been shown effective in treating child and adolescent disorders. We believe that the appropriate scientific inference (at this point) is that psychotherapy is generally effective and that simple demonstrations of individual treatment efficacy is of limited value. Clearly, more needs to be known about the basic conditions and processes of psychotherapy—as well as the psychometrics of these processes and outcome assessment—that make the vast majority of treatments effective. The studies in this volume generally do not address how treatments effect change or if different treatments operate on similar psychological processes.

With these broader limitations noted, we believe that the volume has considerable merit as a general resource. Hibbs and Jenson's work should provide advanced students and practitioners with an accessible, clearly written, straightforward, and well-organized introduction to a variety of treatments that are being developed.

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Received August 29, 1997
Accepted September 11, 1997


Occasionally a book comes along from such a truly gifted therapist and teacher that the experience of reading it feels much like psychotherapy itself. This is such a book, providing both an empathic, nurturing, even protective stance toward both patient and therapist and also the wisdom and inspiring leadership to promote real growth—in short, both the “supportive” and “exploratory” facets of outstanding psychodynamic treatments. As with any book so ambitious (indeed, its title suggests its huge scope), it is inevitable that some aspects will fall short, but these are relatively minor attenuations of an otherwise powerful, beautiful work.

The book is essentially a treatment manual for integrative short-term psychodynamic psychotherapy. It articulates a sophisticated model relating defenses, affects, and inner representations of self and others. It provides extensive grounding in theory, a sequenced set of steps toward the goal of deep character change (e.g., defense recognition, relinquishing defenses, affect experiencing, affect reintegration, expression and reconnection), a description of research findings on the model, and practical in-session tools such as assessment measures. Throughout, the author emphasizes the primacy of affect as the core component of both mental illness and its recovery (“I feel, therefore I am”), and the greater effectiveness of empathic over confrontational techniques. She holds the therapist to the highest standard (“Nothing should be considered valid until it rings true to the patient”) while respecting the therapist’s need for flexible strategies and options.

Her achievement in conveying what are often abstract, difficult-to-teach constructs is notable. She conveys the dilemmas of short-term depth-oriented psychotherapy with realistic portrayals and outstanding teaching devices (e.g., contrasting both what to do and what not to do; annotating transcript material to convey what the therapist intended when making an intervention). Her style is frequently imaginative, with analogies (therapist as detective), creative wording (patients’ need for “self-compassion”), and occasional wit (the point that airline pilots receive far better training than do therapists). She is alert to the gap be-
tween what therapists do and what they say they do, and her case examples are grounded in years of experience, numerous hours of videotape review of cases, and collegial input.

There are a few caveats, however. For example, while one genuinely feels the balanced respect that Dr. Vaillant has toward disparate treatment approaches, her goal of integrating them appears successful only with what she knows best—psychodynamic approaches. Her attempt to rein cognitive-behavioral work within her purview sounds, in contrast, hollow and almost caricatured: e.g., “the task of such [cognitive-behavioral] therapists is to make the patient’s muddled story as . . . unambiguous as a fourth-grade primer.”

One might also wish that her wise precept on the need to be “time-conscious” in short-term treatment has similarly been applied to stronger editing of the book: the amount of verbiage, repetition, and at times excessive footnoting and examples dilute the wisdom in her message. Finally, an explication of weaknesses (as well as strengths) in her research would provide more rigor to an otherwise strong attention to empirical work.

In total, this book offers outstanding teaching of a clinically rich model. It affects both heart and mind, and carries vast potential to influence clinicians and researchers to set their sight on the highest ideals of short-term dynamic treatment, while providing a clear road map by which to get there.

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Received May 28, 1997
Accepted June 10, 1997


Psychotherapy manuals have become widely used in both clinical settings and psychotherapy research in order to precisely define treatment techniques. However, little attention has been paid to how these manuals can best be used to train therapists, experts, and students alike. Although manuals provide a theoretical framework for understanding important therapeutic techniques, trainees are still left with the task of translating theory into clinical practice. Hanna Levenson’s *Time-Limited Dynamic Psychotherapy: A Guide to Clinical Practice* is an impressive step toward bridging the gap between psychotherapeutic theory and real clinical practice. Levenson uses real clinical case material along with transcripts of the discussions between trainees and supervisor to help clinicians in training learn to implement the techniques of Time-Limited Dynamic Psychotherapy (TLPD; Strupp & Binder, 1984).

This book is an excellent source for students and advanced clinicians looking for specific training in TLPD, as well as supervisors seeking to improve training techniques. The book can be used in conjunction with Strupp and Binder’s manual for TLPD to enhance training in both clinical and research settings interested in implementing high-quality TLPD. Levenson invites the reader to participate in training sessions which use real case material to implement the techniques of TLPD. Each chapter provides rich case vignettes followed by trainee exercises and discussions. The reader, along with the trainees and supervisor, can work to formulate the patient’s cyclical maladaptive pattern, can learn to ask critical questions and anticipate future therapy developments, and can see how patterns unfold in subsequent treatment sessions. Chapters cover important aspects of the TLPD model, including setting treatment goals, case formulation, understanding the patterns in the context of the therapeutic relationship, providing patients with a new experience, using