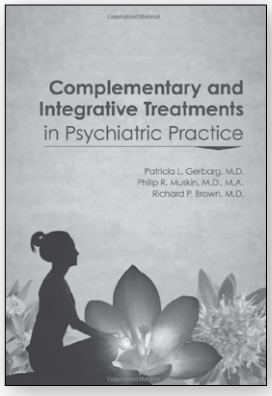
BOOK REVIEWS

Complementary and Integrative Treatments in Psychiatric Practice



Edited by Patricia L. Gerbarg, Philip R. Muskin, and Richard P. Brown; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-135-8; pp 405; $65 (paperback).

Complementary and integrative medicine are relatively new terms for what was called "alternative" medicine in the past. "Complementary" means nonmainstream practices used *in addition* to conventional, mainstream medicine. "*Integrative health* or *integrative medicine* denotes nonmainstream practices integrated with conventional medicine practices with the physician as provider or coordinator. The following terms are currently in use: *complementary and alternative medicine* (CAM), *integrative medicine* (IM), and *complementary, alternative, and integrative medicine* (CAIM). Integrative medicine should not be confused with integrated medicine" (p 3-4). Finally, "Psychiatrists who use CAIM sometimes refer to their field as *integrative psychiatry* or *integrative medicine in psychiatry*" (p 4). The editors of this volume, Drs. Gerbarg, Muskin, and Brown, state that "CAIM treatments have been viewed as an optional part of psychiatric care, but given the fact that more than 50% of psychiatric patients use them, these have become unavoidable parts of clinical practice" (p xx). They note that clinicians should be knowledgeable about all psychoactive (and, I would say, also non-psychoactive) substances their patients take "not only to prevent adverse interactions, but, more importantly, to optimize and integrate all treatments that may enhance mental health outcomes and quality of life" (p xx). Thus, they put together this compendium of the most well-known CAIM treatments. These treatment modalities could be organized either into 5 categories used by the National Center for Complementary and Integrative Health (formerly the National Center for Complementary and Alternative Medicine): (1) whole medical systems, (2) dietary supplements, (3) mind–body medicine, (4) manipulative body-based practices, and (5) energy therapies; or into 3 categories: (1) supplements, (2) lifestyle factors, and (3) electromagnetic treatments.

The book is divided into 6 sections and consists of 29 chapters. The first section, "Defining CAIM: diagnoses, target symptoms, and treatment strategies," provides an introduction to CAIM in 3 chapters. The second chapter on clinical decision-making includes interesting, complex CAIM decision-making diagrams for depressive disorders, anxiety disorders, and stressor-related disorders, bipolar disorders, schizophrenia spectrum, and other psychotic disorders.

The second section, "Nutrients in psychiatric care," is devoted to *S*-adenosylmethionine (SAMe); acetyl-L-carnitine, *N*-acetylcysteine, and inositol; and single- and broad-spectrum micronutrients. SAMe—a natural metabolite with antidepressant, anti-inflammatory, and analgesic properties—has been useful for augmentation of antidepressants in several studies.

The third section, "Plant-based medicines," reviews what is probably the best known and most popular part of CAIM: herbal preparations. Some are better known (eg St. John's Wort, Ginkgo biloba, kava, ginseng, lavender, chamomile, valerian), while others, such as adaptogens (namely Rhodiola rosea, saffron [explored mainly in Iran], Sceletium tortuosum, and Bacopa monnieri), are not as well known. Thus, the information is fairly refreshing and useful. This section also includes a chapter on traditional Chinese medicine. However, parts of this section are written with some bias. For example, in the chapter on "Issues in phytomedicine related to psychiatric practice," the author writes "Some critics of the current regulatory framework advocate for herbs to

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be regulated in the same manner as pharmaceutical drugs, requiring premarketing approval and enormous safety and efficacy research expenditures. Such requirements are not necessary for most herbal products, are not economically feasible, and would not serve the public interest because they would likely deprive consumers of access and prevent health professionals from prescribing traditionally available herbal medicines that are predominantly safe and relatively inexpensive" (p 106). I will let the reader decide, but I find this statement a bit inappropriate and large parts of this argument problematic.

Parts of other chapters in this section are informative. For instance, in the discussion of adaptogens (Rhodiola rosea, Schisandra chinensis, Eleutherococcus senticosus, and Withania somnifera): "plant extracts and constituents that increase the ability of an organism to tolerate, adapt, survive and perform under a wide range of stressors" (p 113). The chapter on St. John's Wort acknowledges that it should not be considered a first-line treatment for severe depression, and that not all over-the-counter St. John's Wort supplements are as effective as standard antidepressants. How does one face this issue, especially in view of the earlier cited chapter, calling for less regulation? This chapter also mentions a Cochrane review and meta-analysis that showed effect equivalency of St. John's Wort with selective serotonin reuptake inhibitors. However, the chapter does not mention that trials from German-speaking countries (where herbals are popular) reported findings more favorable to St. John's Wort. I found the chapter on kava (Piper methysticum) also a bit problematic; kava is known to be hepatotoxic for some and was withdrawn from the market by the European Union (p 153). Other chapters in this section are more cautious and balanced.

Section IV, "Neurohormones," discusses melatonin and melatonin analogues (ramelteon, tasimelteon, and agomelatine—all FDA-approved medications) for psychiatric disorders. Melatonin may be used for sleep disorders, jet lag (although I am not sure whether it is "remarkably effective"), sundowning, perioperative anxiety, and delirium.

The fifth section, "Mind-body practices," reviews polyvagal theory and the social engagement system; breathing techniques in psychiatric treatment; use of yoga in managing posttraumatic stress disorder; mind–body practices such as Tai Chi and Qigong; mindfulness and meditation; and open focus training for stress, pain, and psychosomatic illness. For those who, like me, did not know: "Polyvagal theory emphasizes bidirectional communication between brain and viscera, which would explain how thoughts and emotions affect physiological states, how physiological states influence thoughts and emotions, and how mind-body practices affect physiological state, thoughts, and emotions" (p 237).

The last section, "Technologies," discusses neurofeedback therapy; cranial electrotherapy stimulation; integration of visual systems in mental health care; and using technology-based mind-body tools in clinical practice. Neurofeedback and cranial electrotherapy stimulation seem to be most promising. Cranial electrotherapy stimulation is an FDA-approved medical treatment for anxiety, insomnia, and depression (p 323).

This is an interesting and informative volume that could serve as a basic reference book. Although each chapter includes some clinical guidelines, the clinical utility of most modalities is questionable. It also lacks more synthesis and involvement of more psychiatrists among the authors (in all fairness, there are probably not many psychiatrists who are skillful and knowledgeable in this area).

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DISCLOSURE: Dr. Balon is a member of the American Psychiatric Association Publishing editorial board.

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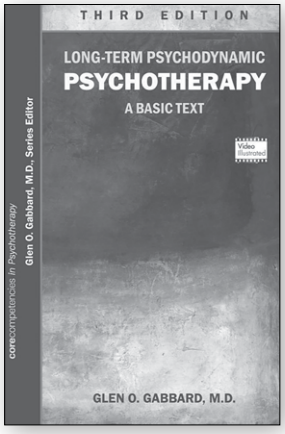
Long-term Psychodynamic Psychotherapy: A Basic Text. Third Edition



By Glen O. Gabbard; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-053-5; pp 239; $78 (paperback, video illustrated).

Psychodynamic psychotherapy has been frequently and mistakenly equated with psychoanalysis. As Glen Gabbard, MD, points out, this is not the case. He defines long-term psychodynamic psychotherapy as "a set of psychotherapeutic treatments, some specifically tailored to disorders and others more general, that are based on a thoroughgoing understanding of human subjectivity and how it interacts with the individual's relationship with both the external and internal environments. It occurs on a continuum from expressive or interpretive interventions, on the one hand, to supportive and empathic interventions, on the other, and incorporates unconscious conflict, internal representations of relationships, and idiosyncratic and complicated meaning that are attached to experience. It is also linked to a search for the truth about the self and a greater sense of authenticity. The conceptual models for this therapy include ego psychology, object relations theory, intersubjective theory, self psychology, and attachment theory" (p 2-3). The distinctive features of techniques in psychodynamic psychotherapy include a focus on affect and expression of emotions; exploration of attempts to avoid aspects of experience; identification of recurrent themes and patterns; discussion of past experiences; focus on interpersonal relations; focus on the therapeutic relationship; and exploration of wishes, dreams, and fantasies (p 3).

Gabbard also touches on the length of psychodynamic psychotherapy. He writes "although long-term psychodynamic psychotherapy once meant an exclusively open-ended process that did not have a defined end point, today there are therapies of 40 to 52 sessions that have targeted end points from the beginning but still use many of the same principles inherent in long-term psychodynamic psychotherapy" (p 3). He uses an arbitrary definition of "long term" as a duration longer than 24 sessions or 6 months.

Gabbard's volume provides a comprehensive introduction and guidance to long-term psychodynamic psychotherapy in 11 chapters (3 of which are enriched by video-illustrated vignettes): (1) "Key concepts"; (2) "Assessment, indications, and formulation"; (3) "The nuts and bolts of psychotherapy: getting started"; (4) "Therapeutic interventions: what does the therapist say and do?"; (5) "Goals and therapeutic action"; (6) "Working with resistance"; (7) "Use of dreams and fantasies in dynamic psychotherapy"; (8) "Identifying and working with countertransference"; (9) "Working through and termination"; (10) "Use of supervision"; and (11) "Evaluating core competencies in long-term psychodynamic psychotherapy." The chapters are well-written and well-organized, explain difficult psychodynamic concepts with Gabbard's easy, understandable, comprehensive writing style, and are filled with wisdom and good advice.

In the first chapter, Gabbard cautions readers that "... symptomatic improvement is not the only goal of psychotherapy. Many patients who come to therapy wish to grapple with fundamental truths about what it is to be human—the inevitability of conflict in relationships, the inability to control external events, the fact that love is inextricably tied to hate, and the essential task of mourning that accompanies each developmental phase of adult life" (p 19). This is important advice to all beginning therapists. At the end of this chapter, Gabbard explains that in addition to core theoretical models (eg, ego psychology, attachment theory),

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psychodynamic psychotherapy is guided by a set of key concepts: "1) much of mental life is unconscious; 2) childhood experiences in concert with genetic factors shape the adult; 3) the patient's transference to the therapist is a primary source of understanding; 4) the therapist's countertransference provides valuable understanding about what the patient induces in others; 5) the patient's resistance to the therapy process is a major focus of the therapy; 6) symptoms and behaviors serve multiple functions and are determined by complex and often unconscious forces; and 7) a psychodynamic therapist assists the patient in achieving a sense of authenticity and uniqueness" (p 25).

The next chapter on assessment, indication, and formulation explains that the success of psychodynamic psychotherapy depends on selecting patients who are truly suited for it (p 31). Two principal questions need to be answered at the initial evaluation: "1) Are the patient's clinical concerns likely to respond to long-term psychodynamic psychotherapy? and 2) Does the patient have the psychological characteristics that are suited to a psychodynamic approach?" (p 31). Gabbard also emphasizes that the patient must be a collaborator in the psychodynamic interview. In discussing defense mechanisms (this chapter includes a good table on defense mechanisms that covers almost 3 pages), he notes that one should view a patient's defenses "as preserving a sense of self-esteem in the face of shame and narcissistic vulnerability, ensuring a sense of safety when one feels dangerously threatened by abandonment or other perils, and insulating oneself from external dangers (through denial, for example, or minimization)" (p 35). I liked that Gabbard also tackles the issue of patients who are not truly suitable for pure psychodynamic psychotherapy and require a balance between expressive and supportive work. These include borderline level or personality organization, patients in the midst of a severe life crisis, poor frustration or anxiety tolerance, excessive concreteness leading to a lack of psychological mindedness, low intelligence, little capacity for self-observation, and difficulty forming a trusting relationship with the evaluator (p 43). He also mentions that direct treatment of symptoms of obsessive-compulsive disorder is a contraindication for psychodynamic psychotherapy, and a combination of behavior therapy and selective serotonin reuptake inhibitors should be used for this disorder. This advice was not available when I was exposed to psychodynamic psychotherapy and supervision as a resident, which would certainly have made my training more understandable, practical, and enjoyable.

In discussing the nuts and bolts of psychodynamic psychotherapy, Gabbard dispels some myths about this treatment modality: "The therapist is not totally silent. The therapist cannot read minds. The therapy does not last forever. The therapist is not interested in changing the patient's sexual orientation. The patient does not have to lie on a couch and free-associate. The process is not an archeological dig for buried remnants of the past that must be recovered through hypnosis in a dramatic emotional catharsis or abreaction" (p 57). In this part, Gabbard also discusses many practical issues, such as personal questions and degree of self-revelation; boundaries and frame issues; note-taking; psychotherapy process notes; boundaries in cyberspace; gifts and seating arrangement (obligatory eye contact may be distressing to both parties; a 2-chair arrangement in a 45-degree angle toward the wall makes eye contact less obligatory and more comfortable); and clock placement. Another important "management" issue of patient lateness and missed sessions is discussed in the chapter on working with resistance. Gabbard emphasizes that some "patients are characterologically late and are virtually never on time, whereas others are late only when something about the therapy is troubling them" (p 136). The issue of boundaries returns in the discussion of termination, which, as Gabbard warns us, "is a time when boundaries may become a little more permeable" (p 195).

The remaining chapters are as detailed and practical as the ones I have discussed, demonstrating the usefulness and comprehensiveness of Gabbard's writing. For example, I liked the review of the varieties of countertransference, which include rescue fantasies, the bored and sleepy therapist, erotic countertransference, and incapacitating countertransference. The chapter on supervision also is valuable. On the other hand, the last chapter on evaluating competencies is—not to belittle it—a not-so-useful, obligatory part of educational texts these days.

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This is another great book of Gabbard's that helps readers understand psychodynamic psychotherapy and will help them learn to practice it. It is sophisticated, yet simple and easy to understand, even when explaining complicated concepts. I wish this book was around when I struggled with psychodynamic concepts and the nuts and bolts of psychodynamic psychotherapy as a resident. Novices in this area and teachers of psychodynamic psychotherapy will find this book useful, as will many practicing therapists who want to refresh their knowledge.

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BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.

Improving Patient Treatment with Attachment Theory: A Guide for Primary Care Practitioners and Specialists. Edited by Jonathan Hunter and Robert Maunder; New York, New York: Springer; 2016; ISBN 978-3-319-23299-7; pp 196; $109 (hardcover).

Concise Guide to Child and Adolescent Psychiatry. Fifth Edition. By Mina K. Dulcan, Rachel R Ballard, Poonam Jha, and Julie M. Sadhu; Arlington, Virginia; American Psychiatric Association Publishing; 2018; ISBN 978-1-61537-145-7; pp 460; $58 (paperback).

American Psychosis: How the Federal Government Destroyed the Mental Illness Treatment System. By E. Fuller Torrey; Oxford University Press; New York, New York; 2014; ISBN 978-0-19-998871-6; pp 204; $31.95 (hardcover).