mends reading his text *Psychodynamic Psychiatry in Clinical Practice* (1) for more detailed discussion of the major theoretical models in psychodynamic psychiatry and approaches to specific disorders.

We agree that a beginning therapist may find it difficult to understand, integrate, and apply the theoretical models of ego psychology, object relations, attachment theory, and self psychology covered in this basic primer and will need further elaboration of the material. One key topic in this basic primer that would have benefited from greater detail is the initial evaluation, because many of today's residents are trained primarily to conduct DSM-type interviews aimed at elucidating descriptive symptoms and diagnosis; they are not taught how to conduct a psychodynamically oriented initial interview leading to an in-depth understanding of the patient as a person.

The book is humanistic in approach, rejecting the old psychoanalytic model of abstinence for the therapist. Gabbard states, "When in doubt, be human." He believes that the essence of therapy is the transaction between two collaborating human beings with the goal of helping the patient, and he recognizes that there is "no right treatment approach." Different theoretical models and treatment strategies should be applied flexibly over the course of treatment.

The content of each chapter is uniformly excellent and clearly presented. However, some seasoned psychotherapists may have occasional quibbles with treatment approaches employed in the clinical case vignettes. The chapter on the use of supervision is original and innovative, containing many valuable suggestions for both supervisor and supervisee. For example, the admonition to trainees that "the thing the trainee most wishes to avoid sharing with the supervisor may be the most important issue to share with the supervisor." The last chapter, on evaluating competencies, is helpful in framing criteria for evaluation of a therapist's knowledge. However, as Gabbard points out, "A beginning therapist needs much more than a textbook. There is no substitute for sitting with patients over time and applying what one has learned."

The recently published report on methodology for assessing psychotherapy competence by the Columbia group (2) shows promise in this regard. To achieve competence, it will be up to residency training programs to provide residents with the allotted time to conduct therapy, appropriate patients, competent supervisors, and didactic seminars. The very essence of psychiatry, the biopsychosocial model, which incorporates psychodynamic psychotherapy, must be preserved to ensure that psychiatrists are experts in human behavior. We believe that this book will be extremely valuable not only for psychiatric residents and trainees in other disciplines but for all psychotherapists. We recommend the book highly for use as core reading in residency programs and only wish that such a book had been available when we were in training.

Reference

1. Gabbard GO: Psychodynamic Psychiatry in Clinical Practice, 3rd ed. Washington, DC, American Psychiatric Publishing, 2000
2. Mullen LS, Rieder RO, Glick RA, Luber B, Rosen PJ: Testing psychodynamic psychotherapy skills among psychiatric residents: the Psychodynamic Psychotherapy Competency Test. Am J Psychiatry 2004; 161:1658–1664

MARVIN I. HERZ, M.D.
EUGENE ROTHE, M.D.
Miami, Fla.

Roadblocks in Cognitive-Behavioral Therapy: Transforming Challenges Into Opportunities for Change, *edited by Robert L. Leahy. New York, Guilford Publications, 2003, 364 pp., $40.00.*

Psychotherapy is a furrowed field, a rutted road often difficult to travel. This book considers the clinically reasonable premise that the most frustrating aspects of patients' presentations reveal key pathology and thus provide opportunities for change. Good clinicians can anticipate some of these "roadblocks," predict them to patients, and strategize solutions. Although the chapter authors in this volume focus on cognitive behavior therapy, the issues are psychotherapeutically and indeed clinically universal. (The authors might have ventured occasionally beyond cognitive behavior therapy to discuss therapeutics more broadly.) The book provides a useful map around roadblocks in difficult terrain.

The first of the volume's five sections endorses case conceptualization for understanding and solving roadblocks. Without a formulation, the practitioner may lose the road along with the patient. Needleman provides examples of cognitive case conceptualizations, incorporating concepts such as Prochaska and DiClemente's transtheoretical model of readiness for change and considering cognitive behavior therapy indications for particular disorders as well as complications of comorbidity.

The second section's three chapters address emotion, a crucial psychotherapeutic ingredient that therapists mechanically reliant on cognitive behavior therapy techniques may neglect. Section 3 describes cognitive behavior therapy for patients with specific disorders: psychosis, bipolar disorder, posttraumatic stress disorder (PTSD), and binge-eating disorders. A fourth section comprises rather basic chapters on couple and family therapy, and the chapters in the final section concern "difficult-to-treat" patients (dialectical behavior therapy for patients with borderline personality disorder), negotiating alliance ruptures, angry patients, and medication compliance with difficult patients.

As expected in a multiauthored volume, chapters vary in utility and sophistication. "Roadblocks" means different things to the authors, who treat disparate patients. Nonetheless, themes emerge. Therapist factors, patient factors, their interaction, and the patient's environment and psychopathology all influence treatment outcome. Clinicians should make accurate diagnoses; employ case formulation; contract with patients on treatment goals; listen empathically, attuned to patients' distress; and examine their own emotions in the therapeutic relationship. Clinicians must work creatively and flexibly and foster a therapeutic alliance—the psychotherapeutic variable most often linked to good outcome. If treatment reaches an impasse, therapists should reconsider their approach—too few actually do—and consider consultation. Several authors caution therapists not to blame patients for not improving. These observations generally reflect "common factors" of psychotherapy (1) and good common clinical sense.

Are there roadblocks specific to cognitive behavior therapy? Several authors stress helping patients to succeed at homework, since homework completion correlates with success in cognitive behavior therapy. Multiple contributors warn against focusing on cognitive behavior therapy tech-

nique rather than the patient. Intellectualization compromises any psychotherapy, but the emphasis here suggests that it constitutes a frequent roadblock for cognitive behavior therapy. The book thus confirms the stereotype of ineffective cognitive behavior therapy as a therapist hammering away at cognitions and dysfunctional thoughts while ignoring the feelings and individuality of the patient. Therapeutic alliance remains crucial to outcome. Good treatment depends on common factor strategies, which cognitive behavior therapy techniques may augment.

The section on disorders is readable and practical. It not only details roadblocks but also maps unobstructed avenues to cognitive behavior therapy of particular syndromes. This may benefit clinicians familiar with cognitive behavioral treatment who have not yet applied it to patients with psychosis, bipolar disorder, or other disorders. For example, Haddock and Siddle note that psychotic patients have been prescribed cognitive behavior therapy on the basis of symptoms rather than diagnosis, and that engaging such detached patients in any kind of dialogue is "by far the most important roadblock to overcome" (p. 137). Surprisingly, depression and panic disorder, two of the best-studied cognitive behavior therapy indications, receive no comment. The eating disorder chapter is rudimentary, and that on PTSD presents a cognitive behavior therapy intervention "treatment algorithm" that appears premature in the light of available evidence.

Roadblocks may be inherent to diagnosis: the dialectical behavior therapy chapter presupposes that borderline personality means "difficult" patients. The dialectical behavior therapy stance of emotional regulation, validating patient feelings, and balancing stasis and change is surely salubrious across diagnoses. The chapter on using cognitive behavior therapy to address problematic beliefs about medication is clinically compelling.

Readers may ask whether there is one cognitive behavior therapy under discussion or several. The "Self-Regulatory-Executive Function" model (chapter 4), a meta-cognitive approach, seems to occupy its own, discrete world. Leahy's emotional schemas (chapter 5) provide another wrinkle, emphasizing patients' emotions in cognitive behavior therapy. Holland (chapter 6) discusses emotional processing and emotional avoidance, following Greenberg's chapter on emotion-focused therapy. It is unclear how these conceptual approaches overlap and when one meta-theory might be preferable to another. Other authors mix cognitive behavior therapy with approaches like motivational interviewing. Stevens et al., who underscore the importance of therapists' and patients' feelings in recognizing and repairing therapeutic ruptures, repackage (unattributed) psychodynamic and interpersonal wisdom for cognitive behavior therapists.

Strengths of this volume include numerous clinical pearls and vignettes. The authors candidly reassure readers that even experts reach impasses and fail. Contributors frequently base recommendations on empirical research, although it is unclear how often they prescribe the time-limited cognitive behavior therapy from which this research derives. The book suffers from inevitable repetition and theoretical diffusion. Psychiatrists may grumble that case conceptualizations focus on cognitive schemata rather than DSM diagnoses and that some authors describe "clients" rather than "patients." No one discusses when to give up on a "roadblocked" treatment.

A repeated recommendation for stalled treatment is to seek expert consultation. This book may provide such consultation to readers. The ultimate test of a practical volume is how usefully it serves the reader's clinical practice. I tried suggested maneuvers with difficult-to-treat patients, and some did help us to move down the road.

Reference

1. Frank J: Therapeutic factors in psychotherapy. Am J Psychother 1971; 25:350–361

JOHN C. MARKOWITZ, M.D.
New York, N.Y.

Psychological Treatment of Bipolar Disorder, *edited by Sheri L. Johnson and Robert L. Leahy. New York, Guilford Publications, 2003, 340 pp., $40.00.*

The late Ernest Gruenberg often said that "American academia produces two types of psychiatrists: mindless or brainless." Nowhere has this become more prophetic than in the deemphasis of psychosocial treatments among many psychiatrists. Psychiatric physicians now represent themselves as psychopharmacologists who spend a few minutes with patients, manipulate drugs, and send the patients on their way. Psychosocial interventions are relegated to those with "inferior training," so that the "well-trained" psychiatrist need not waste his or her time getting to know the patient and the patient's problems. This is not meant in any way to deprecate the importance of a thorough knowledge of pharmacologic interventions but, rather, to recognize the unique role of the psychiatrist as the only mental health professional trained both psychosocially and biologically. It is an unfortunate consequence of the success of medications that many psychiatrists have felt it no longer necessary to spend time understanding the complexity of the patient's life and life experiences.

This small volume is a welcome antidote to this situation. It is an effort to provide the practitioner with an understanding of diagnostic and clinical issues viewed from a psychosocial perspective so that the clinician can provide appropriate therapy for bipolar disorder. It recognizes the vital need for a comprehensive and integrated approach using both medication and psychosocial interventions.

It has both the virtues and deficiencies of all multiauthored texts. The chapters vary both in style and in quality. Nevertheless, the overall quality of the volume is excellent.

A particular virtue of this volume is the recognition of the underdiagnosis of bipolar disease in its early stages. It is far wiser to diagnose bipolar depression incorrectly rather than incorrectly diagnose unipolar depression in its early stages. There is little danger from the additional use of mood stabilizers, but much danger in the failure to recognize their necessity in the management of a particular case until the person is rapid cycling.

The authors recognize the obvious fact that the potential for bipolar illness does not guarantee the development of a bipolar illness. Psychosocial variables can act as precipitating events, and the management of these factors can be critical to the patient's treatment.

There are excellent reviews of different forms of psychosocial intervention as well as a review of special issues such as compliance and the risk of suicide. The reviews of psychoso-