

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Bipolar Disorder: A Family-Focused Treatment Approach**

by David J. Miklowitz, Ph.D., and Michael J. Goldstein, Ph.D.  
New York, N.Y., The Guilford Press, 1997, 318 pages, \$35.00.

In *Bipolar Disorder: A Family-Focused Treatment Approach*, Miklowitz and Goldstein present an intimate summation of their extensive experience in treatments of families with a member who has recently suffered a bout of bipolar illness. This valuable book focuses on the psychosocial issues in the aftermath of hospitalizations for manic episodes: illness education, compliance and resistance, the recovery and social reintegration of the patient, communication training, problem solving, and crisis management.

Why use family interventions? The authors report that they work—fantastically well. A number of sections review the literature on family therapy efficacy. They quote a 1990 study in which 11% of patients (1 of 9) relapsed after family-focused therapy (FFT), while 61% (14 of 23) relapsed in the comparison population. This was a statistically significant finding. In other studies published in 1994 and 1996, 48 of 58 families completed treatment lasting 21 sessions. Relapse was stratified by the families' expressed emotion (EE) risk model, imported from the schizophrenia literature. Recurrence rates at 9 months were 90% to 92% for patients in high-EE families versus 38% to 54% for patients in low-EE families. Although interventions target these high-EE families, it is not made clear that FFT actually is effective at improving affective style.

A generous writing style explains the underlying ideas and clinical implementation of family therapy interventions from recruitment to termination. Each segment of the treatment has defined objectives and arrives in a well thought-out, step-wise progression. Clear and succinct examples are persuasive and believable, providing excellent guidance for the therapist. Twenty pages of photocopy-ready handouts are dispersed among the chapters. The instructions on conducting these treatments are so clear that one could easily turn the process into a franchised operation. Simple and informative, the handouts could be helpful for any practitioner by providing a "take-home" sheet that patients and families can refer to later.

The authors teach patients that negative feelings should be expressed by speaking firmly, by saying exactly what is upsetting, and by identifying the emotions caused and how distress could be prevented in the future. I will apply this process to a criticism of the book. The sections on depression are too brief. The authors state, inaccurately, that "less damage is done during the depression" (p. 26) than during mania. The title of "*Manic Episodes: A . . .*" might more aptly describe the book. I felt disappointed that depression was not paid as much attention as mania, because both family and therapist need to

understand the chronicity of and devastation brought by bipolar depression. In extending the schizophrenia interventions to bipolar illness, it may be that the acute exacerbation model applies more readily to the manic phase. The interventions prescribed here remain valuable, but in the future I would hope to see similar importance given to the depressive phase.

I was pleased that the family therapy emphasis was set out to supplement—not to replace—medication. The authors meld the family interventions with psychopharmacologic treatment, sternly warning the family therapist to insist on medication compliance as a requirement for continuing therapy. Many scenarios address medication compliance and the risk-benefit arguments for continuing medication.

The authors provide useful models that assist the beginning therapist in the management of many disorders, not limited to bipolar disorder. The authors' insightful techniques will be a pleasure for any reader to absorb, as they present an epitome of practice techniques. I will highly recommend this book to psychiatry residents in our training program with a certainty that they will find their time well-spent reading it. While invaluable to the specialized family therapist who works with bipolar families, this book will also be a fine addition to any clinician's library.

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### **Drug Interactions in Psychiatry, 2nd ed.**

by Domenic A. Ciraulo, M.D.; Richard I. Shader, M.D.;  
David J. Greenblatt, M.D.; and Wayne Creelman, M.D.  
Baltimore, Md., Williams & Wilkins, 1995, 430 pages,  
\$37.00 (paper).

The second edition of *Drug Interactions in Psychiatry* by Ciraulo, Shader, Greenblatt, and Creelman is a critical analysis of drug interactions of importance to psychiatrists. The other sources of this information, such as the *Physicians' Desk Reference* or computer databases, are not organized as pharmacology texts. It is my impression that most psychiatrists rely on their memories when dealing with drug interactions in psychopharmacology.

The book begins with an excellent presentation of basic concepts of drug interactions, which is based on pharmacokinetics and pharmacodynamics. The following chapters are organized by class of psychotropic drug, e.g., antidepressants, antipsychotics, lithium. For this second edition, new chapters have been added on drug interactions in electroconvulsive therapy, on selective serotonin reuptake inhibitors, and on  $\beta$ -adrenergic

receptor blocking drugs. Within each chapter, other classes of interacting drugs—both psychotropic drugs and other types of drugs—are dealt with consecutively. The mechanism for each interaction is discussed if it is known, and references are given for both the documentation of the interaction and the elucidation of the mechanism.

If the clinician uses the book in everyday practice, it becomes an example of case-based learning over time. I have used the first edition of this book for years in teaching residents, and I recommend the second edition with enthusiasm to the reader.

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### **Social Skills Training for Schizophrenia: A Step-by-Step Guide**

by A. S. Bellack, Ph.D.; K. T. Mueser, Ph.D.; S. Gingerich, M.S.W.; and J. Agresta, M.S.S. New York, N.Y., The Guilford Press, 1997, 288 pages, \$32.50.

The enhancement of social skills may be pivotal in our patients with schizophrenia, raising their baseline level of function and allowing achievement of their goals, thereby reducing rehospitalizations. *Social Skills Training for Schizophrenia* provides the formula to achieve this end. It is one of the volumes in the "Treatment Manuals for Practitioners" series, which is edited by David H. Barlow. This volume is a collaborative product of 4 clinicians who distill the learning of the past 30 years in the field along with the recent neurocognitive research, resulting in an up-to-date integration for this modality of psychiatric rehabilitation. The book is divided into principles, format, and techniques for social skills training of clients with schizophrenia (10 chapters, 169 pages); steps for teaching 48 specific social skills; curricular skill sheets; an epilogue of tips for effective social skills training (5 pages); a 2-part appendix of materials useful to group leaders and materials related to assessment; references (3 pages); and index (6 pages).

This 1997 volume provides the finest coverage on the subject of social skills training for patients with schizophrenia that I have seen. It is thorough, very carefully organized, and clinically

sophisticated. It is rich in detailed instructions, examples, and explanations. The experience of the authors is reflected in their identification of common problems, e.g., when patients are not engaged, when high-functioning and low-functioning patients are in the same group, and how to meet these challenges. Numerous tables summarize and organize the authors' points, enabling rapid data retrieval, and each chapter closes with an excellent summary. Below is an excerpt to illustrate the thoroughness of the authors as they take us through issues:

Interviewing is among the most useful and cost-efficient assessment techniques. It can provide the clinician with a quick "snapshot" of the client, provide information that is otherwise unavailable and help to differentiate the reasons for poor social performance. Three general categories of information can be secured by interview: (1) interpersonal history, (2) informal observational data, and (3) the perspective of significant others in the client's environment (e.g., parents, staff at a community residence or group home). (p. 24)

The volume is complete and nothing else is required to set up a social skills training program. The curricular skill sheets in Part 2 are written for the patients as well as the staff. The volume is remarkably free of typographical errors (errors were found on pages 9 and 79). Although written by 4 authors, the book is smooth and well integrated. The authors discuss several categories of social skills including conversation, conflict management, assertiveness, community living, friendship and dating, medication management, and vocational/work skills. Examples of topics in the friendship and dating skills category are asking someone for a date, expressing affection, requesting that the partner wear a condom, and refusing pressure to engage in high-risk sexual behavior. Each lesson plan is divided under the topic headings of skill, rationale, steps of the skill, scenes to use in role plays, and special considerations when teaching a skill.

Clinicians involved in day hospitals and day treatment centers, hospitals, and mental health centers who treat schizophrenia should read *Social Skills Training for Schizophrenia* and place it in their facility libraries.

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