

expense of all background information that would have given readers an understanding of the origins of the treatment and the interpersonal theory of depression. Being thrown immediately into the “nuts and bolts” of interpersonal psychotherapy may be a distinct advantage for those who are already familiar with the context of the treatment, but potentially confusing for the interpersonal psychotherapy novice.

For busy clinicians, however, the guide allows them to proceed directly to the essentials of treatment. For those who learn by doing, this is a great virtue. The summaries of interpersonal psychotherapy strategies and techniques are well written and supplemented by excellent clinical vignettes that clearly illustrate the instructive material. Each chapter includes a series of “handouts” that can be used by clinicians to elicit relevant clinical information from patients—reference sheets that no doubt will serve as useful tools for clinicians embarking on new cases. The chapter entitled “Common Therapeutic Issues and Patient Questions” is especially helpful; arranged as a series of frequently asked questions, it covers many of the problems typically encountered by the interpersonal psychotherapist. Nonetheless, much like a sophisticated cookbook that assumes the reader understands the chemical principles behind the recipes, users of the guide who are not well versed in the theory that forms the basis of interpersonal psychotherapy may find themselves somewhat lost when the treatment does not proceed exactly as laid out in the text.

The clinical focus of the guide is preserved in the second half of the book through continuous and liberal use of patient-centered vignettes; however, the authors move from discussing basic techniques to an exploration of how the treatment has been applied to various patient populations and in diverse clinical settings. Although not exhaustive, the authors touch on most of the published adaptations of interpersonal psychotherapy, appropriately devoting the greatest amount of space to those applications with the highest levels of empirical support. Indeed, one of the best features of the second portion of the book is that the authors assign each interpersonal psychotherapy adaptation a rating according to the level of empirical evidence supporting its efficacy. These clearly articulated standards allow the readers to see for themselves the level of support established for each adaptation described.

The *Clinician's Quick Guide to Interpersonal Psychotherapy* embodies the ethos of interpersonal psychotherapy; the authors take a strong clinical stance, make the material feel clinically relevant, and yet ground all of their assertions in empirical evidence. Although it is not an optimal introduction to interpersonal psychotherapy for those who are completely unfamiliar with the terrain, it would be a wonderful companion to a didactic course or a useful overview for those who want to consolidate their understanding of the treatment. This book represents a useful and welcome addition to the interpersonal psychotherapy library, especially for those clinicians who already have had some exposure to the treatment.

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Psychosomatic Medicine, edited by Michael Blumenfield, M.D., and James J. Strain, M.D. Philadelphia, Lippincott Williams & Wilkins, 2006, 987 pp., \$199.00.

Michael Blumenfield and James Strain are synonymous with the field of psychosomatic medicine. Both have been leaders in the field for decades. The two have teamed up to edit a comprehensive textbook authored by an international group of consultation-liaison psychiatrists. The list of authors is a “Who’s Who” of psychosomatic medicine. The first chapter, “Psychosomatic Medicine: History of a ‘New’ Subspecialty,” by Don Lipsitt, is the most comprehensive account of the field to date. From this chapter the reader learns that the term “psychosomatic” was first used in 1818 by the German physician Johann Christian August Heinroth. The reader also learns that Heinroth’s tripartite theory of the mind, which he proposed to explain the concept of inner conflict, antedated and influenced Sigmund Freud’s theories. The chapter traces the various people, institutions, and concepts influencing the development of psychosomatic medicine and consultation-liaison psychiatry through the 19th, 20th, and 21st centuries. Those who established the field and their insightful ideas are vividly brought to life. Graeme Smith’s chapter follows with a brief review of consultation-liaison psychiatry in other countries.

The book is a compendium of research studies and is filled with a wealth of information about the many conditions that are encountered in clinical work. It is also a thoughtful review of the controversy consultation-liaison psychiatrists deal with every day. The chapters by Drs. Berrios and McHugh left me pondering the dilemma involved in understanding what patients’ symptoms mean and how much or how little a diagnostic decision guides how I proceed with each case. I particularly enjoyed John Streltzer’s chapter, “Implications of Culture,” which reminds psychiatrists how important it is to attempt to understand all the cultural expectations that impact patients, and how invisible these expectations are unless we think to ask about them.

One interesting feature of the book is its division into chapters that focus on physical conditions (e.g., cancer, renal disease, neurological disease, and transplantation), psychiatric conditions (e.g., anxiety, suicidality, substance abuse, and dementia), and special topics (e.g., sexuality, ethics, psychotherapy, and drug interactions). One could argue with where individual chapters are placed, but the overall effect allows readers to easily pick and choose what they want to learn. As with any book that attempts to cover everything, some of the chapters are extremely comprehensive and some are less so. For example, the chapter on suicidality reviews the data on risk of suicide, presents strategies for discussing the topic with patients and their families, and emphasizes the need to protect patients who may be at risk for self-harm. The chapter does not mention a practical fact which differentiates general hospitals from psychiatric hospitals, i.e., that the most likely method of a suicide attempt is through the window, and windows in general hospitals are typically not barred or screened. The practical significance of this in-

formation is obvious: patients in the general hospital setting should not be near windows, and windows should be checked to insure they cannot be fully opened. The final section of the chapter, on physician-assisted suicide, is inadequate for a textbook on psychosomatic medicine. It is less than a column in length and has only three references. This important topic deserves more attention in this type of a textbook. In contrast, the two chapters on alcoholism and substance abuse are quite complete and contain useful algorithms for treating the disorders, as well as information on the withdrawal syndromes commonly seen in the general medical setting.

It is not surprising that this book also contains software and a DVD. James Strain was one of the pioneers in the use of technology in consultation-liaison psychiatry. The accompanying software allows readers to explore the use of a system in the clinical setting (Micro-Cares™). There is also a literature search program for the references in the textbook, complete with abstracts and citations. It is a vast database, limited only by the fact that it is not completely up-to-date; naturally textbooks cannot reference the most recent literature. The DVD solves a basic problem for those who own textbooks, i.e., how the textbook can be in two places at once. As the DVD contains the complete contents of the book, readers can keep the textbook in the office or library and use the DVD at home or in another office. The PowerPoint slides provided for each chapter are rather basic but provide an excellent start for someone preparing a lecture on the topic. There are also self-examination quizzes on the DVD on the information in each chapter. The quizzes are not as challenging as a true study guide, but they test the main points of the material. The “study” mode and “test” mode allow readers to use the questions as a guide, with answers provided in the study mode and not provided in the test mode. In the text itself, tables and case illustrations make the information accessible and lively. These features make the book very useful for medical students and residents.

Dr. Lipsitt's chapter notes that in 2003 psychosomatic medicine became the seventh subspecialty approved by the American Board of Medical Specialties. This textbook, published in 2006, was not available to the first group of psychiatrists who trained in fellowships accredited by the Accreditation Council for Graduate Medical Education. Now that the book is available, it joins other excellent texts in consultation-liaison psychiatry and psychosomatic medicine to augment fellowship training. This is a volume for all students of the field, not just those in training. It is a book that consultation-liaison psychiatrists will want for their personal and/or hospital libraries.

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Hands-On Help: Computer-Aided Psychotherapy, by Isaac M. Marks, Kate Cavanagh, and Lina Gega. New York, Psychology Press, 2007, 296 pp., \$43.95.

In our world of iPods and personal computers it makes sense to apply technology to help those with mental health

problems that have various obstacles to accessing care. But sometimes our ideas flop in the real world. In the introduction to *Hands-On Help: Computer-Aided Psychotherapy*, Marks, Cavanagh, and Gega cite the example of the videophone: an interesting idea in theory, but when implemented, people found that they preferred keeping phones a one-dimensional device.

Computer-aided psychotherapy is at this same crucial point in its development: it sounds great, but we're waiting to see how it fares in real life. Computer-aided psychotherapy encompasses any computerized system designed to aid “traditional” face-to-face therapy, such as interactive online programs, handheld computers that prompt patients to engage in therapeutic exercises, automated text messages, and psychoeducational video games. As a result of logistical, financial, systemic, cultural, and personal barriers, most people do not get the care they need. From a public health perspective, computer-aided psychotherapy has exceptionally worthy goals—to make therapy more accessible, cost-effective, and empowering. In their well written and easily digestible text, Marks and colleagues underscore that most computer-aided psychotherapy systems are intended to be used in conjunction with some degree of therapeutic human contact and professional oversight. For technophobes, so far, so good.

Yet computer-aided psychotherapy also has the potential to go the way of the videophone. Despite great promise, there is limited institutional support for practitioners to develop or improve existing systems, and research on computer-aided psychotherapy is not always convincing. Poor study design or high attrition rates muddy the results, and even studies with encouraging findings are difficult to compare given the wide variety of systems, populations, and outcomes evaluated. Although computer-aided psychotherapy has appeal, it is unclear whether it will be embraced. Just as we are touched when we receive a handwritten letter in an age where e-mail is ubiquitous, most patients (and therapists) will undoubtedly resist computer-aided psychotherapy given the option. Such obstacles may make the transition into regular clinical use difficult for this otherwise good idea.

The book exhaustively reviews current computer-aided psychotherapy systems and provides an easy-to-use and comprehensive primer for those interested in catching up on the literature. The authors catalog 175 studies examining nearly 100 systems used worldwide for a variety of disorders, describing each study in detail and noting caveats of each system. Each chapter addresses a particular disorder or cluster of problems, including depression, phobias, substance use disorders, and eating disorders. For readers less interested in comparing nuances of multiple studies, the authors provide a concise summary at the start of each chapter.

Although the focus is extant systems, important and challenging issues facing computer-aided psychotherapy are also discussed. For example, adherence to computer-aided psychotherapy is better when augmented by phone conversations or face-to-face contact. Yet human support costs money and time. At what point do the costs outweigh the benefits? And how much human support is necessary? Do patients fare better with five minutes of phone contact daily, or with an hour of face-to-face contact once a month? The