

## *In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide*

Rappaport, Nancy. (2009) New York, NY: Basic Books. 297 pp. \$29.95.

"In Her Wake" is a courageous, compassionate, and thoroughly researched memoir by child psychiatrist Nancy Rappaport. The author's early childhood was marked by a bitter parental divorce, custody battle, and infidelities in the public view. The journey traces her mother's suicide when Nancy was 4 years old to current reverberations of that event in Rappaport's life and work. The youngest of 6 who grew up in a blended family of 11 children, her's is a story of early loss and psychic trauma. However, unlike other memoirs with similar themes, this one has depth, insight, and ramifications beyond the personally inspiring tale. At the personal level, Rappaport demonstrates the major and subtle contributions (and at times detractions) made to a child's resilience by an intelligent caring surviving parent, family resources, sibling relationships, personal grit and competence, career choice, marriage choice, and generational continuity and love. This memoir would be useful and constructive reading for patients with histories of early trauma. Rappaport also makes excellent use of her reflections about psychotherapeutic work with patients so that the book generalizes to other professionals who can stand to learn from patients and grow personally in the process of doing psychotherapy work.

Rappaport's curiosity about her mother leads her to interviews with family members and friends, and to the review of court depositions, emergency room records, an unpublished novel written by her mother, suicide notes, and newspaper coverage. All these encounters were undoubtedly quite difficult; interspersed (for author and reader benefit alike) are anecdotes of Rappaport's current life with a supportive husband and 3 children, and her work with adolescent patients. Rappaport is clinically astute enough to know that one can never fully reconstruct the story of a suicide since the personal "truth" is buried with the person who takes her own life. The passion of this inquiry has to do with her declaration: "Suicide demands to be explained by the living as a way to absolve or condemn the survivors" (p.7). One gets the impression that this type of curiosity carries over into Rappaport's

work, and is the mark of an excellent clinician (and mother).

In the course of searching out her own mother, the reader is privy to Rappaport's beautifully described anxieties about being a mother, the inevitable conflicts intensified by her own history. She wants her children to know her well, and to understand her quest for their unknown grandmother. It made me acutely aware of a universal phenomenon: as intimate and long-lived as parent child relationships are, even those of us fortunate enough to have our parents survive into our later years cannot and do not fully know our parents. For instance, we never learn the secrets of their aging and dying or the intimate details of their romantic lives. Rappaport manages to trigger questions about one's own parents in each reader. *In Her Wake* highlights a lifelong journey we all make and the inevitable distance between generations and individuals no matter how close they may be. It is a journey that is accelerated by our own therapy work, learning that happens continually in a series of brief encounters and long-term relationships.

I very much appreciated Rappaport's honesty about many significant relationships. It is rare to read a memoir where there are no villains; father, mother, grandmother, and even stepmothers are neither idealized nor demonized. In her maturity, Rappaport holds contradictory feelings. She presents all her characters, herself included, thoughtfully and fairly, realistically and humanely.

At points *In Her Wake* has a dream-like musing quality. The interweaving of past, present, and communication with the reader is similar to the particularly good therapy hour when past history, present life circumstances and the transference are all apparently interconnected. At times in the middle of the book (p.157), there is mixing up of tenses—"is" now or "was" then?—probably reflecting the state the writer was in during some of her research and writing, but nevertheless confusing for the reader. Otherwise, the writing is smooth and most readable. Photos and direct quotations enliven the text.

In this thought-provoking book, the reader is privileged to take a journey of transformation with the author, and to extrapolate to that all-important psychotherapeutic tool, one's own parental stories and self-discovery.

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## *Compendium of Psychosocial Measures: Assessment of People With Serious Mental Illness in the Community*

Johnson, Dale E. (2010) New York: Springer Publishing Company. ISBN 978-0-8261-1818-9. xxxviii + 545 pp.

This compendium provides researchers with valuable information about a range of measures available to assess multiple domains for people with serious mental illness who live in the community. In addition to measures focusing on functional assessment, level of psychopathology, quality of life, and specific problem behaviors such as substance abuse, the compendium also includes tools to assess the skills and attitudes needed for recovery and continued community tenure, including treatment adherence, insight and judgment, problem-solving and coping skills, work behavior, and empowerment. The book also contains treatment process measures including consumer satisfaction with services and measures of continuity of care, as well tools to assess a range of system and environmental level variables including agency performance, housing, and a range of measures focusing in family and social support.

The book begins with a well-written foreword authored by Harriet P. Lefley, PhD, Professor of Psychiatry and Behavioral Sciences at the University of Miami School of Medicine, underscoring the utility of assembling a compendium of process and outcome measures to inform research focusing on "the lives, treatment and potential for recovery of individuals with serious mental illnesses living in community rather than clinical settings" (p xxi). The foreword also introduces the reader to the compendium's sole author, Dr. Dale Johnson, highlighting what Dr. Lefley refers to as his rare and unique assortment of skills and experiences. In addition to his work as a research psychologist, clinician, and academician, Dr. Johnson is introduced as someone who has personally immersed himself in the world of serious mental illness both as a family member and an advocate.

The book next includes an introductory chapter that presents the rationale for the compendium and offers brief background on a range of concepts and terms used throughout the handbook including reliability and validity, other psychometric properties, sources of information, etc. Text regarding special considerations associated with the use of the instruments and attention to issues of ethnicity and gender strengthen the chapter. Missing from this chapter, however, is a more explicit state-

ment of caveats to guide use of the compendium in selecting measures. The chapter ends with a limited discussion of a seemingly random selection of domains without providing rationale for why they were included and others were excluded.

The remainder of the book includes sections focusing on specific domains (e.g. level of psychopathology, social support, quality of life, empowerment, stigma, etc). As noted in the foreword, there is an inherent logic to how these are arranged beginning with measures focusing on functional levels and psychopathology to the stressors and supportive resources in the social and treatment milieu, to variables relevant to recovery (p. xxii). Each section begins with a brief introduction to the domain and includes limited information to help guide selection of measures within the domain. Although the need to keep these introductions brief is understandable, given the wide range of domains covered, additional discussion of relative strengths and weakness and comparisons across measures would have enhanced the utility of the compendium to inform instrumentation selection decisions. Again understandable, given the large number of domains included, section introductions included only limited discussion of the current status and future research needs for assessment.

Within each section, a standardized format is used to summarize measures and includes a concise statement of purpose, description of the instrument (including format, method of administration, number of items, scaling, time needed to administer and other practical issues), psychometric properties, brief commentary, primary citations, and sources for additional information regarding acquisition and use. Missing from this organizational format, unfortunately, are sample items to illustrate wording.

All in all, this is an invaluable resource and will be of tremendous assistance to researchers engaged in clinical and services related research focusing on seriously mentally ill adults.

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## *Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and Settings*

Dimeff, Linda A, Koerner, Kelly (Eds)  
(2007) New York: Guilford Press. ISBN 1-57230-974-1. xviii + 363 pp.

*Dialectical Behavior Therapy in Clinical Practice* is a collection of chapters composed by many of the leading practitioners of dialectical behavior therapy (DBT). Their goal in writing this book was to aid frontline clinicians with a working knowledge of DBT to most effectively use DBT within their program structures and target populations.

One of the long-standing difficulties in using DBT is that in its original and comprehensive format, it was structured to be a year long, intensive, outpatient treatment for borderline personality disorder. Unfortunately, the majority of clinicians working with high-risk self-harming patients are often working within shorter term residential treatment or crisis inpatient settings. Compounding challenges include working with a variety of patients or a patient population with different characteristics and perceived needs, working with managed care companies, and working under administrations that have other (at times conflicting) agendas. These realities make it impossible to adhere to the comprehensive DBT format and require significant modifications.

It is clear that with these challenges, clinicians must think outside the box. In doing this, one must adhere to the initial 5 functions of comprehensive DBT, initially developed by Marsha Linehan (enhancing client capabilities, improving motivation, ensuring generalization, enhancing therapist skill and motivation, and structuring the environment through contingency) to maintain the efficacy of treatment. As long as these 5

functions are maintained, the integrity of providing empirically based DBT is present.

This is the underlying message evident within each individual adaptation described beautifully throughout the book. Clear examples are provided of how DBT has been used effectively in inpatient, residential, and outpatient settings, and with adolescent, dually diagnosed, eating-disordered, and geriatric patient groups. Individual chapters are devoted to the various complications and headaches (and how they were reduced) for each of these settings and with each of these patient populations. The authors are quite practical and often include adapted diary cards, commitment strategies, chain analyses, and skills worksheets aimed at getting the clinician on the right path.

In addition, included are several tips on how to overcome financial challenges and staff burnout. There is dedication to training alternate frontline staff, collecting data to support the efficacy of DBT treatment, and clients involved with several different centers or modalities.

This collection will prove invaluable to clinicians interested in adding DBT to a current treatment program or developing a DBT clinic. Rather than reinvent the wheel, it promotes creative critical thinking when making decisions about which modes one might use from comprehensive DBT and which modes one might adapt to best fit a given treatment setting and patient population.

It should be cautioned that this approach is meant to be used only by clinicians intensively trained in comprehensive DBT. One must have a clear understanding of the initial comprehensive model to ethically adapt DBT to another treatment setting. The text makes a reference to the impending need for certification of a program to legitimately claim it is providing DBT. This further emphasizes the need to put the time and effort into adapting DBT to an existing program. This volume demonstrates how such efforts can pay dividends.

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