Book reviews

A Guide to Treatments that Work (4th ed.)
Peter E. Nathan & Jack M. Gorman (Eds.)

Reviewed by Courtenay Young

This massive tome presents current and informed reviews of research on ‘treatments’ that work for a wide range of mental disorders. The 2007 third edition ran to only 784 pages. The book project came out of an APA Division 12 task force that made the significant decision to broaden its scope to include efficacious treatments, whether psychosocial or medical in type. These provide detailed specifications of the methods and procedures to ensure effective treatment of the various DSM-IV disorders.

The 28 chapters in this edition cover a range of pharmacological, psychosocial and combined treatments. It also contains a chapter about the 2013 controversy around DSM-V, based (in part) on the failure to produce ‘biomarkers’ that would anchor mental disorder diagnoses to firm bases in neuroscience. The second main aspect to the controversy concerns the connections between psychiatry and ‘Big Pharma’ and the medicalisation of ordinary life. Unfortunately, to my mind, this is where the Guide starts down a particularly slippery slope, possibly without properly realising it.

In order to develop ‘good science’ for treatment of these diagnoses, there is an increasing use of randomised controlled trials, and – in order for these trials to work – the ‘treatment’ has to be manualised (so that it can be done in the same way by different researchers). There is also an unrealistic ambition to transform psychiatric diagnoses by somehow basing them on the exacting findings of neuroscience.

At this point, we are already so far away from what actually happens in psychotherapy – between two people in a room – that there is, not just an irrelevance, but a significant dissonance between this type of psycho-pharmacological approach and anything that pretends to be ‘proper’ psychotherapy.

The paradigm of the use of these different diagnoses and trying to discover treatments that work for each of these ‘conditions’, is something like dissecting an animal in order to discover how it lives: it is impossible to discover this as – as a result of the dissection – it is now dead.

However, the book proceeds in a fairly massive way (somewhat like a supertanker under full steam). An interesting chapter (Chapter 2; by Walker & Bigelow) addresses some of the necessary changes to practice, programme-management and governance, given the cultural differences of American Indian and Alaskan Native communities. But, there is no similar overall consideration to other cultures within the US, or indeed outside of it, except where actual studies have compared different populations. In this respect, it therefore seems culturally and sociologically blind.

The book then marches through a number of ‘paired’ chapters looking at non-pharmacological (or psychosocial, or cognitive and social, or just ‘treatments) and pharmacological treatments for the listing of about 28 various disorders: primarily attention and conduct disorders in children; schizophrenia; bipolar disorder; depression; panic disorders, phobias, socialised and general anxiety disorders; obsessive compulsive; post-traumatic stress disorders; eating and sleep disorders; sexual dysfunctions; substance (ab)use and addictive behaviours; and finally neuro-cognitive and personality disorders.

I cannot – and would not want to – question the authenticity of the research; the academic rigour and ‘science’ of the approach; and the depth of examination of all the various studies. The references are generally extensive and the index is very complete. The academic and scientific quali-
fications of the 73 authors, all listed alphabetically at the beginning, are also beyond reproach.

This book’s main strength is that the authors are also considering an evidence-based approach to psychotherapy for many major psychiatric conditions, an area that many clinicians unfortunately neglect in their recommendations for treatment.

Essentially, this book feels like a companion volume to DSM-5: there we have some evidence in a ‘patient’ of a recognised ‘disorder’; and here, in this volume, is how a cautious practitioner might consider ‘treating’ that disorder.

There are however, a few good points, as well as a couple of gems (diamonds on the beach).

There is no doubt that the book contains detailed evaluative reviews of current research on empirically supported treatments, written, in most instances, by very reputable clinical psychologists and psychiatrists for similar. Similarly, the standards by which the authors were asked to evaluate the methodological rigor of the research on treatments have remained high and provide information on the quality of that type of research on treatment efficacy and effectiveness.

However, there is only one small section (three paragraphs) on ‘practice-based knowledge’ (pp.26–27) – that provides any respite; one mention of client-centred therapy (p.856); one mention of community-based eclectic treatment (p.150); and within the various index listings on ‘psychotherapy’ – one mention of brief eclectic psychotherapy; three mentions of psychoanalytical psychotherapy; three mentions of inter-personal psychotherapy; two mentions of short-term dynamic psychotherapy; one of supportive expressive (psychoanalytic) psychotherapy: so that one gets a strong feel of the classic divide between research and actual practice and the continual ‘focus’ on the claim that CBT (Cognitive Behaviour Therapy) is – effectively – the only evidence-based therapy.

There are many studies that show that this is not the case; that nearly all psychotherapies are equally effective; and that the most effective components are: (a) the client-therapist relationship; and (b) the client’s motivation or motivational enhancement therapy (mentioned briefly in the chapters on addictions and substance abuse).

The second major ‘strength’ is the astonishing collection of reviewed research on pharmacological treatments and psychotropic medications for psychological and psychosomatic or psychosocial disorders. It is probably one of the more comprehensive discussions of psychiatric disorders and treatments. Unfortunately, being (just) a psychotherapist and not able to prescribe, this has little relevance except in ‘suggesting’ to referring GP colleagues that ‘this’ or ‘that’ medication might be more or less useful – so there is a tendency (on my part) to avoid or overlook the pharmacological treatment chapters in this book, though for others (like psychiatrists) it may be different.

Therefore, my examination focussed more on the non-pharmacological treatments: as for ADHD; Behavioural Parent Training, Classroom Management, Child Skills Training, Cognitive Training and Neurofeedback, and Multimodal Combination Treatments were examined; and for Conduct Disorder (CD), similarly, parent management training, multi-systemic therapy, multidimensional treatment foster care, cognitive behavioural therapy, functional and brief strategic family therapy and the ‘Good Behaviour Game’. In Chapter 7, Cognitive and Social Cognitive Interventions for Schizophrenia are considered. In Chapter 10, ‘Psychosocial Treatments for Bipolar Disorder’, like psychosocial education and family-based interventions seem effective in higher rates of and faster times of recovery are looked at – however as secondary adjuncts to pharmacology. Again, in ‘Treatments for Paediatric Depression’ (Chapter 12), in severe to moderate cases, medication treatment is recommended with CBT and Interpersonal Psychotherapy seen as secondary: and so it goes.

When the various chapter authors look at
the efficacy of CBT for persons with panic disorder, and similarly for patients with moderate to severe agoraphobia, Social Skills Training is recommended for social anxiety disorder, along with relaxation techniques and exposure-based methods. However, separate chapters also look at combination (both pharmacological and psychological) treatments for major depressive disorders, obsessive-compulsive disorder, post-traumatic stress disorder, generalised anxiety disorder and social anxiety disorder, as being the most effective.

Having been diagnosed with a sleep disorder, I was very interested in the chapter ‘Treatment of Sleep Disorders’ (Chapter 21). However, despite the fact of examining research on seven categories of DSM-5 sleep-wake disorders, I was somewhat disappointed to read that: ‘Non-restorative sleep is no longer a feature of insomnia in DSM-5.’

Again the non-pharmacological ‘remedies’ or ‘treatments’ are diverse: CBT-I; stimulus control; relaxation techniques; biofeedback; sleep restriction(!); sleep hygiene; and cognitive therapy; whereas the various pharmacological ‘remedies’ included: benzodiazepines; non-benzodiazepines; sedative antidepressants; Ramelteon; Mirtazapine; sedative anti-psychotics; Melatonin; Valerian root; and Antihistamines.

No mention – until almost the end of the chapter – of what was ‘prescribed’ (suggested) for me (and several thousands of others with breathing-related sleep disorders), like sleep apnea: CPAP (continuous positive airway pressure) masks, oral appliance therapy, surgery, oxygen therapy and lifestyle changes, more exercise, less alcohol, avoidance of caffeine, losing weight, quitting smoking, sleeping on the side (rather than on back or stomach), etc. However, a series of short paragraphs at the very end did cover – almost as an afterthought – circadian rhythm disorders; shift work disorders; jet-lag disorders and parasomnias (where there are undesirable physical effects, like nightmares, REM sleep disorders, restless legs syndrome, etc. The references were – as to be expected – legion.

I was also interested in the next chapter, ‘Pharmacotherapy and Psychotherapy for Sexual Dysfunctions’ – not, I hasten to add, because of any personal affliction, but because several clients have reported such. Otherwise the (non-pharmacological) ‘treatment of sexual dysfunctions can be divided into five eras: the psychoanalytic, the early behavioural, the Masters and Johnson, the neo-Masters and Johnson, and the current psycho-biological.’ It is a pity that the available research – other than into pharmacology – is announced to be relatively poor and, apparently, Sildenafil (Viagra) is still the drug of choice for erectile dysfunction., though Dapoxetine (and some other SSRIs) seem to help with premature ejaculation. The rest of the chapter dealt with different terminologies (Nosology: mainly between DSM-IV and DSM-5) and Epidemiology, before we came back to a recitation of various (mainly) pharmacological treatments for various dysfunctions.

I hope I am conveying the general level of frustration that I experienced when reviewing this book: perhaps I was the wrong person to appreciate that incredible amount of ‘science’ that it represents; I am – just – a clinician of over 30 years standing working with a wide range of ordinary people. I had hoped – in making a presentation – to a university training course about ‘What Works in Psychotherapy and Counselling’ to get more from this book than I did: I was – frankly – quite disappointed.

Another online reviewer states that, in their opinion, the biggest problem facing psychotherapy is that by far the biggest determinant of the effectiveness of any psychological treatment is how the treatment is delivered and not which treatment is delivered, and I am afraid that I have to concur – and most outcome research also points that way as well: that it is the therapist client relationship that works, not the manualised treatment.

There is little mention of any other types of research, or any different measures of efficacy. Finally, with respect to the phar-
macological ‘treatments’ – if you define ‘treatment’ as the removal or alleviation of symptoms, then these forms of treatments may well be efficacious: however, if psychotherapy is about healing the soul – as the word implies – (psyche and therapia) – then this book, despite its huge size and high academic status – has a long way to go.

Courtenay Young is a UKCP-registered Psychotherapist, who works in the NHS and also privately; he is a member of the BPS; on the Scientific & Research Committee of the European Association for Psychotherapy; and is the current Editor of the International Journal of Psychotherapy (www.ijp.org.uk). He has written and edited several books and many published articles, available on or through his website: www.courtenay-young.com
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