Competency in Combining Pharmacotherapy and Psychotherapy: Integrated and Split Treatment

by Michelle B. Riba, M.D., and Richard Balon, M.D. In book series: Core Competencies in Psychotherapy. Glen O. Gabbard, M.D., ed. American Psychiatric Publishing, Inc., Arlington, Va., 2005, 156 pages, $33.95 (paperback).

In evaluating and treating the psychiatric patient, the psychiatric resident must address several important questions and issues. What type of therapy does the patient need, and how do I decide? How do I perform the initial assessment? How should I handle referrals from another clinician? If the patient needs both psychotherapy and medications, should I start both at the same time? What are issues that affect maintenance and adherence to treatment? When and how do I terminate medications or psychotherapy, and which one do I stop first if the patient is receiving both? Guidelines to answer all these questions can be found in *Competency in Combining Pharmacotherapy: Integrated and Split Treatment*, one of the excellent volumes in the "Core Competencies in Psychotherapy" series, edited by Glen O. Gabbard, M.D.

This practical and easy-to-read text clearly describes how to address the issues associated with combining pharmacotherapy and psychotherapy, either by the same provider (integrated treatment) or jointly by 2 providers (split treatment). The text gives the reader clear objectives and skills that should be mastered to acquire competence in this arena. This competence includes an appreciation for the triage and referral system, for issues surrounding the initial assessment, for interacting with referring clinicians, and for treatment termination.

Some of the tasks seem obvious, but to the nervous and inexperienced resident, this text will provide reassuring structure and practical advice. For example, there is the discussion of the patient's history and psychosocial circumstances and how these will impact the decision to provide split versus integrated treatment, or psychotherapy versus pharmacotherapy, or some combination of the options. The text discusses how to assess the patient's expectations of the initial appointment and subsequent treatment expectations. Understanding the importance of comorbid medical and substance abuse issues on treatment planning is reviewed. The importance of the resident's being able to develop a biopsychosocial formulation, in addition to developing clear treatment aims and goals, is highlighted.

There is the excellent suggestion of dividing the patient's problems into target symptoms that meet *Diagnostic and Statistical Manual of Mental Disorders* criteria versus conditions more closely linked to ongoing life stressors. This analysis may help determine if the patient needs primarily medication or primarily psychotherapy. The text also emphasizes the importance of the partnership between the patient and the therapist. There is a recognition of the role and importance of family involvement in the treatment process in some patients, an area not frequently addressed in psychotherapy patients. These are just a few of many practical points that will allow the resident to develop the skills needed to be a solid clinician.

There is one area of advice, however, that should be addressed with caution. While discussing the importance of the patient's being able to contact the resident, I would be cautious of the suggestion of using e-mail to routinely communicate with patients. Nonetheless, the point of the patient's being able to contact the resident if there are issues that develop in between appointments is an important issue to discuss with the patient early in treatment.

Clearly, this text is a useful resource for the beginning therapist, both psychiatrist and nonpsychiatrist. It broadly discusses the issues clinicians must address in patients for whom the combination of pharmacotherapy and psychotherapy is being considered. Like other texts in this series, *Competency in Combining Pharmacotherapy and Psychotherapy: Integrated and Split Treatment* should be required reading for all first- and second-year psychiatry residents. Furthermore, I highly recommend this text to the nonpsychiatrist who will be referring patients for combination therapy.

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Healing Psychiatry: Bridging the Sciences/Humanism Divide

David H. Brendel, M.D., Ph.D. In book series: Basic Bioethics. McGee G, Caplan A, eds. The MIT Press, Cambridge, Mass., 2006, 178 pages, $26.00 (hardcover).

In this book, David Brendel attempts the impossible: to "bridge the science/humanism divide." He proposes to use the philosophy of pragmatism, an indigenous American school of thought, to "heal psychiatry."

Brendel introduces us to several conceptual currents that have bedeviled both psychiatry and philosophy, principally the Cartesian mind-body dualism. He feels this is an unfortunate dichotomy for the clinical practice of psychiatry. At the clinical level, psychiatrists clearly draw on both scientific and humanistic principles. Doing this requires the Hegelian "dialectic" for synthesis and reconciliation for determining the priority of various treatment options. He refuses to accept eclecticism as a valid operational tool for clinicians as it is arbitrary and random. Instead, Brendel enunciates 4 principles for psychiatrists distilled from pragmatism: the practical dimension of scientific inquiry; the pluralistic nature of the phenomena studied by science; the need to involve many perspectives; and the provisional character of scientific explanation. The truth of psychiatric theory is validated in practice and in patient outcomes.

Brendel rejects any form of clinical or theoretical reductionism, whether it be (for example) neuroscience, neurology, clinical trials (a refreshing break from pure evidence-based psychiatry!), psychodynamic theory, or cognitive therapy. No single theory can do justice to the complexity and unknowability of an individual patient. Using the 4 pragmatic principles, the clinician should be able to negotiate the dialectical tension between extremes of clinical practice. Because the synthesis can never be fully realized (science and humanism represent distinct philosophical categories), the successful clinician must accept more uncertainty and ambiguity than desired. This is borne out in the clinical cases Brendel presents.

Perhaps underemphasized within the human condition of individual patients is the role of cultural, narrative, religious, and existential influences. Further, it is one thing to advocate integration of scientific and humanistic practice, but it is quite another to create precise rules of translation between the 2 categories and description of how diagnosis and treatment will be implemented. For example, Brendel's advocacy of "causality" in some DSM-V diagnostic categories is probably a bit premature. Also, the use of the criterion of pragmatic, professional

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ethics as a means for uniting the conceptual dichotomy is vague and unpersuasive.

In general, the book is a fine introduction to the vast underpinning of clinical psychiatry. The message is clear and compelling that we must address the conceptual muddle in which our field finds itself. *Healing Psychiatry: Bridging the Sciences/Humanism Divide* will enrich the awareness of psychiatrists and help them to formulate their cases with more depth and thoughtfulness.

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Handbook of Consultation-Liaison Psychiatry

edited by Hoyle Leigh, M.D., and Jon Streltzer, M.D. Springer Science+Business Media, LLC, New York, N.Y., 2007, 440 pages, $129.00 (hardcover).

Psychosomatic Medicine

edited by Michael Blumenfield, M.D., and James J. Strain, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2006, 987 pages, $199.00 (hardcover plus interactive DVD).

Two books, each with a distinct purpose; 2 approaches, each with advantages and disadvantages. Both volumes are true to their goals, and both offer an indispensable wealth of experience and evidence-based medical knowledge. Besides relating red-hot, glowing impressions of both books, this review will focus on subtle differences that could guide the purchaser to find the one suited to her or his purpose.

Leigh and Streltzer author 18 of their 29 chapters, flavoring their work with a consistent and authoritative view of the field, emphasizing areas unique to consultation-liaison psychiatry. They organize the book into 4 parts: "Nature and Evolution of Consultation-Liaison Psychiatry," "Psychiatric Syndromes in Consultation-Liaison Psychiatry," "Special Patients and Settings in Consultation-Liaison Psychiatry," and "Special Techniques in Consultation-Liaison Psychiatry."

Chapters cover the major issues in 10 to 15 pages each, overlap minimally, and are well-referenced. The first 5 chapters cover historical and practical aspects of managing a consultation-liaison psychiatry service. The authors' approach to the major psychiatric syndromes is succinctly relevant to the setting and highly useful. Definitions of, and distinctions among, somatoform disorders are clearly drawn in 2 excellent chapters. Some longer chapters in the section on special patients add emphasis in outside expert–authored chapters, including those on immuno-compromised patients (HIV and transplantation), hepatic impairments, obstetric-gynecologic patients, children and adolescents, geriatric patients, and emergency department settings. The final section, on techniques, holds 3 short chapters respectively addressing interviewing, systems issues, and procedures. The latter chapter encompasses amytal interviews, the Hoover sign, and hypnosis.

Controversial areas are appropriately identified, with the editors' preferences receiving strongest treatment. Factual errors were found, but these are rare and are related to generalizations useful for conceptualizations or patient teaching. This is a practical guide, focused on just the facts and answers that a psychiatric consultant needs at her or his fingertips—not so much a study reference or bookshelf volume.

In contrast, Blumenfield and Strain have delivered the whole enchilada, a true tour de force spanning the field as though the mainstream had never left the psychosomatic medicine view of the universe. This volume could take the place of most general psychiatry texts, additionally providing an emphasis on many areas unique to the consultation domain. That would be enough, but then consider the DVD: all of the chapters are fully searchable, slide sets in editable PowerPoint formats are provided, and 37 of the 51 chapters have sets of boards-style questions.

These chapters (here in 5 sections) are authored by 93 contributors. Almost 100 pages depict the evolution of psychosomatic medicine and its psychosocial implications. This discussion reaches a level of philosophical mastery that will appeal to the reader with spare time, contemplating our complex world. Indeed, Jon Streltzer reappears here, depicting culture-specific applications of our art. The second section, on physical conditions, covers all aspects of every organ system and major group of illnesses (e.g., oncology). There are 14 chapters, plus 6 neurology subchapters (15A–F), all covered expertly. Section III, on psychiatric conditions, seems to address everything again, showing each Axis I diagnosis as it visits each organ system. Thirteen chapters on special topics follow in section IV, summarizing psychosomatic medicine–critical areas such as women's health issues, death and dying, drugs and interactions, and psychodynamic formulations and treatments. Future perspectives on evidence-based medicine, the human genome, imaging, and informatics are grouped in section V.

Remarkably, the editing in *Psychosomatic Medicine* creates a very readable, uniform tone. Textbook-style generalizations are infrequent and are greatly overshadowed by useful and precise descriptions of practice patterns. Controversial areas are discussed in different chapters with sometimes divergent bottom lines, but this reviewer found this a strength, showing the variety of approaches available even for relatively commonly encountered consultation situations. (For example, which protocol should be used for routine alcohol withdrawal? Or for alcohol withdrawal in the presence of hepatic compromise?) When so many experts weigh in with strongly supported views, the reader is the winner. Such is the nature of our art, something less appreciable in the *Handbook*.

To recap: two outstanding illuminations of a field that integrates the mind-body problem in medicine, one a mentor's guiding searchlight, the other a multi-sourced floodlight covering the entire globe, with blinding intensity. Two invaluable resources to be treasured at every level by medical students, residents, fellows, and attendings, and also by psychosomatic medicine/consultation-liaison specialized nurses. It is impossible to recommend one over the other; and since I now have both, I won't even begin to try.

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Handbook of Preschool Mental Health: Development, Disorders, and Treatment

edited by Joan L. Luby, M.D. The Guilford Press, New York, N.Y., 2006, 430 pages, $55.00 (trade cloth).

A milestone in understanding empirically based features of preschool psychiatric disorders has been reached with the publication of the *Handbook of Preschool Mental Health: Development, Disorders, and Treatment*, which offers significant insights on development and its influences on onset of preschool mental disorders. Joan Luby, M.D., a noted researcher of preschool mood disorders, included in this volume the discus-

sions of other leading researchers of preschool psychopathology. Sections, including those on normative development in the preschool period, mental disorders arising in the preschool period, and assessment and intervention in the preschool period, show how the integration of various processes of development form the basis of vulnerability to preschool psychiatric disorders and subsequent need for treatments appropriate to this age period.

The first part of the book emphasizes empirical studies of early development, including those focused on self-concept, emotions and socialization, and cognition, which relate to the early onset of mental disorders. The text points out that, unlike prior notions of early childhood egocentrism, young children develop an understanding of other people's emotions, behaviors, and interactions as well as self-understanding. It indicates that emotional expression fosters change in others or in the child and the maintenance of goal-directed behavior for the child. Domains of cognitive functioning including sensory perception, motor functions, attention, executive function, language, and visual-spatial perception undergo their own development, which can vary within an individual and between individuals. This book aims to describe how varying processes of development differentiate into normative and transient emotional and behavioral differences for which distinctions from problems of clinical significance must be made.

The second part provides comprehensive empirical findings on preschool mental disorders. It notes that there is a paucity of empirical research on specific preschool psychiatric disorders. This fact limits the descriptions of preschool psychopathologies and whether they are different from psychiatric disorders in other developmental periods. The book utilizes knowledge of psychopathologies in school-aged children as a basis for considering features of preschool psychopathologies, recognizing that this approach limits the characterization of preschool psychopathologies. As a result, this book is a strong stimulus for promoting needed empirical research on preschool psychiatric disorders. Chapters are devoted to the following preschool disorders: attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder, eating disorders, anxiety disorders, posttraumatic stress disorder, sleep disorders, mood disorders, attachment disorders, and autistic spectrum disorders. The chapter on ADHD highlights recent empirical psychopharmacologic studies to treat this disorder. The chapter on mood disorders comprehensively describes developmental features of emotions and their relation to onset of preschool mood disorders. The authors note that "appropriate developmentally informed investigations of preschool bipolar disorder are complicated by the fact that they must take into account the higher levels of normative elevated mood and grandiose fantasy play that characterize this developmental period" (p. 214). The chapters on attachment and on autistic spectrum disorders offer the most focus on empirically based studies of preschool psychopathology, primarily because these disorders have onset during the preschool period.

While the number of empirically studied interventions to treat preschool psychopathologies is limited, the third part focuses on the current approaches to psychiatric interventions for preschool psychopathology. It includes discussions of neuropsychological assessments, psychopharmacology, play therapy, child-parent psychotherapy to treat trauma, and intervention for autism. The guidelines for psychopharmacological treatments of preschool children are an important contribution. These guidelines emphasize that "at this time, virtually all prescribing to preschool children must be done 'off label'" (p. 323).

The authors are to be commended in writing these challenging chapters, which are comprehensive, clearly written, and very informative. This book is a rich source of information useful to practicing clinicians, including psychiatrists, pediatricians, family physicians, psychologists, and allied professionals, and to students of medicine.

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