Substance Abuse


Reviewer rating: Excellent

Review by Maurice Dongier, MD, FRCPC Montreal, Quebec

Interventions for substance abusers have to be tailored to clients with varying levels of readiness to change. The Prochaska and DiClemente construct, developed over the past 20 years, posits 5 stages: precontemplation, contemplation, preparation, action, and maintenance (1). It covers a cycle of attitudes from denial to secure, solidly established commitment to change. The stages-of-change model is particularly influential in the field of addictions. More often than not, individuals regress to earlier stages of change before permanently reaching the maintenance stage—as is illustrated by Mark Twain’s observation: “Quitting smoking is easy, I have done it many times.”

This book provides lively case examples to illustrate the stages, together with useful tables of common characteristics. For instance, the action stage is “the stage in which individuals modify their behavior, experiences or environment in order to overcome their problems . . . with firm and clear commitment to change” (p 25).

The maintenance stage (that is, the stage of avoiding relapse) “is not static but instead an active and vital endeavour” (p 29). Most relapses occur during the 6-month period following the action stage. Managing relapses is, of course, part of the maintenance stage.

A chapter is dedicated to the detailed measurement of alcohol and other drug use. This is a major ingredient of success, valid both for research and clinical use, because reliable assessment is an essential part of intervention. Indeed, assessment itself has been shown to be a highly effective “minimal intervention” technique.

The stage of change can be measured with different instruments, such as the University of Rhode Island Change Assessment (URICA), the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), and the Readiness to Change Questionnaire (RCQ). A staging algorithm provides strong evidence that the stage of change can predict treatment outcomes.

All the available assessment instruments are well described, and the need to individualize treatment goals is emphasized. Table 4.2 (p 88) is a checklist of the qualities of well-formed treatment goals. It will be valuable to any therapist engaged in the (usually long-term) treatment of individuals with addictions. For therapists, reassessing treatment objectives and current status (occasionally with the client) is a worthwhile and unfortunately often-neglected exercise. The authors’ proposed treatment goals deserve a full quotation. Treatment should be as follows:

1. salient and meaningful to the client
2. incremental and thus more manageable
3. concrete, specific and behavior focused
4. focused on increasing desired behaviors
5. include progressive steps for achieving goals
6. realistic and achievable
7. perceived as requiring work and effort
8. appropriate for the projected treatment period.

This book is by 3 of the best American experts in the field. It may be seen as a useful complement to Miller and Rollnick’s 1991 volume on motivational interviewing (MI), a classic in the field of addiction treatment (2). In this book, the authors had identified the factors underlying the development of motivation, which they summarized in the acronym “FRAMES” (“feedback” of information from assessment, emphasis on personal “responsibility” for change, “advice” to change, providing a “menu” of strategies for change, therapist “empathy,” and facilitation of clients “self-efficacy”). These ingredients are in fact common to many psychotherapies and counselling techniques, and there is a growing consensus that similar mechanisms of change may underlie all treatments, despite superficial differences.

Subsequent research has shown that MI may be either used in isolation or as a preparation for treatment (for example, residential treatment) and that it may double the alcohol-abstinence rate.

Training practitioners to change their behaviour from the traditional confrontational style to the techniques clearly articulated here deserves considerable attention. As an example, relying on therapist authority is inconsistent with the theory of these books. Close supervision of counsellors often shows that the points at which they most need help are those they do not perceive and, thus, cannot describe in their self-report.
This book is very much worth its price. It will be an excellent resource for all professionals and counsellors involved in addiction treatment.

**References**


**Personality Disorders**


**Reviewer rating:** Excellent

Review by Paul S Links, MD, FRCP, Toronto, Ontario

This book was conceived to provide an “in-depth survey and appraisal” of our current state of knowledge about personality disorders. A handbook, thus named, indicates that the essence of a field is found between the covers; it should be a resource for both the novice and the expert. In this volume, John Livesley has masterfully achieved this goal. He has probably created the reference text for the study of personality disorders and, as well, an editorial role that may extend through a series of future editions. Livesley’s success is not surprising. He is already the editor of the *Journal of Personality Disorders*, professor and former head of the Department of Psychiatry, University of British Columbia, and an internationally recognized researcher in the field. Livesley has assembled an extensive array of academic expertise that includes leaders in developmental psychology, behavioural genetics, psychometrics, neurobiology, cognitive psychology, psychopharmacology, and psychoanalysis. The internationally recognized experts contributing to this volume include Lorna Smith Benjamin, Emil Coccaro, Glen Gabbard, John Gunderson, Marsha Linehan, Theodore Millon, Tracie Shea, and Thomas Widiger.

The book is organized into 5 parts: Part I, “Theoretical and Nosological Issues”; Part II, “Etiology and Development”; Part III, “Diagnosis and Assessment”; Part IV, “Treatment”; and Part V, “Treatment Modalities and Special Issues.” Given the scope of this volume, it is important to acknowledge certain topics that have not been included. Livesley explains that theoretical positions such as classic psychoanalysis, objects relations theory, and self-psychology have been purposely omitted because there is a lack of systematic empirical research in these areas. The book is not organized to discuss specific DSM-IV diagnostic entities, primarily because Livesley strongly asserts that “current classifications are arbitrary and temporary systems that have heuristic value in stimulating and guiding research and in organizing clinical observations, rather than definitive statements of the way that personality pathology should be organized” (p x).

Part I, “Theoretical and Nosological Issues,” begins with an introductory chapter in which Livesley challenges current concepts used to define and classify personality and personality disorders. Traditionally, “temperament” has been defined as the biological substrate of personality, whereas character has been defined as traits and behaviours that are environmentally determined. Livesley notes, however, that all personality traits appear to be heritable, and this distinction is therefore flawed. The categorical approach to classification is carefully dismantled in favour of a dimensional approach. According to Livesley, “Problems such as overlap, high usage of personality disorders not otherwise specified diagnosis, low reliability, and limited evidence of validity can be attributed to failure to adopt a dimensional model” (p 18). Livesley’s own research suggests that personality phenotypes are made up of a large number of genetic building blocks, rather than a few overarching traits. Therefore, the complexity of personality likely arises from the multiple ways these blocks may be combined—a model that discounts the possibility of discrete categories of personality disorder.

In the third chapter of Part I, Thomas Widiger provides an enlightening review of the history of the official classification systems and their attempts to deal with personality disorders. Although Widiger remains critical of current DSM approaches, he acknowledges that criticizing our current systems has become “a rite of passage for any leading investigators today” (p 77). He discusses the issues that must be addressed in the development of the ICD-11 and the DSM-V. One of the major challenges outlined by Widiger is to set diagnostic thresholds for personality disorders, whether a categorical or a dimensional method of classification is adopted. Widiger acknowledges that this issue will only be resolved by reliably defining what is meant by clinically significant impairment resulting from personality disorders. As yet, little research exists to explain the relation between social and occupational dysfunction and personality pathology.

 Regina Dolan-Sewell, Robert Krueger, and Tracie Shea present an excellent review of the literature examining the co-occurrence of Axis I and Axis II disorders. They purposely avoid the use of the term “comorbidity,” preferring instead the term “co-occurrence,” because “comorbidity” traditionally refers to 2 or more “distinct” disorders existing together. They indicate that “our understanding of mental disorders has not yet reached the level at which current nosological entities can be described as truly ‘distinct’” (p 85). The authors conclude that having an Axis II disorder increases the patient’s risk for being diagnosed...
with an Axis I disorder. They observe that the strongest relations exist between substance abuse disorders and Cluster B personality disorders, and between somatoform disorders and Cluster C personality disorders. There is little evidence for other specific relations between Axis I and Axis II disorders.

Part II, “Etiology and Development,” addresses several areas of inquiry that are seldom mentioned when discussing personality disorders. Kim Bartholomew, Marilyn Kwong, and Stephen Hart offer an excellent overview of attachment theory and the connections between attachment problems and personality disorders. Although there is no simple alignment of attachment pathology and specific personality disorders, attachment theory provides an exciting and rather new conceptual model that may enhance the targeting of therapies, the prediction of initiation and completion of therapy, and the evaluation of outcomes of certain intervention strategies. A seldom-discussed issue in psychiatry is the question, Can personality change? Jennifer Tickle and colleagues comprehensively address this question in Chapter 11. They review the basic arguments regarding the nature of personality—whether “personality” refers to objective and observable traits; whether it refers to holistic attributes including roles, attitudes, goals, and behavioural tendencies; or whether, according to the perspective of the situationists, personality is inseparable from social context.

Part III, “Diagnosis and Assessment,” has only 2 chapters but demonstrates how relevant this work is to both researchers and practitioners. Lee Anna Clark and Julie Harrison thoroughly review all the instruments that assess personality disorders and discuss both trait-based and diagnostically based self-report and interview measures. In the second chapter of Part III, Roy MacKenzie discusses the application of structured assessment measures to the clinical care of patients with personality disorders. For example, he proposes using symptom questionnaires to monitor the course of psychotherapy much as one might monitor the course of antidepressant medication therapy. The psychotherapy literature suggests that a sense of well-being emerges early in therapy, followed by symptom reduction and, later, by interpersonal and social change. Assessment measures allow clinicians and patients to monitor the course of psychotherapy response objectively. MacKenzie discusses the value of sharing questionnaire results with patients and gives specific examples of the merit of the feedback.

As with any large, edited volume, the chapter quality varies, although the range is not dramatic. Two of the most disappointing chapters are found in Part IV, “Treatment.” The chapter by William Piper and Anthony Joyce gives an overview of psychosocial treatments for personality disorders and reviews the literature targeting specific problem behaviours and personality disorder-specific approaches. Yet, under problematic behaviours, there is no mention of alcohol or substance abuse. Indeed, the topic of alcohol or drug abuse does not even appear in the subject index. This is the book’s only major omission, especially considering that the book has been targeted toward practising clinicians. This chapter is also missing some key references. For example, the discussion of borderline personality disorder (BPD) does not include the recent randomized controlled trial by Bateman and Fonagy (1,2). Although residential and milieu approaches to the management of BPD are included, assertive community treatment of patients with this disorder is not even mentioned. Paul Markovitz’s chapter on pharmacotherapy is also incomplete and his conclusions idiosyncratic. For example, key references related to lithium and valproate therapy in patients with BPD are missing. In his review, Markovitz concludes that neuroleptics are not indicated for controlling aggression, impulsivity, anxiety, and suicidality. This conclusion is contrary to the consensus opinion of the working group on BPD that recently developed treatment practice guidelines. This group’s published algorithm for the treatment of impulsive-behavioural symptoms in BPD includes low-dose neuroleptics as the second line of intervention after selective serotonin reuptake inhibitor (SSRI) antidepressants (3). However, the section on treatment does include some unique chapters. Anthony Ryle reviews the cognitive-analytic therapies for personality disorders, a model that has attracted more interest in Europe than in North America. Chapter 22 provides a rare overview of psychoeducational approaches to managing personality disorders. These approaches have reinforced the appropriateness of psychiatric rehabilitation models for the care of patients with severe personality pathology. Two promising models are discussed. The McLean Psychoeducational and Multiple Family Group developed by John Gunderson and colleagues is adapted from the programs developed for the families of patients with schizophrenia. As well, Perry Hoffman and others have developed a family program based on dialectical behaviour therapy.

Part V, “Treatment Modalities and Special Issues,” indicates the breadth of this volume. This section includes an extensive review of group therapy, proceeding from general principles to specific studies and along the way raising many questions for future examination. Hassan Azim reviews the use of partial hospitalization for patients with personality disorders. Stephen Hart discusses the forensic issues related to these patients, yet makes the discussion relevant to general practitioners. Livesley concludes with a presentation of his framework for the integrated approach to the treatment of patients with personality disorders.

This book is very reasonably priced, given that it has more than 600 pages. Although it pays attention to the latest research in each area covered, the text is...
overall clear and understandable for practising psychiatrists. The book is well laid out, includes both an author and subject index, and is essentially free of production errors.

In summary, the Handbook of Personality Disorders is a magnificent achievement. This book is an important resource, and a space should be made for it on the shelf of any individual studying or treating individuals with personality disorders.

References


Sleep Disorders


Reviewer rating: Excellent

Review by M Mamelak, MD

Toronto, Ontario

Gregory Stores is Professor of Neuropsychiatry at Oxford University. In this succinct and informative volume about sleep disorders in children and adolescents, Professor Stores hopes to offer a guide that will be useful to both experts and lay people alike. He specifically aims to address the needs and questions of parents faced with sleep problems in their children. In this regard, he has succeeded admirably. Stores has a broad and thorough knowledge of his subject matter, he writes clearly, and he provides numerous case histories to illustrate the more technical aspect of his presentation.

Stores begins by providing a history of the field of sleep disorders in children and adolescents. He identifies children at high risk for these disorders; namely, children with certain physical or psychological problems, including learning disabilities. He then reviews developing information about the effects of persistent sleep disturbances on development, citing studies that have linked early-onset sleep apnea and slow-wave sleep abnormalities with diminished growth or failure to thrive.

Stores reviews the normal physiology of sleep and its distinctive features in children and adolescents. He outlines a protocol for taking a sleep history that is attentive to gathering information about the child’s 24-hour sleep-wake schedule, sleep rhythms, and sleep hygiene. He observes that, for daytime functioning, the duration, continuity, and timing of the child’s sleep are the most important aspects. He inquires whether the sleep environment is satisfactory and conducive to sleep. He then offers examples of treatment approaches for sleep disorders, emphasizing the importance of relaxing bedtime routines. Surprisingly, however, Stores writes that using a pacifier to help an infant settle may be unhelpful, because the child may lose contact with it during the night; he notes that many infants cry when they awake during the night but that from about age 6 to 12 months most are capable of returning to sleep without needing their parents’ attention. Conversely, however, many parents have discovered the marvellous power of a pacifier and welcome the relief gained, if only for a few hours, by popping the pacifier back into the infant’s mouth!

Stores lists the factors to consider in sleepless children at different ages—colic in infancy, poor bedtime routines and poor limit-setting in early childhood, difficulty getting to sleep and parasomnias in middle childhood (age 4 to 12 years), and the use of recreational or illicit drugs and the development of psychiatric disorders in adolescents. Up-to-date references are given for the use of melatonin to treat sleep problems in children with neurodevelopmental disorders.

Excessive daytime sleepiness, although less common than sleeplessness, is recognized as a clinical problem that can interfere with behaviour and performance during the day. Poor sleep at night and irregular sleep-wake schedules are often the cause of daytime sleepiness. However, sleepiness during the day may also betray emotional problems and depression. Conversely, late nights in the absence of any emotional pathology may also impair alertness during the day. It is particularly common for adolescents to delay their bedtime and consequently to have trouble getting up in the morning. Such adolescents may be good sleepers, but they live in their own time zone. They suffer from the so-called “delayed sleep-phase” syndrome. This syndrome usually develops in children with a stimulating family environment at bedtime and, in adolescents, as an adaptation to a late-night lifestyle. Stores describes the use of chronotherapy to treat this often-recalcitrant sleep disorder, as well as the use of bright light in its management. Finally, he provides a knowledgeable presentation of the pathophysiology, clinical manifestations, and treatment of 2 unique causes of excessive daytime sleepiness in children: obstructive sleep apnea and narcolepsy.

Stores closes his clinical survey of sleep disorders in children with a discussion of the parasomnias. Here, he provides a helpful summary of the clinical manifestations and management of such frequently encountered sleep-related disorders as bruxism, rhythmic movement disorder, sleepwalking, sleepwalking, and sleep terrors. He describes the treatment approaches developed for
enuresis and, specifically, behavioural approaches that include rewards for a dry night and conditioning by means of an alarm system. He also recommends the short-term use of desmopressin.

Stores concludes his textbook by drawing attention to the need for wider dissemination of information about sleep and its disorders and for more clinical research about their epidemiology and their relation to the common medical and psychiatric disorders of childhood. He is concerned that so little is known about the effects of disturbed sleep on children’s cognitive functions, mood, and behaviour. His emphasis on this issue brings the study of sleep back into the mainstream of psychiatry.

This is an excellent book. However, at US$39.95, it may be too expensive for parents and a lay audience.

**Psychotherapy**


**Reviewer rating: Excellent**

Review by Paul Ian Steinberg, MD, FRCPC, Edmonton, Alberta

This book largely comprises adaptations of Dr Kernberg’s previously published writings on affect, love, sexuality, and the couple. Kernberg notes that it is impossible to study the vicissitudes of love without studying the vicissitudes of aggression in a relationship—that “aggressive aspects of the couple’s erotic relationship emerged as important in all intimate sexual relations.” Thus, this is a book about aggression as well as love. It starts with “The Sexual Experience,” which discusses the biological roots of sexual experience and behaviour and continues with psychosocial factors, determining core gender identity, gender-role identity, dominant object choice, and intensity of sexual desire. Kernberg here makes his usual incisive distinctions, defining terms and distinguishing between different factors about which the literature is sometimes vague. In “Sexual Excitement and Erotic Desire,” he describes the particular place of sexual excitement among the affects, distinguishing it from such primitive affects as rage, elation, sadness, surprise, and disgust, indicating that in its cognitive and subjective constituents it resembles such complex affects as pride, shame, guilt, and contempt.

He describes the relations between instincts, drives, affects, and object relations and outlines erotic desire’s clinical and genetic aspects.

Kernberg argues that an effort to replace both drive and affect theory with an attachment theory or an object relations theory that rejects the concept of drives leads to reducing the complexity of intrapsychic life by stressing only the positive or libidinal elements of attachment and neglecting the unconscious organization of aggression. (p 59)

He concludes that we should not replace a drive theory by an affect theory or an object relations theory of motivation, preferring to consider affects as the building blocks of drives. Many contemporary theoreticians might dispute this point of view.

“Mature Sexual Love” deals with erotic desire and tenderness, identification with the other, idealization and mature sexual love, and commitment and passion. For Kernberg, “an essential aspect of the subjective experience of passion at all levels is crossing the boundaries of the self, merging with the other.” He contrasts this experience of merger and fusion with “regressive merger phenomena which blur self-nonsel differentiation: what is characteristic of sexual passion is the simultaneous experience of merger and maintenance of a separate identity.”

“Love, Oedipus, and the Couple” deals with the impact of gender, falling in love and becoming a couple, and mature sexual love and the sexual couple. Kernberg refers to the seminal work of Henry Dicks (1), which he describes as the most comprehensive psychoanalytic frame for the study of the characteristics of normal as well as psychopathological love relationships. Unfortunately, apart from Kernberg, the literature appears largely to neglect Dicks’ work. Dicks described 3 areas in which couples relate to each other:

their conscious, mutual expectations of what a marital relationship should provide; the extent to which their mutual expectations permitted harmonizing their own cultural expectations and also integrating them in their cultural environment; and the unconscious activation of their past pathogenic internalized object relations in each partner and their mutual induction of roles complementary to these past object relations.” Dicks concluded that couples “established a compromise formation between their unconscious object relations, which were often in sharp conflict with their conscious wishes and mutual expectations. (p 59)

The study of psychopathology provides clinical illustrations of how significant psychopathology interferes with the development of mature love relationships. Kernberg uses relatively short case examples that admirably illustrate his point of view to contrast the consequences of borderline, narcissistic, and neurotic psychopathology. “Aggression, Love and the Couple” describes the interplay of love and aggression in the couple’s emotional relationship. Kernberg claims that if early conflicts around aggression were severe, the possibility arises of re-enacting primitive, fantastically combined mother-father images that carry little resemblance to the actual characteristics of the parental objects. (p 82)

(One wonders to what extent Melanie Klein’s [2] notions of inherent constitutional aggression still influence Kernberg.) This chapter introduces the
concept of discontinuity as described by André Green and deals as well with triangulations, perversity and boundaries, boundaries and time, and pathological role fixation. In “Superego Functions,” Kernberg suggests that “the couple as an entity also activates both partners’ conscious and unconscious superego functions, resulting in the couple’s acquiring, over time, a superego system of its own in addition to its constituent ones.” In a section on mild superego pathology, Kernberg mechanically and without apparent evidence (to me, at least) introduces into the case history of a couple the notion of a wife’s oedipal guilt, as opposed to considering her unconscious awareness of what underlay her idealization of her father. In concluding that her husband “felt that a bad marriage was a fair price to pay for that success, which unconsciously represented triumph over his father,” Kernberg again takes oedipal guilt for granted. Perhaps this presumption of the existence of oedipal factors is consistent with Kernberg’s preference to retain drive theory.

“Love and the Analytic Setting” is densely theoretical. Kernberg here deals with transference love and countertransference and concludes with an extended clinical illustration. He states that the analyst’s tasks include refraining from communicating his or her countertransference to the patient so as to ensure his internal freedom to fully explore his feelings and fantasies, and integrating the understanding of his countertransference he has gained with the formulation of transference interpretations in terms of the patient’s unconscious conflicts. (p120)

Kernberg offers an excellent case example to illustrate how his use of his countertransference elucidates the patient’s difficulties:

My fantasies about sadomasochistic sexual interactions also replicated mens’ aggressive behaviour towards her, which she had unconsciously tended to induce in them. My fantasies culminated in the clear recognition that she would relentlessly provoke situations that frustrated her dependency needs and angry repressions, escalating to violent interactions and public displays of depression and rage. She would present herself as my victim, which would unfailingly destroy our relationship. (p 124)

Kernberg adds that he realized in retrospect that my resistance to exploring countertransference fantasies had prevented me from following them in a direction that would have clarified the masochistic self-destructiveness of Ms. A’s erotic wishes towards me. (p 125)

He continues,

My unconscious counteridentification with her seductive father interfered with my freedom to explore my erotic countertransference and thereby to perceive more clearly the masochistic pattern in the transference. I also think that my resistance against unconscious sadomasochistic impulses of my own role responsiveness to Ms. A played a part. (p 125)

“Masochistic Pathology” provides a general overview of masochism, distinguishes between masochism in men and in women, and elaborates on masochistic love relationships, ending with a section on transference developments. “Narcissism” describes the characteristics of narcissistic love relations and provides 2 clinical illustrations. Kernberg expands on the dynamics of narcissistic pathology:

Of central importance in the unconscious conflicts is precociously determined envy—that is, a specific form of rage and resentment against a needed object that is experienced as frustrating and withholding developing in response to this suffering is a conscious or unconscious wish to destroy; to spoil, to appropriate by force what is being withheld—specifically, what is most admired and wished for. The tragedy of the narcissistic personality is that angry appropriation and greedy extraction of what is denied and envied do not lead to satisfaction because the unconscious hatred of what is needed spoils what is incorporated; the subject always ends up feeling empty and frustrated. (p 151)

This is a good example of Kernberg at his most lucid and terse.

“Latency, Group Dynamics, and Conventionality” deals with the couple and the group. Kernberg comments on mass psychology and mass culture, the conventional film, erotic art in film, and the pornographic film. Regarding eroticism, what he concludes from film is particularly interesting. “The Couple and the Group” deals with adolescent groups and couples and adult couples’ external challenge from the environment.

To summarize, this book was not always easy to read, but given its brevity, it contains a wealth of theoretical and clinical wisdom and merits rereading. I recommend it to all psychiatrists and other mental health professionals with an interest in psychodynamic psychotherapy and psychoanalysis.

References


General Psychiatry


Reviewer rating: Excellent

Review by Jean-François Trudel, MD, FRCP, Sherbrooke, Quebec

In an epoch of information overload and tedious repetitions, books of all kinds
clamour for our attention. Once in a while, however, a book stands out: readable, clear, succinct, timely, and pertinent, it deserves to be widely read and quoted. This is such a book. Its lackluster title obscure, its subtitle more eloquent, it is a manual to improve services.

As clinicians, we aim to provide the best possible care to our individual patients. Yet, in a public system, this essential individual outlook is insufficient. Broader, more collective questions must be asked: Are we providing care to those in our communities who most need it? Are our services accessible, comprehensive, and well-coordinated? Are resources fairly distributed? Are we spending available funds on those services most likely to benefit patients? These concerns are seldom voiced in our usual departmental meetings, where planning decisions are often haphazard political affairs. Yet more and more, we are held accountable to those who pay for these services: each and every citizen-taxpayer.

These ethical concerns—a strong public health perspective, a belief in the value of evidence-based practice, an explicitly patient-centred approach, and a plea for better integration of research and clinical practice—form the ideological backbone of this book.

The authors are 2 psychiatrists well known in the fields of epidemiological psychiatry and mental health service evaluation. They wrote this volume because they believe that a conceptual model is necessary to help formulate service aims and the steps necessary for their implementation. Our aim is that this model will help people to diagnose the relative strengths and weaknesses of services in their local area, and to formulate a clear course of action for their improvement (p 4).

The conceptual model they offer explains the title of the book: their “mental health matrix” is a simple 3 x 3 matrix. The horizontal axis represents the temporal dimension divided in 3 sections: input, process, and outcome. Inputs are the resources put into the mental health care system. Process is defined as the activities that take place to deliver mental health services. Outcomes are, of course, results—visible effects of our programs and interventions. The vertical axis is the geographical dimension, again divided in 3: the country or regional level, the local level, and the patient level. The resulting 9 boxes serve as “organizers” of the available data about services. For example, local budget figures or the number of acute care beds available in your area would fit in the local-level input box. The national suicide rate would be an outcome indicator at the country-regional level. Improvement in symptoms or level of functioning in a given patient would be an example of outcome at the patient level. This last box, located at the lower right-hand corner of the matrix, is of course the one toward which all others converge—the ultimate aim and test of our mental health services.

Part I of this book introduces the model and the public health perspective of the work and reviews the historical evolution of mental health services. Parts II and III elaborate on the model’s geographic and temporal dimensions. This provides us with an overview of the growing field of evaluative research. The available tools to monitor and measure various aspects of the mental health care system are described and often organized in clear lists.

Part IV is boldly called “Reforming Community-Based Mental Health Services.” Here, the authors first review the evidence base for mental health services. They provide us with methods to assess local services and outline what they consider to be the essential elements in any system of care. They describe the ethical values upon which planning and reforming efforts should be based. A chapter is devoted to issues of staff training and morale, a fundamental and often overlooked aspect of mental health service systems.

Part V offers an international perspective. Authors from Australia, Canada, the US, and Eastern and Nordic Europe assess the state of services in their parts of the world. For Canada, this task has been delegated to Montreal’s Alain Lesage—a prolific contributor to the psychiatric epidemiology and service evaluation literature and a member of the recent Best Practices in Reforming Mental Health Services project commissioned by Health and Welfare Canada. His description of the Canadian scene is spare and lucid.

Who should read this book? It is an excellent “crash course” in administrative psychiatry. As such, it is a “must” for chiefs of departments or others in local or provincial planning roles. I recommend it highly for hospital or regional health board administrators involved in mental health. Those planning psychiatry residency training programs should consider using it as the text for seminars on the planning, organization, and assessment of services. Novice students of evaluation research methodology will find it essential first reading. Busy clinicians who wish to understand more fully and participate more meaningfully in the health care system in which their practices are embedded will be happy to find it free of cant, highly informative, and brief. They will, I hope, be convinced that evaluative research can potentially enlighten, focus, and direct our everyday clinical efforts.