

quality, and relied for their conclusions on those which were designed for validity, i.e., were randomized and controlled. The investigators' approach, including methods, selection criteria, and search strategies, is described. They relied on DSM-IV and ICD diagnostic criteria, and their fundamental questions were whether a treatment was better than nothing, more effective than other methods, suited to certain types of patients, effective in dually diagnosed patients, or required an inpatient setting. The bulk of the pages are devoted to the presentation, in tabular form, of their findings, but they also summarize their findings and their conclusions. They provide a glossary, an appendix describing their quality checklist, and an appendix on their guidelines for measuring effect size.

First, they looked at prevention of alcohol problems, meaning short-term interventions such as motivational talks by a primary care provider. Then they tried to answer the question of how effective psychosocial treatment for alcohol dependence is, comparing different approaches and the conditions under which the interventions were delivered. The third chapter reviews the treatment of alcohol withdrawal syndrome with medications as shown in randomized, controlled studies comparing benzodiazepines, anticonvulsants, β blockers, α_2 agonists, magnesium, calcium antagonists, antipsychotics, and thiamine. The fourth chapter is on pharmacotherapy for alcohol dependence. The aversive drug disulfiram is compared with psychotropics and with the anti-craving agents acamprosate and naltrexone. There is a chapter on the long-term course of alcohol and chemical dependence. This one is different from the other chapters in that, rather than surveying a vast amount of data from a large number of studies, it reviews some choice epidemiologic and longitudinal studies of alcohol and heroin dependence in order to provide context for the evaluation of the randomized clinical trials elsewhere in the book.

In chapter 6, the authors report the results of their scrutiny of 112 studies to compare supportive, educational, and psychotherapeutic interventions for drug dependence. They divided psychotherapy into psychodynamic, cognitive, and family therapies, and they compared outcomes with inpatients and outpatients. They addressed a set of seven questions, the first of which was whether these interventions are effective at all. The following chapter deals with pharmacotherapy for nonrapid, rapid, and ultra-rapid opioid withdrawal. The investigators reviewed 33 studies with more than 2,000 patients comparing clonidine, methadone, buprenorphine, doxepin, and other adrenergic agonists with placebo.

Chapter 8 is about pharmacotherapy for opioid dependence. The authors report findings of studies comparing the agonists methadone, L-alpha-acetylmethadol, and buprenorphine with the antagonist naltrexone as well as studies comparing the agonists with one another. Chapter 9 is on pharmacotherapy for cocaine dependence. Cocaine inhibits dopamine reuptake in the brain. Researchers have tried antidepressants, dopamine agonists, anticonvulsants, and buspirone without encouraging results. The same is true for methamphetamine dependence, although there is very little literature on this dependence. Finally, the investigators reviewed studies of the effect of substance abuse on the fetus and the neonatal infant. They summarize the literature on alcohol-induced fetal injuries and explore the question of us-

ing endpoints short of fetal alcohol syndrome in evaluating treatment.

In the foreword, Henry Kranzler, M.D., a prominent psychiatrist, states that this book should be required reading for those who work with alcohol- and substance-abusing patients. I would not go that far, but there is an abundance of valuable information gathered between its covers.

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PERSONALITY AND PERSONALITY DISORDERS

Paradigms of Personality Assessment, by Jerry S. Wiggins. New York, Guilford Publications, 2003, 386 pp., \$45.00.

Jerry Wiggins' seminal text *Personality and Prediction* was published in 1973 (1). Since that time, there have been few graduate students in clinical psychology who have not had the pleasure of immersing themselves in Wiggins' rich treatise on the complexities and intricacies of clinical assessment (2). His 1973 text is indeed a classic. Many reviewers and colleagues have asked when it would be updated. It never has, yet it is still being used to this day in graduate assessment courses.

Dr. Wiggins has now written a closely related text, *Paradigms of Personality Assessment*, that may also become a classic. He outlines within this text five basic paradigms of personality assessment: the psychodynamic (conscious and unconscious psychological conflicts), the interpersonal (regularities in how the person relates to others), the personological (the person's life history), the multivariate (the person's relative standing on standardized measures of personality traits), and the empirical (established empirical correlates with respect to traditional categories of psychiatric impairment). He covers with considerable sophistication the complexities, nuances, and fundamental issues of each perspective, but he also intersperses the scholastic explications with engaging historical background. If one wishes to learn the basic principles and major issues of each fundamental paradigm, this text will provide a sophisticated education in a manner that is not only readily understandable but also enjoyable to read.

As if that were not enough, the second half of the book is devoted to the assessment of an individual, "Madeline," by well-recognized experts of each of the five basic paradigms. Dan McAdams assesses her personality and clinical functioning using his rich psychobiographical interview. Sidney Blatt and Rebecca Behrends use the perspective and tools of the psychodynamic paradigm. Aaron Pincus and Michael Gurtman use the theoretical model and tools of the interpersonal paradigm. Paul Costa and Ralph Piedmont use five-factor model assessments for both self and spouse. Finally, Yossef Ben-Porath uses the MMPI-2. These eminent investigators provide their assessments largely blind to one another, and, if I can speak colloquially, this was a cool idea. Madeline is an outstanding choice for this exercise. Not only does she have a very colorful personality and intriguing life history, but the book also includes a follow-up to her life story years after the

original assessments were conducted (the follow-up is provided by Krista Trobst and Jerry Wiggins), which adds an intriguing clinical relevance and predictive validity component.

In sum, this is an outstanding book. It is a labor of both intelligence and love. Not only will you learn a lot, but you will also appreciate the passionate fondness that the author holds for each of the fundamental paradigms.

References

1. Wiggins JS: *Personality and Prediction: Principles of Personality Assessment*. Reading, Mass, Addison-Wesley, 1973
2. Wiggins JS: Paradigms of personality assessment: an interpersonal odyssey. *J Pers Assess* 2003; 80:11–18

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Practical Management of Personality Disorder, by W. John Livesley, M.D., Ph.D. New York, Guilford Publications, 2003, 420 pp., \$48.00.

Dr. Livesley is a prominent researcher in the field of classification, definition, and etiology of personality disorders. He has done very original work on the genetic bases of personality disorders; however, he is less well-known as a contributor on the clinical care of these patients. Dr. Livesley's intention was to provide a practical evidence-based approach to the care of patients with personality disorders that would be valuable to practitioners and trainees from all mental health disciplines. The treatment approach is founded on the premise that personality disorders have complex etiologies. Dr. Livesley argues that this complexity is also reflected in the "many clinicians [who] have difficulty approaching patients with personality disorder in the same organized and consistent way that they approach patients with other disorders" (p. viii). He criticizes existing theoretical models as "exacerbating" the clinician's confusion and asserts instead the benefits of a "reasoned eclecticism."

Dr. Livesley's approach to treatment includes general strategies for managing core self and interpersonal pathology as well as specific strategies drawn from diverse theoretical approaches. The general strategies are centered on the development of a collaborative therapeutic relationship, the use of validation, monitoring and managing therapeutic disruptions, and creating and enhancing motivation. The targets for

specific interventions include symptomatic domains such as self-harm behavior, symptoms associated with a concurrent axis I disorder, and the regulation and control of impulses and emotion.

The book succeeds because Dr. Livesley's approach provides a very palatable structure for planning and implementing individual outpatient therapy for personality disorders. In addition, the specific strategies are soundly based on the existing research evidence (for example, his description of how medication should add to the comprehensive care of patients with personality disorders). Particularly unique and valuable in Dr. Livesley's approach is his focus on conative (volitional) processes, on how essential goals are to developing an integrated self, and on how therapy must assist patients with personality disorders with identifying and obtaining meaningful goals.

Certain problems arise because of Dr. Livesley's approach. First, the text is somewhat repetitive because specific strategies are applied to multiple problem domains; for instance, tackling maladaptive schemata is used to combat traumatic experiences, maladaptive interpersonal and relationship patterns, and maladaptive traits. Second, the text insists on the importance of understanding the process of change when treating patients with personality disorders, but Dr. Livesley makes up his own stages rather than using the well-established model of change of Prochaska and DiClemente (1). The stages are presented as "convenient" but seem more related to problem-solving strategies than the process of change. Finally, emotion-focused therapies are not included in the approach, and the importance and role of emotion in promoting change are given short shrift. Most often, difficult emotional issues are dealt with only by control and containment strategies.

Overall, the book is well written, well structured, and well referenced. Although I would not consider this the most inspiring or captivating book on the topic, it does provide a reasoned and systematized approach to the labyrinth of treating patients with personality disorders.

Reference

1. Prochaska JO, DiClemente CC: Stages of change in the modification of problem behaviors. *Prog Behav Modif* 1992; 28:183–218

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Correction

In the article "Executive Function and Cognitive Subprocesses in First-Episode, Drug-Naive Schizophrenia: An Analysis of N-Back Performance" (*Am J Psychiatry* 2005; 162:1206–1208) by Stephan Krieger, Ph.D., et al., one of the authors, Honorata Janik, Ph.D., was omitted. Dr. Janik should have been listed as the third author