focused version would be more useful. Another editorial point is that although this is a great model of treatment which fills the gap in an area where almost nothing else does work, it should be noted that it has not been definitively proved by randomized clinical trials in the adolescents as it has in the adult population, where Linehan's original DBT has proven effective for decreasing suicidal behavior and hospitalizations.

REFERENCES

1. Baldessarini RJ, Jamison KR. Effects of medical interventions on suicidal behavior. Summary and conclusions. *J Clin Psychiatry* 1999; 60 Suppl 2:117–122.
2. Meltzer HY, Okayli G. Reduction of suicidality during clozapine treatment of neuroleptic-resistant schizophrenia: Impact on risk-benefit assessment. *Am J Psychiatry* 1995; 52:183–190.
3. Linehan MM, Comtois KA, Murray AM, Brown MZ, Gallop RJ, Heard HL, Korslund KE, Tutek DA, Reynolds SK, Lindenboim N. Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Arch Gen Psychiatry* 2006; 63(7):757–766.
4. Linehan MM, Armstrong HE, Suarez A, Allmon D, Heard HL. Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Arch Gen Psychiatry* 1991;48(12):1060–1064.
5. Kreisman J, Straus H, *I Hate You, Don't Leave Me: Understanding the Borderline Personality*. New York, Avon Books, 1989.

Nagy A. Youssef, MD
Mobile, Alabama

Gustavo A. Angarita, MD
New Haven, Connecticut

The Therapist's Guide to Psychopharmacology: Working with Patients, Families, and Physicians to Optimize Care, by JoEllen Patterson, A. Ari Albala, Margaret E. McCahill, and Todd M. Edwards, The Guilford Press, New York, NY; 2006; ISBN 1-59385-328-9; $35.00 (hardcover); 310 pp.

Gone are the days when doctors tell patients the best medication for them in a paternalistic fashion. In the era of patient-centered advertisements, Internet, and online pharmacies, a supermarket kind of interaction, where some patients have specific requests for certain medications, is more prevalent. The physician has to not just agree or disagree, but should provide sufficient information for the patient to be able to make an informed decision and provide informed consent about the available feasible alternative medications, risks, benefits, target symptoms etc. In this era, non-physician mental health professionals (which are the target audiences for this book) should have some basic knowledge of psychotropic medications as stated in the introduction of this book: "to stay current we have to gain rudimentary knowledge about these medications" (p. 2).

Prescribing medications requires medical training specialized not only in medication, but also in physiology, pathophysiology, and medical conditions that can be comorbid with or masquerade as psychiatric symptomatology. As stated in the Hippocratic Oath in the 4th century BC: "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone."

Specialization was also recognized back in the 4th century BC: "I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art." The "stones" referred to are kidney or bladder stones. At that time, practitioners who did surgery were officially the barbers.

Nonetheless, some knowledge of psychotropic medications by non-physician therapists and non-medical trainees would be helpful to patients. One benefit is that if the therapist knows that there is some medication to help a certain disorder the proper referral for medication initiation can be done. A second benefit is that the therapist can play a crucial role in improving medication adherence; work with patients and families toward eliminating stigmatization. Studies show that patient education and medication counseling help to decrease the incidence of relapse (1,2). Moreover, this improves collaboration between the psychiatrist and the therapist.

The book is written by two psychiatrists and two family therapists. A useful aspect of the book is the inclusion of multiple illustrative case examples, sample referral letters, and a glossary of common medical terms used in the book, as well as a concise list of references at the end of the book. Another helpful aspect is that the authors tend to talk more broadly of groups of medications rather than a single medication. This makes it easily digestible by teaching the common properties of medications and information that is more resistant to becoming outdated in the face of the ever-expanding pharmacopoeia.

The book is divided into three main sections. Part I: Mind-Body Connection (chapters 1 and 2), starts with a concise presentation of how psychotropic medications affect the brain without going in depth into complicated neurobiological mechanisms and pharmacodynamics. Part II: Psychiatric Disorders and Their Treatment (chapters 3 to 8) discusses medication for common psychiatric disorders, including schizophrenia, mood disorders, anxiety disorders, etc., as well as epidemiology and symptomatology of the disease process. Part III: Creative Collaboration (chapters 9 through 11) discusses the referral process for medication evaluation, collaborative care for patients, and building collaborative relationships for sharing care of patients between the physician and therapist. The last chapter addresses an important issue, which is collaborating with the patients' families. Appendices A and B are especially interesting. Appendix A discusses how drugs are developed and FDA requirements. Appendix B briefly discusses the landmark studies, such as CATIE and STEP-BD, as well as non-pharmacological treatment, such as TMS and VMS.

I believe therapists will find this book very helpful in capturing some understanding of psychotropic medications in an easy to digest way and should help to improve patient care.

REFERENCES

1. Schooler NR. Relapse prevention and recovery in the treatment of schizophrenia. *J Clin Psychiatry* 2006;67 Suppl 5:19–23.
2. Hudson TJ, Owen RR, Thrush CR, Han X, Pyne JM, Thapa P, Sullivan G. A pilot study of barriers to medication adherence in schizophrenia. *J Clin Psychiatry* 2004;65(2):211–6.

Nagy A. Youssef, MD
University of South Alabama
Mobile, Alabama