authors are saying that it is OK for patients to ask, that they should know the abbreviations or ask about them (MD, PA,

NP), they should understand who is supervising whom and what, and they should know when one should see a physician and should demand a physician if necessary. The chapter also discusses the role of legislators, media, the educational system, and other factors in the rise of NPs and PAs, and what should be done to change this trend, including advocacy and active involvement of physicians in legislative and regulatory processes.

The chapters are also filled with numerous examples of problematic decisions made by NPs and PAs and illustrations of their inadequate training. Some of these examples are provided by NPs who left the nursing profession and went to medical school and thus can best illustrate, on a personal level, the differences between NP and physician education, training, abilities, and skills.

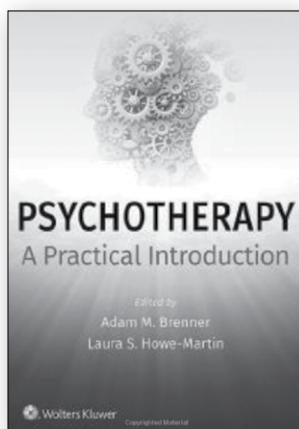
The book is intended mainly for general public education about the rise of nonphysician providers and their role in health care, but physicians will find a lot of important and interesting information here, too. Hopefully, it will help them realize the threat they face in the changing world of medicine, either as practitioners or as patients, and will inspire them to become active in addressing the issues raised in this volume. The ultimate message is that for patients, the process of change in who actually provides health care will ultimately end in lower-quality care and increased risk.

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**DISCLOSURE:** Dr. Balon is a member of the American Psychiatric Association Publishing Editorial Board.

## BOOK REVIEWS

# Psychotherapy. A practical introduction



Edited by Adam M. Brenner and  
Laura S. Howe-Martin; Philadelphia,  
Pennsylvania; Wolters Kluwer; 2021;  
ISBN 9781075126780; pp 401;  
\$124.99 (paperback).

Psychotherapy, as the editors of this book Adam M. Brenner, MD, and Laura S. Howe-Martin, PhD, note, is "... an incredibly complex process. Although you can be taught theoretical principles, rules of thumb, techniques, and specific interventions, each moment in psychotherapy has too many possible meanings and too many possible helpful responses for a trainee to successfully 'script out' what should happen" (p 5). Thus, where and how should one start learning psychotherapy? Most psychotherapy novices will start—in addition to lectures, observations, simulations, and other training approaches—by reading some authoritative guiding text that provides them with basic information about how to start, what to expect, and what therapy modality

would fit them best. *Psychotherapy. A practical introduction* is one such book. It is a book for beginners, designed for readers with little knowledge of psychotherapy. Yet, it is actually a bit more than that, as it covers topics not covered in most, if any, usual psychotherapy manuals, eg, psychotherapy in the community mental health setting.

The book consists of 4 sections: 1. Beginning psychotherapy; 2. Learning specific psychotherapies; 3. Psychotherapy in nontraditional settings; and 4. Further directions in learning psychotherapy.

The 4 chapters of the first section cover fundamentals of psychotherapy and common elements of various therapies; a discussion of case conceptualization and psychological assessment in psychotherapy; ways of fitting the therapy and therapist to the patient; and finally, guidance on how to begin therapy with a discussion of empathy, alliance, and boundaries. In an effort to give the reader the "lay of the land," the first chapter addresses issues such as what psychotherapy is; challenges and rewards unique to learning core features of most psychotherapies; how psychotherapy works; whether it affects the mind or the brain; and the advantages and disadvantages of psychotherapy compared with other treatments. The text emphasizes that watching psychotherapy sessions will never fully prepare anyone for conducting their

own psychotherapies "because the combination of your own personality, your specific patients, and your therapeutic approach will differ" (p 5). The discussion of transtheoretical case conceptualization postulates and expands 3 basic conceptualization questions: 1. "What is causing the problem, symptom, or challenge?" 2. "Why is it occurring now?" and 3. "What has provided or continues to provide protection or resilience?" The chapter continues in discussing the practical benefits of case conceptualization: it helps the therapist to know the patient; it incorporates and goes beyond differential diagnosis; it also helps to understand behaviors inside and outside of the session and helps direct intervention. The text emphasizes that there is no single way to complete conceptualization. The chapter also includes a review of assessment tools one may use in addition to the initial clinical interview, such as structured and semi-structured interviews, brief symptom measures, genogram, and cognitive and personality assessment.

Chapter 3 is a very useful, practical guide on selecting evidence-based psychotherapies for various disorders and conditions. It includes a practical summary on motivational interviewing. Furthermore, there are a number of pragmatic issues addressed here, such as the clinician's perspective on choosing the type of psychotherapy (safety, capacity for therapeutic relationship, psychological mindedness—an important issue not always debated when considering therapy); patient perspective (goals, expectations, patient-therapist fit, what to do with a request for a different

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therapist); clinician expertise and limitations of competence; the importance of informed consent; what is the correct dose of therapy (important also from the point of patient financial resources); and how one knows if change of treatment is needed. Chapter 4 begins with outlining 3 essential tasks relevant to all psychotherapies: making an empathic connection, establishing a therapeutic alliance, and setting up boundaries and frame for therapy. I liked the discussion of what empathy is, and of the importance of identifying and naming feelings, and suggestions on how to respond empathically (facial expression and body language, informal verbal expression, verbal reflections). The discussion on building therapeutic alliances and on obstacles to building trust (this includes great suggestions on what to do if one is sleepy and dozes off in a session) is also very useful. The chapter further includes a discussion of boundary-crossing and boundary violations; therapist disclosure; the physical setting of therapy; time as an important boundary; and how to manage physical contact, patient sexual provocation, and payments and gifts. These are all very important issues for any psychotherapy novice.

The second section provides a standard discussion of the 3 most-used psychotherapies that are also part of residency training: supportive, cognitive, and psychodynamic psychotherapies. It also includes a chapter on beyond the therapy dyad, discussing

family systems and multicultural therapy. It's a bit disappointing that couples/marital therapy, group therapy, family therapy, and milieu therapy are mentioned only briefly. It seems that psychiatry has given up on these therapeutic interventions.

Section 3 includes 4 chapters on psychotherapy in nontraditional settings, including in the community mental health (CMH) setting; within consultation-liaison (C/L); in the emergency room (ER); and on inpatient psychiatric units. These are topics not usually covered in books on psychotherapy, yet psychotherapy in these settings is important, useful, and frequently underutilized. The chapter on psychotherapy in the CMH setting notes that homeless shelters in this country's large cities are full of people with severe mental illness while the cities struggle to find finances to take care of them. Thus, the text appropriately focuses not just on psychotherapy, but also on navigating the care continuum, including finances, medical care, and housing. The discussion of psychotherapy itself emphasizes therapeutic alliance, case management, psychoeducation, work with families, social skills training, and vocational rehabilitation. I found the chapter on psychotherapy in C/L setting similarly useful and practical. It makes important points regarding patients' understanding and perspectives on illness, and their reactions to it. I liked 2 issues addressed in this chapter: the discussion of what the

role of the psychotherapist in this setting is and is not, and reasons for consultation (patient emotional distress, therapist emotional distress, problematic behavior, medically unexplained symptoms).

A case examples-filled chapter on psychotherapy in the ER includes a useful 3-step supportive psychotherapy manual. The chapter on psychotherapy in the inpatient setting covers issues such as suicidality and impulse control, and delves into an important modality we all should use more: psychoeducation.

I was pleasantly surprised with the last section, as it differs from many books' and articles' vague "future directions" that suggest more research and nothing very useful. In contrast, the last section of this book covers 2 important topics for every therapist: integrating medication and therapy; and using psychotherapy supervision in training and beyond.

I believe that the editors of this volume fully accomplished their goal—to provide novices with a practical introduction to psychotherapy. The book is well written, edited, and organized. There are parts, especially in the third section, that will be appreciated even by a seasoned therapist. I would recommend it to not just therapy novices and training programs (as a teaching text), but also to anyone interested in psychotherapy. It is a good read.

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## BOOK REVIEWS

## BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.

**Handbook of psychiatric education.**

**Second edition.** Edited by Donna M. Sudak, Washington, DC; American Psychiatric Association Publishing, 2021; ISBN 9781615373444; pp 270; \$68 (paperback).

**Health and wellness in people living with serious mental illness.**

Edited by Patrick W. Corrigan and Sonya L. Ballentine; Washington, DC; American Psychiatric Association Publishing; 2021; ISBN 9781615373796; pp 317; \$59 (paperback).

**The American Psychiatric Association**

**Publishing textbook of personality disorders. Third edition.** Edited by Andrew E. Skodol and John M. Oldham; Washington, DC; American Psychiatric Association Publishing; 2021; ISBN 9781615373390; pp 736; \$180 (hardcover).

**Contemporary male sexuality. Confronting myths and promoting change.**

By Barry McCarthy and Emily McCarthy; New York, New York; Routledge (imprint of Taylor & Francis Group); 2021; ISBN 9780367427207; pp 183; \$19.96 (paperback).

**Positive body image workbook. A clinical and self-improvement guide.**

By Nicole Wood-Barcalow, Tracey Tylka, and Casey Judge; New York, New York; Cambridge University Press; 2021; ISBN 97811087311645; pp 368; \$34.99 (paperback).

**Family-based intervention for child and adolescent mental health. A core competencies approach.**

Edited by Jennifer L. Allen, David J. Hawes, and Cecilia A. Essau; New York, New York; Cambridge University Press; 2021; ISBN 9781108706063; pp 321; \$49.99 (paperback).

**Comprehensive men's mental health.**

Edited by David Castle and David Coghill; New York, New York; Cambridge University Press; 2021; ISBN 9781108740425; pp 274; \$64.99 (paperback).

**Science over stigma. Education and advocacy for mental health.**

By Daniel B. Morehead; Washington, DC; American Psychiatric Association Publishing; 2021; ISBN 9781615373079; pp 198; \$39 (paperback).

**Transference-focused psychotherapy for adolescents with severe personality disorders.**

By Lina Normandin, Karin Ensink, Alan Weiner, and Otto F. Kernberg; Washington, DC; American Psychiatric Association Publishing; 2021; ISBN 9781615373147; pp 257; \$58 (paperback).

**Suicide prevention.** By Christine Yu Moutier, Anthony R. Pisani, and Stephen M. Stahl; New York, New York; Cambridge University Press; 2021; ISBN 9781198463621; pp 295; \$34 (paperback).