

Finally, suggested areas for future research are widely discussed throughout the book. Notably, the chapter on Internet technologies introduces the role of emerging implementation research, particularly in facilitating the adoption of new technologies or behavioral vaccines. Some of the implementation and dissemination of mental health prevention interventions may require a sequel to this already comprehensive monograph, especially as ongoing prevention research studies come to fruition. Yet in keeping with the public health framework, this emerging field of research may end up taking a page from the Centers for Disease Control and Prevention (CDC) experience with the research to practice framework to ultimately get effective research off the academic shelf and into communities (2). Developed in the 1990s, the CDC research to practice framework was developed to identify and rapidly disseminate HIV prevention interventions in community-based settings in response to the growing epidemic and was recently adapted to translate mental health treatments to community practices (3). Ultimately *Prevention in Mental Health* provides guidance for the next generation of mental health research and, by focusing on prevention efforts, leads the call for this emerging paradigm shift toward a public health model that holds promise in reducing the burden of mental disorders in our communities.

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***The Psychotherapy of Hope: The Legacy of Persuasion and Healing*, edited by Renato D. Alarcón, M.D. and Julia B. Frank, M.D. Baltimore, Johns Hopkins University Press, 2011, 368 pp., \$55.00.**

Jerome Frank was a towering figure in American psychiatry. Sadly, I doubt if his work is well-known by many in our profession. This carefully edited volume should fill that knowledge gap. The book is not a Festschrift, but a primer on common elements in psychotherapy, with a focus on the concept of demoralization. Its two editors have done a masterful job of carefully integrating the chapters in a sequential manner so

that the book is a joy to read but also so that each chapter can stand alone.

Frank's genius was his ability to ask important questions about the theory-bound psychodynamic psychotherapy of mid-twentieth century America, which was dominated by psychoanalytic schools of thought. He concluded that the role of the socially sanctioned healer, whether a psychoanalyst or culturally based practitioner, was to instill hope in the demoralized patient. It was this phenomenon, rather than the specific theory, that fostered the treatment alliance and fueled the trajectory toward a positive therapeutic model. It must be noted at the outset that his research was focused on nonpsychotic ambulatory patients but also contained elements that were helpful to other clinical populations and their families.

The book is divided into two parts. The first section reviews the basic principles common to all psychotherapies, and the second focuses on clinical issues regarding a variety of therapies and clinical populations. The book opens with a discussion of the genius of Frank and provides a review of his systematic research of the therapeutic elements of psychotherapy. By developing such testable hypotheses via empirically based outcomes, Frank documented that a demoralized individual is able to restore a sense of hope and mastery via various psychotherapies. This denotes the development of self-efficacy, which is defined as an individual's belief that he or she can accomplish a given task. Role induction was an essential technique for successful outcomes. Role induction is educating the patient about what to expect from the therapy and how it might work. This process may enhance placebo responses in many therapies and has currently re-emerged as a controversial topic (1). Chapters on the biological substrates of therapy and evolutionary biology offer current neuroscience data on psychotherapy. Demoralization is the central element in Frank's work. de Figueiredo's essay on deconstructing demoralization defines and expands the role of this psychological state that may include hopelessness, helplessness, and a sense of subjective incompetence. Drs. Slavney and McHugh (2) placed Frank's work within the life story perspective of psychiatry and described how demoralization fits into the personal narrative that patients offer the therapist.

The role of hope in various forms of practices in psychotherapy is reviewed in the second part of the book. Dr. Clarke presents a chapter on depression, demoralization, and psychotherapy in the medically ill. He conceptualizes demoralization as a construct that is an independent dimension in depressed individuals. Demoralization is similar to but has unique qualities distinct from a major mood episode and is also different from grief. It may be best categorized as a subtype of depression, which is rarely a stand-alone phenomenon. The chapter on psychotherapeutic communication in the medical setting is discussed by Dr. Freeman and should be essential reading for all consultation-liaison psychiatrists. Both of these chapters should be essential reading for psychosomatic specialists.

Next, Drs. Griffith and D'Souza review the development of self-efficacy in clinical work as a product of "agency thinking," wherein an individual's perceptions evolve into the belief that he or she can act effectively, and the development of "pathway thinking," which is a road map of how to reach such coping mechanisms and relief from current stressors.

One of the gems of this book is the chapter on psychodynamic psychotherapy, by Drs. Wells and Frank. The subtitle, "From Psychoanalytic Arrogance to Evidence-Based Modesty," summarizes the evolution of theory-bound psychoanalysis as a contemporary form of psychotherapy. Other chapters expand on behavioral therapies, group therapy, and cultural psychotherapies. The book concludes with a discussion by Dr. Griffith on religion and spirituality. He elegantly reminds us that many individuals have increasingly turned to religion but can easily become demoralized when adversity strikes, and he reviews management strategies for such demoralized individuals bereft of a previously held spiritual orientation. The discussion of cultural elements by Dr. Alarcón is also important in the multiethnic fabric of contemporary America.

This volume should be required reading not only for all psychiatric residents, but also seasoned psychotherapists, as it should lead to a more tempered advocacy of specific forms of therapy and allow better understanding of the common therapeutic elements in this essential psychiatric intervention.

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***Casebook of Interpersonal Psychotherapy*, edited by John C. Markowitz and Myrna M. Weissman. New York, Oxford University Press, 2012, 504 pp., \$55.00 (paper).**

Interpersonal psychotherapy (IPT) was officially described and "codified" in the 1970s and 1980s with the publication of what are now classic studies and a foundational book (1–3). Through decades of research, IPT has since been elevated to the anointed ranks of evidence-supported or evidence-based treatments. Therapists practicing IPT attend primarily to here-and-now issues, such as recent losses, interpersonal conflicts, role transitions (e.g., empty nesting, divorce, retirement), and interpersonal deficits (personality and communication difficulties). IPT fully respects biological, psychodynamic, and cognitive and behavioral influences and strategies. Featured techniques include education, exploration, interpretation, emotional ventilation, goal setting, and problem solving. Focusing on the psychological spaces in which most patients actually experience their problems, honoring and emphasizing the importance of the common and universal factors accounting for much of the favorable outcomes of psychotherapy, and fitting into an overall brief therapy time frame that many patients can actually accommodate, from my perspective, make IPT one of the most practical, holistic, and effective real-world psychotherapies.

The founding father of IPT, Gerald Klerman, was an outstanding, broad-based academic psychiatrist who, among

other roles, variously served as research director at Massachusetts General Hospital, professor at Harvard, Yale, and Cornell universities, and head of the federal government's Alcohol, Drug and Mental Health Administration. He was also a prominent psychopharmacology researcher. Notably, IPT was originally crafted to serve as an active treatment control for studies designed to test and demonstrate the effectiveness of tricyclic antidepressants in the treatment of nonpsychotic unipolar depression in middle-aged adults. Intended to serve as a credible manualized psychotherapy treatment alternative, the initial formulation of IPT was heavily influenced by the work of Harry Stack Sullivan and John Bowlby, who focused on interpersonal issues and attachment in depression. Somewhat to the amazement of these investigators, the IPT control proved to be a reasonably robust intervention, leading to it being fleshed out and further developed as an independent treatment for depression.

Subsequent investigation has expanded these original studies far beyond their initial applications. In research conducted at Cornell and Columbia universities, the University of Pittsburgh, Washington University in St. Louis, and other centers in the United States and internationally, IPT has demonstrated effectiveness in a wide array of patient types, diagnoses, and problems. Some of these findings were previously drawn together in the *Comprehensive Guide to Interpersonal Therapy* (3).

Casebook of Interpersonal Psychotherapy was edited by two of the authors of the *Comprehensive Guide to Interpersonal Therapy*: John Markowitz, a professor at Columbia and Cornell universities, who, as a former student of Klerman's, became a principal researcher and standard bearer for IPT, and Myrna Weissman, a professor of epidemiology and psychiatry at Columbia University, one of the collaborating investigators in the original IPT research studies. The editors have made an exceptionally valuable contribution to the advancement of IPT, and, in my view, to the field of psychotherapy as a whole.

Since psychotherapy is what psychotherapists *do*, it is critical for those learning to perform psychotherapy to get as close as possible to observe the workings of master practitioners, looking, as it were, over their shoulders. Short of providing complete sets of videotapes or treatment transcripts for detailed study, the next best possibility is for seasoned practitioners to offer comprehensive descriptions of their treatments—boots on the ground. That is just what we are given in this book.

Although the 20 well-written, amply referenced case-based chapters in this book primarily deal with various types of depressive disorders, they also include bipolar disorder, eating disorders, posttraumatic stress disorder, social anxiety disorder, and borderline personality disorders. The chapters cover a wide variety of populations, from adolescents to the elderly, and include peripartum patients, low-income populations, and patients in developing countries. In addition to individual face-to-face psychotherapies, the authors elaborate on their applications of IPT in group formats and telephone-based therapies. The 39 contributing authors include psychiatrists and psychologists from numerous academic centers and private practice settings throughout the United States as well as international settings. The chapters are rich in detailed clinical vignettes, descriptions, reflections on moment-to-moment interactions, and clinical pearls.