The introductory chapters describe basic concepts of culture and its impact on the mind, on behaviour, and on psychopathology, with a focus on stress, illness reactions, and coping methods. Culture refers to the unique behaviour patterns and lifestyle shared by a group characterized by a set of values, attitudes, and beliefs. Race is a socially and culturally constructed category that may have little to do with actual biological differences. The author argues that the validity of race as a biological term has been discredited (p 7). Although it is difficult to generalize about national character traits in large societies composed of numerous ethnic groups and subcultures, the author mentions some characteristics of the American, Japanese, Russian, and Chinese personality (p 29–32).

The author analyzes the stress-related impact of culturally formed anxiety, culturally demanding performance, limitations of expression, sociocultural discrimination, and cultural uprooting or destruction. He presents concepts of traditional Chinese, Ayurvedic, and Galenic-Islamic medicine and discusses the distinction between illness and disease, the sick role, help-seeking behaviour, service use, and compliance. The core of the book deals with culture and psychopathology, presenting cultural aspects of anxiety disorders, cultural contribution to causes of depression, dissociative states, somatoform disorders, substance abuse, and suicidal behaviour. The author examines culture’s influence on the clinical manifestations and prognosis of schizophrenia and personality disorders. Cross-cultural information about personality disorders is limited and needs more investigation (p 199). The contribution of culture to psychopathology can occur in the form of pathoselective, patholaborating, and pathofacilitative effects, but the application of these innovative concepts needs more testing.

The Guide extends strong and repeated demands for culturally competent clinical assessment and care and culturally competent psychotherapy involving cultural knowledge, sensitivity, and empathy. The chapters offer advice concerning therapist–patient relationships and improvement of culturally competent clinical care of psychiatric in- and outpatients, emergency, and consultation liaison services. The text highlights the role of psychiatric nursing care. The final chapters address issues of culture and mental health disorders therapy with such subgroups as children, adolescents, aged persons, women, couples, and families. The author discusses culture-oriented therapy and care provided to 5 selected ethnic populations: the African-American, Asian-American, European-American, Hispanic, and Native-American groups. Other therapeutic considerations address such important issues as sociocultural change; migration and refugees; minorities; gender and age; and group violence, mainly in terms of ethnic conflicts. There is a renewed interest among psychiatrists and social and behaviour scientists in the relation between religion and mental health and psychopathology and psychotherapy. Hence, the text presents a review of major world religions and some religious movements in the US. The author holds that dimensions of religion and spirituality should be added to the training of future psychiatrists (p 482).

This comprehensive and highly informative text is clearly written, well structured, and easy to read, although some styles of inquiry seem obvious or elementary. It is a useful book that shows cultural psychiatry to be a broad field enriched by medical anthropology and cross-cultural psychology. The chapter on genetic and biological issues is the shortest. Culture and behaviour interact on different levels of complexity, but the author’s empirical approach meets the challenge of identifying cultural, ethnic, and social variations implied in mental health problems and disorders, assessment, and clinical care. The reader will find interesting medical anthropology information about customs, beliefs, and rituals. There are many case vignettes and illustrations in this textbook that will assist those training in the mental health profession. It will interest psychiatrists, psychologists, and other mental health professionals, as well as general practitioners, particularly those working in multicultural settings. It will enhance understanding, empathy, and culturally competent clinical skills in the assessment and treatment of mental disorders.
Posttraumatic Stress Disorder


Reviewer rating: Good

Review by George Fraser, MD
Ottawa, Ontario

Posttraumatic stress disorder (PTSD) is second only to social anxiety disorder in lifetime prevalence of anxiety disorders. Exposure to a significant traumatic event is experienced by more than 50% of male and female subjects in US epidemiologic studies (slightly higher in male than in female subjects). However, women are approximately twice as likely as men to develop PTSD (10% of men vs 5% of women), and women tend to have a more chronic course. Neither types of traumatic events nor perceptions of threat fully explain why girls or women are more susceptible to developing PTSD. This edited book attempts to answer the question of this interesting difference in prevalence. While those not managing psychological trauma may not be especially interested in this search for causes of sex difference, it is nonetheless an exciting area for students and therapists of psychological trauma disorders.

This multiauthored book takes a comprehensive look at the many sex issues that might explain the increased vulnerability of girls and women to PTSD. Many readers will likely be surprised by how many issues need to be considered in the management of male vs female PTSD patients or clients. Knowledge of these issues will certainly assist PTSD therapists in being more alert to therapy issues that previously might not have even been considered.

The reader will be alerted to the fact that sex differences to be considered include fluctuations in reproductive hormones across the menstrual cycle and reproductive stage. These fluctuations may influence sympathetic system reactivity at the time of the trauma. Medication responses may vary, depending on the hormonal state of the patient. Cognitive factors also play a role; for example, girls or women may view the world as more dangerous and therefore react more to a specific trauma. They may experience more “betrayal traumas” by caretakers, which may increase distress of abuse.

Another interesting area pointed out in this book is that female sex may result in an underdiagnosis of PTSD. Girls and women are more likely to be diagnosed instead with various other disorders, including depression and borderline personality disorder. Approximately 85% of persons with PTSD have additional diagnoses, suggesting that PTSD most commonly occurs within the context of multiple disorders. However, the possibility of PTSD must not be ignored when comorbid psychiatric disorders are encountered.

Other areas that may lead to increased female vulnerability include greater subjective reaction to a trauma or the shattering of a sex-identity script because of the trauma. Also, chronic stress may increase the magnitude of cardiovascular reactivity or lower the threshold to the cues that provoke a physiological response to a trauma. One chapter proposes an interesting prophylactic idea: “It is possible that prophylactic pharmacotherapy in individuals who have experienced a traumatic event will become standard practice” (because those who have experienced earlier trauma, such as sexual abuse, may be more prone to develop PTSD with the new traumatic event).

There are many other pertinent areas discussed, which help explain women’s vulnerability to PTSD. Serious practitioners of PTSD will benefit from having this book in their library. The various authors do point out that much of the data analyzed and presented is early in its development; more research, especially research addressing the sex differences in PTSD studies, is necessary to better examine the sex variations that will guide the therapy and treatment of PTSD in women. This book may be the first to address gender issues in PTSD and will be a guide to therapists. It also presents a challenge to future researchers to follow up on the pioneering work presented here.

Like many multiauthored books, some chapters read more easily than others. The first chapter, for instance, was somewhat tedious. The price of the book is reasonable. Those interested in the field of PTSD will find this book quite useful. This is a comprehensive overview of a little-studied but very important area.

Transcranial Magnetic Stimulation

Plasticity in the Human Nervous System. Investigations With Transcranial Magnetic Stimulation

Reviewer rating: Good

Review by Gary Hasey MD, FRCPC, MSc, Hamilton Ontario

Traditional notions of the adult brain as an anatomically and to some extent, functionally immutable organ have been abandoned in favour of the concept of “brain plasticity.” However, the neuroanatomic, neurophysiological, and neurochemical underpinnings of this remarkable brain attribute remain somewhat obscure, despite extensive investigation. Are new synaptic connections created? Are preexisting but latent synaptic connections unmasked? Does reduced inhibition lead to changes in the excitability of neurons?

Boniface and Ziemann shed some light on these mysteries by assembling the contributions of a group of neuroscientists studying brain plasticity with transcranial magnetic stimulation (TMS). TMS is a novel technology with the unique capacity to alter the
activity of small regions of the cerebral cortex noninvasively in an alert and nonanesthetized volunteer. Single magnetic pulses may stimulate the motor cortex to evoke a muscle twitch or disrupt neuronal activity in nonmotor areas to create a reversible “virtual lesion.” A “train” or series of magnetic pulses delivered at high frequency can increase the excitability of cortical neurons, whereas low frequency trains can effect the reverse change. Though still at an early stage of development, TMS may prove to be as pivotal an approach to understanding brain function as the direct electrical stimulation work pioneered by Penfield. Perhaps of even greater interest to clinicians is that early work suggests TMS may be used to modify or even induce brain plasticity. The implications for therapy of psychiatric and neurologic disease are immense.

This volume provides an overview of the basic principles of TMS, the different applications of TMS as a neuroinvestigative tool, and a detailed discourse on recent work using TMS to study cortical plasticity. There is wide-ranging discussion of the neurophysiological principles underlying plasticity within the motor cortex, how this changes from childhood to maturity, how these principles might be used to understand skill acquisition with practice (motor memory), and how they might be applied to optimize poststroke rehabilitation. Although the text largely focuses on motor functioning, the authors also discuss visual discrimination learning, plasticity within the spinal cord, the effects of sensory deprivation, phantom limb syndromes, and the prognostic value of TMS in the period following a stroke. Unfortunately, little is mentioned of the neuromodulatory effects of stress, and the psychiatric readership will find references to psychopathology in only one of this book’s 12 chapters. Though well written, the material in this chapter describing therapeutic applications of TMS for various psychiatric syndromes has been extensively reviewed in widely available psychiatric journals in recent months.

As might be expected from a multiauthored text, the readability varies from chapter to chapter. There is occasional overreliance on abbreviations, which can affect readability for the nonexpert, and a few sentences that were difficult to follow owing to typographical or grammatical errors. Overall, I found the book well written and highly interesting. Probably for some technical reason, the colour plates from all chapters are placed in order but out of context, in about the centre of the book. Although this is inconvenient to the reader, the illustrations and graphs were invariably well done and highly informative.

In its entirety, this book provides the reader with an excellent overview of the concept of plasticity in the human nervous system. However, some of the chapters are replete with detailed experimental evidence and are therefore highly technical. While not problematic to readers already familiar with the literature, a psychiatrically trained reader without a strong neuroscience background will need to exercise some perseverance to get through the book, particularly because most of the material is not directly relevant to psychiatry. This being said, environmentally induced brain remodelling, such as the stress-related synaptic changes seen in the hippocampus, may have clinical significance. These and other plasticity-related issues will almost certainly find their way into the mainstream of biological psychiatry in the near future. Further, TMS is acquiring an increasing profile as a therapeutic intervention for psychiatric illness, and these psychotropic effects are probably mediated through processes involving brain plasticity.

In summary, Boniface and Ziemann have brought together and cogently organized the work of a respected group of neuroscientists who have been examining functional remodelling of the human nervous system. It will become apparent to the reader that brain “plasticity” is not just the consequence of brain injury or developmental neurophysiology; it is also the immediate, indeed unavoidable, consequence of daily activity across the life span. Although this book can be of general interest to many clinicians, the target readership appears to be a group well versed in the neurosciences. Nonetheless, the interested reader will learn not only about brain plasticity but also a great deal about TMS, a newly emerging technology whose clinical potential as a form of therapy for psychiatric and neurologic disorders is immense. The purchase price seems reasonable for this well-executed book.

Rehabilitation


Reviewer rating: Excellent

Review by Raymond Tempier, MD, MSc, FRCP
Saskatoon, Saskatchewan

Psychiatric rehabilitation is in dire need of a comprehensive framework to expand its field. This book, in my opinion, is fulfilling these needs. It presents an up-to-date and detailed overview of the rehabilitation and treatment of people with severe mental disorders. This comprehensive framework is especially geared for those of us who plan to implement innovative and effective clinical services for these unfortunate individuals. This book provides a detailed account of theories and techniques related to this field. The authors wisely advocate for the integration of rehabilitation with other approaches, namely, psychopharmacology, skills training techniques, and cognitive-behavioural psychotherapies. Because more than 450 references are cited, the reader will have a complete and accurate review of what is currently the best in terms of treatment and rehabilitation for schizophrenia. This material is included in 12 chapters and 3 appendices. One appendix is on functioning, problems, and definitions; the second is on how to write a rehabilitation plan; and the third provides a simple but useful algorithm for the treatment and rehabilitation of schizophrenia.

The book is divided into 3 parts: key concepts, assessment and treatment techniques, and the organizational context of rehabilitation. The key concepts section puts psychiatric rehabilitation into a historic perspective, as it emerged from the 1970s...
deinstitutionalization movement. In Chapter 1, the authors position psychiatric rehabilitation as an integrated paradigm within the medical and therapeutic community, and social learning models. Chapter 2 deals with the evolution of the psychopathology of mental illness from the early psychodynamic explanations of mental illness to the latest neurobiologic developments. Chapter 3 presents the structure of clinical assessment, as well as the formulation and planning of rehabilitation interventions. The authors wisely insist on the importance of acknowledging clients’ values and goals before engaging any rehabilitation or recovery process. The core notion of a clinical problem critical to the development of a rehabilitation plan is also developed in this chapter.

Chapter 4 details models of neurophysiological dysregulation in mental illness. In Chapters 5 and 6, the attractive concept of neurocognitive recovery is presented. It was also fascinating to learn about the interaction between neurobiologic parameters and psychosocial interventions, for example, the normalization of cortisol levels in individuals involved in psychiatric rehabilitation (1). Chapter 7 summarizes the different approaches to neurocognitive interventions. The benefit of the milieu as therapeutic environment per se is also acknowledged. The authors confirm that nonspecific rehabilitation factors, such as attendance and participation, can be conducive to neurocognitive recovery and exert beneficial effects on the course of the illness at any time. Two tables give readers practical clues on how to facilitate attention, learning, and memory in group skills training. Chapter 8 deals with social cognition or complex neurocognitive functions that are “social” (for example, perception of facial cues and voice tone). Is a skill only an ability to perform specific tasks? According to Spaulding and others, it has many other meanings, which they describe in Chapter 9. The next chapter focuses on person–environment interactions, especially the milieu that can be a support and a social learning tool. The authors reaffirm that human values, scientific understanding, and technical solutions should all contribute to the development of effective rehabilitation plans.

The last part of the book focuses on the implementation and management of a rehabilitation program. Chapter 11 explains the diverse roles that rehabilitation team members (that is, case managers, skills trainers, milieu coordinators, and psychopharmacotherapists) have to play. Changes in functioning and environment demands call for periodic medication reevaluations, and the authors clearly see the physician in a central role requiring highly coordinated efforts to deliver effective pharmacologic treatments. The last chapter discusses how to practically run a rehabilitation program and is based on Spaulding’s 20 years of rehabilitation practice. It especially underlines the role and duties of the program director. The issue of a program drift (that is, the gradual deviation from basic principles and procedures and how to remedy it) is also addressed here. Finally, the authors, being Americans, stress the importance of adapting the managed care model to rehabilitation interventions that benefit patients at the stable phase of their illness. In managed care, this is the time when the discontinuation of services for “medical stability” is achieved.

This book is a major work and clearly presents what psychiatric rehabilitation has to offer at its best. The authors have much experience and tremendous expertise in the field of rehabilitation. This book will serve as a core text for courses in psychiatric treatment and rehabilitation of those with severe mental illness. It summarizes the actual state of knowledge regarding this relatively new field of psychiatry. The text is well written in clear and practical language. Numerous footnotes define many concepts or semantic nuances, such as the difference between psychiatric and psychosocial rehabilitation.

The price is reasonable for the amount of knowledge it provides, and the text represents a good investment for those who treat patients with severe disabilities or who are interested in developing more rehabilitation interventions.

Reference


Substance Abuse

Integrated Treatment for Dual Disorders. A Guide to Effective Practice.

Reviewer rating: Excellent

Review by Maurice Dongier, MD, FRCPC Montreal, Quebec

The cooccurrence of substance abuse and severe mental illness (which is how these authors define dual disorders) is a frequent problem in psychiatry and one that is associated with poorer outcome. Substance abuse has a strong impact on psychiatric illness: alcohol abuse increases the risk of suicide among depression, schizophrenia, and bipolar disorder patients; use of cannabis and other illicit drugs contributes to treatment resistance and poor adherence, as well as to many relapses and hospitalizations, in all major psychotic disorders. In the general population, the lifetime prevalence of substance abuse disorders (SAD) is 16.7%. However, among schizophrenia patients, it is 47%; among those with major depression, it is 27%; and among bipolar disorder patients, it is 56%. Of the SADs, alcohol abuse is the most common, followed by cannabis and cocaine abuse. Spontaneous remission without treatment is much rarer than in the general population.

The traditional approach is to treat first the primary disorder, then the secondary one. Sometimes, simultaneous treatment occurs (that is, parallel treatment by different clinics or agencies). Lack of coordination leads regularly to poor prognosis.

This comprehensive textbook summarizes 20 years of clinical research efforts and proposes an alternative. The authors are psychologists and psychiatrists who all belong to the
well-known team of the New Hampshire–Dartmouth Psychiatric Research Centre. This centre has been at the forefront of research and enjoys undisputed leadership in integrating intervention strategies for SAD and its associated mental disorders. For the past 2 decades, this group has refined the following principles: proactive and empathic outreach, continuity of care, optimism, stage-specific treatment, and education and engagement of family members. The intervention’s core philosophy is to replace exclusion with inclusion. For example, clients who present to a group session under the influence of alcohol or drugs are not automatically excluded from participating, as long as their behaviour is not disruptive—in contrast to the policies of most group therapies for substance abuse. Typically, their presence elicits powerful responses from group members.

The book’s strengths are numerous. It emphasizes shared decision making, in that clients and families are involved in treatment planning. This maximizes the chances of compliance and long-term follow-up. Importantly, the decision between abstinence and harm reduction (that is, controlled consumption) must come from the client. The book offers a menu of treatment options (for example, Alcoholics Anonymous, residential programs, brief interventions, cognitive-behavioural therapies [CBTs], assertive community treatment, and supported employment). Relapses, which are to be expected in both components of the dual disorder, are not viewed as failures but as occasions to benefit from new experiences. The book espouses the general spirit of motivational interviewing (MI) as developed by Miller and Rollnick, with acknowledgement and respect for the client’s resistance to change (for example, in substance abuse behaviour or in medication compliance) and avoidance of confrontation. It details individual and group interventions that include MI, cognitive-behavioural counselling, working with families, and assessment instruments; 120 pages out of 470 are devoted to useful appendices offering checklists of the most important ingredients, treatment-fidelity scales, scoring sheets, and educational handouts for various types of disorders. The book describes the assessment process in great detail and suggests an excellent selection of instruments. It provides solid evidence (for example, controlled studies with follow-up periods extending from 1 to 3 years) to support long-term integrated treatment. Finally, it has excellent clinical examples of individual dual disorder treatment plans. Chapter 6 on stagewise case management (specifically, engagement, persuasion, active treatment, and relapse prevention) is particularly well done and enlightening. It is informed by the assertive care therapy (ACT) model (comprising outreach, team work, and direct rather than brokered service delivery), which it describes in detail and clearly summarizes in tables.

The book’s weaknesses may be paradoxically related to its excellence and high standards, in that they contrast with the limitations imposed by lack of resources observed in the real world. For example, the basic approach to training the staff of a new program (see p 40) is so demanding that few existing programs can probably meet expectations, as witnessed by the following excerpt:

The outmoded practice of referring clients with suspected substance abuse to a specialist for assessment frequently results in cases being missed . . . . Furthermore, substance abuse usually does not occur in single or discrete episodes; it is a chronic relapsing condition that requires ongoing management . . . therefore all clinicians need to master certain basic skills including assessment (chapters 4 and 5), MI (chapter 7) and cognitive-behavioural abuse counselling (chapter 8, p 39).

Further, multimodal intervention is the rule: individual, group, and family approaches are integrated. The impact of each individual component is unknown, and it is somewhat frustrating to be left in doubt about the relative importance of each ingredient. My own guess would be that ACT, conducted long-term and within the spirit of MI, would probably be most significant in most cases.

In conclusion, the New Hampshire team proposes a program built over the past 2 decades, with fair empirical support for its superiority. How widely has it spread over the US, Canada, and elsewhere? I don’t know the answer to this question, but my guess is that it has not been taken up as much as one would hope, for the following reasons: 1) psychiatrists in general, many of whom receive inadequate substance abuse training in their residency programs, have limited interest in this area; 2) in the US, the context of managed care is a factor; and 3) in Canada and Europe, the vagaries of financing the health care system are factors. These issues are not conducive to the major changes required by the proposed philosophy.