

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Handbook of Integrated Short-Term Psychotherapy**

by Arnold Winston, M.D., and Beverly Winston, Ph.D.  
*American Psychiatric Publishing, Inc., Arlington, Va., 2002,*  
320 pages, \$46.95 (paper).

This book is destined to have a bright future. It addresses the ways in which psychiatrists and other therapists can use the available brief psychotherapies and integrate them according to patient need. To do so effectively, it is necessary to know their indications and contraindications, and, only then, select, switch, and/or integrate the various psychotherapies as considered necessary. Specifically, the focus is on the supportive, cognitive-behavioral, interpersonal, and psychoanalytically based expressive-supportive therapies.

The Winstons' system of therapeutics begins with the essentials: patient assessment, diagnosis, and case formulation—the “cornerstones of short-term treatments.” Within that framework, they discuss 4 major areas: (1) understanding, conceptualizing, and formulating the patient's problems; (2) setting realistic goals—the “first building block in conducting brief treatment”; (3) knowing what to say to patients—the technical points; and (4) maintaining a positive therapeutic alliance. Importantly, the Winstons acknowledge the necessity of using psychotropic medications as needed and also point out that combined pharmacotherapy and psychotherapy is often both desirable and necessary.

In their review of the development of the brief psychotherapies, the Winstons remind us that Freud emphasized the importance of a complete diagnosis, a thorough understanding of the patient's symptomatology, and the use of active interpretations. They recognize Ferenczi's pioneering interpersonal psychoanalytic approaches and Otto Rank's advocacy of a time limit for analysis. Thus, the history of brief psychotherapy is “long, rich, and diverse.” Brief treatments are needed and have been flourishing in recent years for many reasons, such as the necessity for crisis interventions and the influences of managed care and the insurance companies.

The review of the history of brief therapies serves as a background for a summary of the developmental, conflict, and cognitive theories of human behavior that constitute the basis of brief integrated psychotherapy. The Winstons' brief psychotherapy approach is based on the patient's psychological needs and functioning level on a sickness-health continuum of psychopathology, adaptive capacity, self-concept, and ability to relate to others. The continuum extends from the most impaired (on the left side) to the most intact (on the right side) individuals. The most impaired need mainly supportive therapies while the least impaired often need expressive therapies that use interpersonal/conflict models. The sickness-health continuum, along with the psychotherapy continuum extending from the brief supportive to the expressive, supplies a logical foundation for the selection of the psychotherapeutic approach.

This impressive book is not just a collection of descriptive material and recommendations. It is a “how to” that, in addition

to discussions of transference, countertransference, and the therapeutic relationship, describes how to make transitions between the various brief psychotherapies and describes the strategies needed to combine brief psychotherapy with pharmacotherapy.

The text contains descriptions of the 3 phases of therapy—the initial, the midpoint, and termination—with 4 patients. The first case, “Supportive Psychotherapy: The Woman Who Lived on the Edge,” is that of a depressed, suicidal, 34-year-old African American with major depressive disorder, dysthymic disorder, and panic disorder; her Global Assessment of Functioning (GAF) score was only 45. The authors present the diagnostic evaluation and an outstanding case formulation that includes elements of the structural, the genetic, the dynamic, and the cognitive-behavioral factors along with excerpts of some of the sessions during the 3 phases of treatment.

The second case focuses on the use of brief expressive-supportive psychotherapy for “The Woman Who Thought She Was a Murderer.” Her Axis I diagnosis was posttraumatic stress disorder and her GAF score was 50. Again, excerpts of the case are presented.

The same schema is used for the third case, “Sara's Choice,” illustrative of the use of brief expressive-supportive psychotherapy. Sara had an Axis I diagnosis of adjustment disorder with depressive mood and pathological mourning and a GAF score of 70.

The fourth case, “The Man Who Never Said Good-bye,” illustrates the use of expressive-supportive psychotherapy for a person who had no Axis I diagnosis but had an Axis II diagnosis of personality disorder not otherwise specified and a GAF score of 74.

All 4 case histories include descriptions of the initial, middle, and termination phases. Termination needs to be supportive and to “leave the door open” so that the patient can see a therapist again if and when necessary. The 4 case presentations are much more than vignettes. The patients' questions and concerns are often stated or summarized and the therapists' interventions are often quoted along with brief comments that clarify the interactions between the therapist and the patient.

The last chapter of this relatively short volume is devoted to research on brief psychotherapy. It includes a summary of the major findings of both process research, which involves identifying the therapeutic and the nontherapeutic variables linked to outcomes, and outcome research. The discussion of process research focuses on the therapist-patient relationship with its 3 basic components: the transference-countertransference configuration, the real relationship, and the working alliance. Research indicates that the therapeutic alliance is the most significant of the 3, especially early in the course of therapy. Factors contributing to the alliance and to ruptures of the alliance are presented. There is even a brief discussion of the use of manuals.

Results of meta-analyses and reviews of outcome research indicate that no single therapeutic method is superior. The lack

of significant differences in outcome therapies has been attributed to both therapist variables and to patient variables. The therapist variables include many factors being common to the different psychotherapies. The patient variables include the heterogeneity of patient populations, high spontaneous improvement rates, premature patient termination, and other improvement issues.

Factors common to most effective psychotherapies are (1) the expression of feelings and thoughts; (2) self-examination and increasing self-understanding; (3) a plausible explanation of the problems; (4) strengthening the patient's expectations of help, e.g., Frank and Frank's "arousal of hope"; (5) encouragement of the therapeutic efforts and the testing of different approaches; and (6) the patient-therapist relationship—the helping relationship (generally considered to be the most important therapeutic factor). Overall, studies show that about 70% of all patients improve with psychotherapy. For the 30% for whom psychotherapy is not effective, more research is needed, especially studies of the therapeutic alliance and its resolution.

In their conclusion, Winston and Winston state that a single psychotherapy approach is seldom sufficient, especially in view of the prevalence of comorbidity. Generally, dynamic/interpersonal psychotherapy is indicated for patients with interpersonal problems and conflicts, whereas cognitive-behavioral therapy often is the treatment of choice for many with anxiety and/or mood disorders.

I strongly recommend this book. It will be both interesting and useful for experienced therapists, and especially so for trainees and students. Already, I have used it in psychotherapy supervision with a resident who stated voluntarily that it was "very helpful." In particular, she considered that the selection of the psychotherapeutic approach on the basis of the patient's location on the psychopathology health-sickness continuum and also the explication of the therapists' approaches, ranging from the brief supportive to the expressive, provided a logical formula for trainees. Also, this book can serve as a valuable review as well as a guide for experienced therapists.

The Winstons' emphasis on the importance of the various common brief psychotherapies along with their acknowledgment of the often needed use of combined brief psychotherapy and pharmacology is refreshing. Obviously, I am enthusiastic about the "Handbook of Short-Term Psychotherapy." The only problem is that it has not "been around" for years.

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**Living Longer Depression Free:  
A Family Guide to Recognizing, Treating,  
and Preventing Depression in Later Life**

by Mark D. Miller, M.D., and Charles F. Reynolds, M.D.  
Johns Hopkins University Press, Baltimore, Md., 2002,  
186 pages, \$45.00 (cloth), \$17.95 (paper).

As advocacy groups in mental health often remind the professional community, psychiatrists too easily lose sight of the fact that their patients' suffering occurs in the context of concerned families, neighbors, and friends. Fascinated by new treatments, we have sought to cure mental illness the same way a cardiologist may strive to reverse congestive heart failure or an arrhythmia. And whether in the era of psychoanalysis or in the present days of evolving pharmacotherapies, therapeutic

advances have been impressive. But the plethora of self-help books addressed to public audiences is evidence that psychiatrists have not successfully allied themselves with their patients and immediate communities. *Living Longer Depression Free*, written by Drs. Miller and Reynolds, 2 eminent University of Pittsburgh-based geropsychiatrists, is a welcome addition to the limited library of written works that address the public with the aim to inform and engage the reader, rather than to dispense quick-fix advice.

Depressive mood disorders are the most common psychiatric condition in older individuals and are associated with a dramatic degree of mortality. Older men commit suicide at higher rates than any other demographic segment in our society. The less obvious toll, attributable to failure to thrive and noncompliance with prescribed medical treatments, for instance, eludes quantitative estimates. Geriatric psychiatrists know that major depression in older adults does not have to cause so much harm, that it is quite amenable to treatment. If the lay reader takes anything from this book, it should be the twin messages that depression is not "normal" in older people and that, if it occurs, there is hope—it can be reversed in the vast majority of patients.

Drs. Miller and Reynolds begin, plausibly enough, with a nosologic overview of depressive disorders, with an emphasis on descriptive characteristics and known or suspected causes. The thorough review of differences, connections, and interactions with other illnesses, especially dementia and other chronic degenerative conditions of old age, is commendable for its compelling clarity.

The authors provide cogent and relevant information on diagnosis and biological and psychotherapeutic treatments as well as approaches from the field of alternative and complementary medicine. The material is presented in an accessible style, free of jargon. In fact, the authors' description of psychotherapy is so refreshingly simple and straightforward that it deserves to be taught to medical students.

Overall, the style is responsive to the emotional reactions of the presumed readership who has witnessed the ravages of depression in themselves or in their loved ones. Each chapter is introduced by a concise list of "frequently asked questions." This technique works quite well in drawing the reader into the material of the chapter. The engagement is further sustained throughout the narrative by illustrative case studies. The book closes with a summary of useful contacts and sources for further information.

*Living Longer Depression Free* is primarily addressed to the lay public. The book is highly recommended for patients who have overcome depression or are concerned they may be developing a mood disorder, for their family and friends, as well as for care providers in the various structured settings where older Americans may live. The book would be of great use to the professional who works with patients with depression (not only geriatric patients), although some areas are too simplified for the professional student. The discussion of causation of depression, for instance, pushes the complex multifactorial genesis of most mood disorders into the background. And yet, I would recommend the book to residents and mental health practitioners as a readable and easily understandable update of current concepts of depression. Thanks to the style in which the text is written, it can help equip the psychiatrist and the primary care physician with the language to communicate with patients and their immediate social contexts.

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