

Working With Children and Adolescents: An Evidence-Based Approach to Risk and Resilience

edited by M. Elena Garralda and Martine Flament. In book series: *International Association for Child and Adolescent Psychiatry and Allied Professions*. Jason Aronson/Rowman & Littlefield, Oxford, U.K., 2006, 224 pages, \$50.00 (cloth).

Risk and resilience are core concepts in the field of child and adolescent psychiatry. Clinical and research evidence are increasingly informing an understanding of the pathogenesis and treatment of childhood psychiatric disorders. Edited by Drs. Garralda and Flament in conjunction with the 2006 World Congress of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), the present monograph compiles chapters written by international experts to outline up-to-date, empirically derived knowledge on risks and resilience factors for child and adolescent mental health. The contributions represent expert views supported by empirical evidence for selected disorders. The volume highlights how evidence of factors that confer biological and psychosocial risk for psychopathology as well as resilience (defined as the absence of risk and the presence of factors that have a protective effect) may inform best clinical practice.

Working With Children and Adolescents: An Evidence-Based Approach to Risk and Resilience is organized into 6 chapters that summarize current conceptualizations of risk and resilience as presented in the conference. Each chapter is organized by first presenting an overview of the current status of knowledge on the topic and then utilizing clinical disorders to delve into more depth about the biological and/or psychosocial evidence for psychopathology and treatment.

Two chapters on biological risk factors cover genetic and the hypothalamic-pituitary-adrenal (HPA) axis influences. The chapter by Johannes Hebebrand and colleagues provides a nicely conceptualized and very readable overview of the field of genetics—both conceptually and as pertains to simple and complex disorders. They describe the use of specific techniques, such as linkage analysis, the candidate gene approach, and linkage disequilibrium, in a succinct and understandable manner. The use of gene-environment techniques to parcel out predisposing genotypes and environmental influences in the actual development of a disorder is particularly enlightening. The chapter by Ian Goodyer provides a cogent discussion of the interesting finding of possible genetic variations in the behaviorally sensitive HPA neural pathways implicated in response to adversity and of the methodology used in teasing out possible mechanisms modulating emotional responses and psychopathology in childhood.

The 4 chapters on psychosocial factors address the influence of psychosocial adversity such as child abuse and neglect and of traumatic events such as exposure to war and violence, as well as school influences. Parenting influences on children's mental health are reviewed by Thomas G. O'Connor and Stephen B. C. Scott. They discuss social learning, attachment theories, and descriptions of parenting styles as the theoretical basis for the links between parent-child relationships and child outcomes. The authors summarize the empirical and clinical support for the hypothesis that one of the best predictors of children's well-being is a positive and supportive parent-child relationship. Ernesto Caffo and colleagues address the important topic of child abuse and review the literature on risk and resilience and the evidence base for prevention, early detection and intervention, and effective treatment of the abused child. Understanding

factors that promote resilience is given most prominence in the chapter by Raija-Leena Punamaki on children exposed to conditions of war and military violence. The chapter emphasizes the active process of child agency in making sense of and reacting to environmental stresses and the multilevel nature of mechanisms linking child development and adversities. School influences on child and adolescent mental health are described by Amira Seif el Din, who promotes the case for an effective mental health program being part of a comprehensive school health program. Accessibility of services, the potential for prevention and early intervention, and the promotion of the development of broader life skills in children and adolescents are all areas in which school interventions may have a positive public health impact on the lives of children.

The entire volume is a remarkably engaging, readable, and comprehensive compilation of selected topics of the recent advances in understanding risk and resilience factors in the field of child mental health. It is well written and well edited. The mission of IACAPAP is the dissemination of emerging knowledge and good clinical practice in the field of child and adolescent mental health worldwide. The present volume accomplishes this by providing a scholarly yet easily readable, interesting, and accessible summary of our current science and clinical expertise in the field of risk and resilience.

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DSM-IV-TR Case Book, vol. 2:

Experts Tell How They Treated Their Own Patients

edited by Robert L. Spitzer, M.D.; Michael B. First, M.D.; Janet B. W. Williams, D.S.W.; and Miriam Gibbon, M.S.W. APPI, Arlington, Va., 2006, 461 pages, \$62.00 (hardcover), \$42.00 (paperback).

If *The Journal of Clinical Psychiatry* were to publish titles for book reviews, I would title this review "The Value of Longitudinal Care and the Humility of the Treating Psychiatrist."

Coeditors Robert Spitzer, Michael First, Janet Williams, and Miriam Gibbon have done a splendid job of putting together case reports of 33 psychiatric patients who have been evaluated by their clinicians, the majority of whom are psychiatrists. At the introduction of each chapter, there is a brief summary of the experts' contributions to the field. The majority of the contributors are from the northeastern part of the United States, and a significant number are on the faculty of Columbia University, where the editors have done their collaborative work particularly as it relates to the DSM. The case reports average approximately 13 pages in length. The wealth of the clinical material squeezed into such a few pages is enormous, and the reader is left in awe that the contributors can share so much of their experience in such a limited amount of space. Indeed, the reader is left feeling that he or she has been introduced to an appetizer and wishing that there was time and space for more of the main course and dessert.

The ordering of the cases follows how the diagnoses would appear in the DSM-IV-TR. Hence, the first 2 cases relate to disorders with childhood onset. Establishing a high standard for the book, Glenn Hirsch and Harold Koplewicz do an outstanding job of reporting on a lad who was first seen when he was 7,

describing the evolution of his psychiatric problems (primarily related to Tourette's disorder) and the thinking that went into their careful diagnostic formulations and treatment planning. The format used is similar to that of most of the cases: the report begins with a history and then continues by describing presenting symptoms followed by the course of the illness, the mental status examination, and the diagnosis and treatment. What is remarkable is the longitudinal study of this lad from primary school till his unsuccessful time in college. The material aids the reader in understanding the importance of flexibility, patience, perseverance, and, ultimately, reality testing not only for the patient but also for the treating clinician. One of the finest parts of these case presentations is the authors' sharing how important it is to try different approaches to treatment based on the course of illness and life circumstances. The authors share how often not only is the patient frustrated by the limitations of psychopathology but that the treating clinician is frustrated by the scientific limitations of the field.

The next section includes a description of a patient with delirium. Steven Fishel and Benjamin Liptzin report on a 75-year-old man with a history of bipolar I disorder, hypertension, and type 2 diabetes and a recent onset of dementia. The setting is a medical service, and the authors do a phenomenal job of reviewing all of the possible causes of the patient's paranoid presentation. They ultimately pinpoint the patient's fever and urinary tract infection as the primary cause of his delirium, carefully reviewing and ruling out other possible etiologies. The case presentation was most instructive in how to deal with a medical staff that is eager to transfer a patient with delirium to a psychiatric service when the primary problem is medical. When the medical problem was treated, the delirium cleared. The psychiatrists assisted the primary care physician in the treatment of the delirium by suggesting psychotropic medications.

Next, Brian Fallon describes a 66-year-old patient with a history of hypochondriasis that in the past was so severe that the patient required electroconvulsive therapy (ECT). When the patient had a recurrence of symptoms, a readministration of ECT was ineffective. It is refreshing to read of Dr. Fallon's admiration for the tenacity and endurance of the patient's wife: Dr. Fallon admits, "I found spending 45 minutes with this man extremely trying." He not only goes on to report how he gave the patient the benefit of the doubt about having a medical condition but also shares how he ultimately made the clinical diagnosis of Lyme disease and then gives a scholarly review of the supporting laboratory explorations and findings.

The above are only 3 samples of the excellent case presentations that are included in this fine text. Other case studies covered include 5 patients with substance-related disorders, 2 with schizophrenic disorders, 7 with mood disorders, 1 with an anxiety disorder, 2 with somatoform disorders, 1 with a factitious disorder, 1 with a dissociative disorder, 2 with sexual and identity disorders, 2 with eating disorders, 2 with impulse-control disorders, and 4 with personality disorders.

Though they do not explicitly state as much, it appears that these experts have chosen some of their most difficult and challenging cases to report. More important than diagnostic categories is the rich clinical material that is presented. It is refreshing to read how experts share their troubles as well as their triumphs. It gives the rest of us clinicians a sense of hope and renewal to do good work.

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