Handbook of Psychiatric Drug Therapy, 5th ed.

by Jerrold F. Rosenbaum, M.D.; George W. Arana, M.D.; Steven E. Hyman, M.D.; Lawrence A. Labbate, M.D.; and Maurizio Fava, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2005, 322 pages, $49.95 (paper).

This is the much-anticipated follow-up edition of a highly useful handbook that has served countless physicians over the past 2 decades. It is the immediate successor to Arana and Rosenbaum's *Handbook of Psychiatric Drug Therapy*, 4th edition,[1] which was published in 2000. In the 6-year interval, the book has grown in the number of authors (from 2 to 5) and in the number of pages (67 additional) and most notably has changed in its organization and mission.

In contrast to the 4th edition handbook, in which commonly used psychiatric medications were presented in chapters according to their psychopharmacologic class (e.g., "Antipsychotic Drugs" or "Antidepressant Drugs"), the authors have completely reorganized the new chapters according to "disease-specific" groups (e.g., "Drugs for the Treatment of Psychotic Disorders," "Drugs for the Treatment of Depression"). Not so different, one might say, but consider this change: the full discussion of the pharmacology and psychotherapeutic use of the benzodiazepine class, entitled "Benzodiazepines and Other Anxiolytic Drugs" in the 4th edition, is in the 5th edition presented primarily in a new chapter, "Drugs for the Treatment of Sleep Disorders." The new chapter entitled "Drugs for the Treatment of Anxiety Disorders" is focused on all of the treatments for anxiety disorders (including first-line selective serotonin reuptake inhibitors) and refers the reader to the sleep disorders chapter for the discussion of benzodiazepine pharmacology. Similarly, the new chapter entitled "Drugs for the Treatment of Substance Use and Addictive Disorders" directs the reader to the chapter "Drugs for the Treatment of Anxiety Disorders" for the discussion of benzodiazepine pharmacology! Therefore, for broad classes of medications that are used diversely in psychiatric practice, such as benzodiazepines, antidepressants, and antipsychotics, the pharmacokinetic and pharmacodynamic properties are discussed in one chapter and the pharmacotherapeutic applications are discussed in other chapters. Often, the reader must take the initiative to correlate the two. The mission of the book has shifted after 4 editions (1987,[2] 1991,[3] 1995,[4] and 2000[1]) from a handbook on *drug* therapy to a handbook on drug *therapy*.

The "Disease-Specific Table of Contents" is expanded in the 5th edition and is now crucial to the reader's capacity to use the text as a reference. A catchall chapter in the 4th edition called "Other Drugs: Psychostimulants, β-Adrenergic Blockers, Clonidine, Disulfiram, Donepezil, and Tacrine" has been transformed in the 5th edition; the cumbersome mismatch of topics has been shed, and the information now finds a home in the new chapters "Drugs for the Treatment of Attention Deficit Disorders" and "Drugs for the Treatment of Dementia," as well as the aforementioned new chapter "Drugs for the Treatment of Substance Use and Addictive Disorders."

In the Introduction, the authors present an intention to base the treatments on current evidence in the literature, and in most chapters the references are updated publications from the year 2000 onward. However, the authors appropriately state the caveats (regarding the shift from a focus on *drug* therapy to one of drug *therapy*) that the brief discussions inherent in a handbook format could risk departure from an evidence basis and that when data are equivocal, the discussions could represent idiosyncratic treatment practices of the authors. The authors are generally able to avoid these dangers with sound, flexible advice; however, the warnings are occasionally apt. In the chapter "Drugs for the Treatment of Substance Use and Addictive Disorders," the authors present a discussion of the use of lorazepam versus diazepam for withdrawal treatment that neglects an adequate review of the risks in the medically ill for liver compromise, CNS depression, and drug interactions commonly encountered in clinical practice. In its brevity, the discussion proposes a preferred treatment that may not apply in those clinical settings that were not studied in the evidence cited.

Within its new format, the handbook expands the discussion of nonpharmacologic interventions throughout the text. The American Psychiatric Association Practice Guidelines[5] are evident in discussions about cognitive-behavioral therapy when indicated throughout the handbook, as well as in targeted discussions of electroconvulsive therapy, for example, in the treatment of a pregnant patient with bipolar disorder. The handbook's greatest utility remains its discussion of what to do when first-line treatments fail, and it remains faithful to its clinical applicability with the new emphasis on drug therapy.

In summary, in its 5th edition, the *Handbook of Psychiatric Drug Therapy*, by Rosenbaum et al., remains an essential tool for the busy resident in psychiatric training, the psychiatrist preparing for board examinations, and the clinical practitioner in psychiatry and allied professions. Much like a new car, a few changes in the body design may surprise fans of the earlier editions, but like earlier editions, this handbook will become a well-thumbed resource for clinical practice.

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Community Child and Adolescent Psychiatry: A Manual of Clinical Practice and Consultation

edited by Theodore A. Petti, M.D., M.P.H., and Carlos Salguero, M.D., M.P.H. American Psychiatric Publishing, Inc., Arlington, Va., 2006, 299 pages, $34.95 (paperback).

Community Child and Adolescent Psychiatry: A Manual of Clinical Practice and Consultation needs to be read and digested by every professional engaged in clinical services in community agencies and schools and should be required reading in every child and adolescent psychiatry residency training program. This book is a gem, loaded with critical information, laced with excellent clinical and administrative vignettes, enhanced by pertinent yet concise bibliographies, and written in a practical readable, non-cookbook fashion.

The editors assembled 31 authors, a virtual who's who in community and school mental health delivery. All authors bring experience, knowledge, and wisdom, as well as acknowledgment of honest mistakes, to their chapters.

The editors inform us in the introduction that this book is a guide and is the practice component of a manual developed by the American Academy of Child and Adolescent Psychiatry Committee on Community Psychiatry and Consultation to Agencies. They also inform us that this book is about the daily conflicts, crises, and dilemmas typical of public sector health delivery as well as the limited funds, the nature of the bureaucracies in which public agencies work, and the poverty and adversarial social environment in which many of the families served live. The majority of the content of the following chapters aptly tells the frustrating tale of how to balance these issues and how not only to survive but also to thrive in community settings.

The book is divided into 4 major sections. Part I, "Principles of Community Psychiatry," consists of 4 chapters that appropriately set the stage, in both content and style, for the chapters that follow. Important basic outlines, for example of the characteristics of Human Service Agencies and roles of and conflicts with community mental health workers, are extremely valuable. Equally helpful and useful are the insightful discussions of rural values in which relationships are crucial and the mental health professional and his or her family are frequently public figures.

Part II, "The Core Mental Health Professionals," consists of 4 chapters in which the education, training, and roles of the child psychiatrist, the child psychologist, the child mental health social worker, and the clinical nurse are described. This section is a necessary and required part of any publication regarding community clinical mental health services.

Part III, "Interdisciplinary Functioning in a Community Setting," consists of 9 chapters, each jam-packed with critical information about mental health services in a variety of community settings such as community mental health centers, schools, foster care, child care, partial hospitalization/day treatment, chemical dependency treatment centers, and residential care. The final chapter in this section, "Working With Advocacy Groups," is devoted to "help[ing] psychiatric professionals understand their role in working successfully with advocacy groups" (p. 231). The authors note that persistence and patience are needed to form partnerships, coalitions, and alliances with advocacy groups but are rarely found in early negotiations from mental health organizations.

Part IV, "Outcomes and Future Directions," rightfully frames critical steps to enhance greater movement toward community mental health programs. All 3 final chapters convey an optimistic yet realistic view of the needs of and directions for community mental health programs.

Overall, there are too many good things about this manual to single out special parts. Clearly, readers and reviewers will have their likes, dislikes, and biases. For example, Part II held less interest for me since I am familiar with the material and have written about this subject myself. Such a bias, however, does not and should not detract from the value of including such material.

This book is must reading. One is left with the sense that as long as the field of community mental health has committed advocates, ardent leaders and shakers, dedicated clinicians, and helpful practical inspirational manuals such as this, community child and adolescent mental health programs will continue to grow and thrive despite the struggles inherent in the work of this discipline.

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Infant and Early Childhood Mental Health: A Comprehensive Developmental Approach to Assessment and Intervention

by Stanley I. Greenspan, M.D., and Serena Wieder, Ph.D. American Psychiatric Publishing, Inc., Washington, D.C., 2006, 377 pages, $43.95 (paperback).

Drs. Greenspan and Wieder have authored an articulately authoritative volume that will be of definite interest to a broad audience of clinicians, educators, and families. The book's strength, beyond its essential content, is in its organization and clarity in communicating both concept and application, transforming idea into intervention. The text is organized into 4 parts, which outline the DIR (developmental, individual-differences, relationship-based) model, and applies the model's theoretical constructs to adaptive infant development, developmental differences or challenges, and more serious psychopathology.

Part I, "A Comprehensive Model for Infant and Early Childhood Mental Health," introduces a thorough and detailed discussion of the DIR model. Each developmental stage is the cumulative product of interrelated biophysiology and interpersonal experience, resulting in relative and simultaneous mastery of 6 cognitive and emotional milestones or core developmental capacities:

1. Shared attention and regulation (0–3 months)
2. Engagement and relating (2–7 months)
3. Two-way intentional affective signaling and communication (3–10 months)
4. Long chains of coregulated emotional signaling and shared social problem solving (9–18 months)
5. Creating representations (or ideas) and development of imaginative symbolic thinking (18–30 months)
6. Building bridges between ideas: logical thinking (30–48 months)

Part II, "Principles of Assessment and Intervention," applies the DIR approach to observation and interpretation of each capacity, integrating a child's constitutional-maturational characteristics with caregiver, community, and cultural factors. The assessment and case formulation processes are delineated and clinically illustrated. The functional emotional developmental profile is the base upon which therapeutic strategies, "Floortime" encounters, and strategic interventions are built.

Part III, "The Classification, Diagnosis and Treatment of Infant and Early Childhood Disorders," focuses on applications of the developmental biopsychosocial model to infants and young children with interactive disorders, regulatory-sensory processing disorders, and neurodevelopmental disorders of relating and communicating. These disorders reflect diagnostic characterization by *The Interdisciplinary Council on Developmental and Learning Disorders: Diagnostic Manual for Infancy and Early Childhood* (ICDL-DMIC).[1] The authors determined that discussion of the language and learning disorders were beyond the scope of the current text and thus did not include them.

Part IV, "Prevention and Early Intervention," presents a model for working with families from a population- or community-based perspective, including work with multirisk and multiproblem families. The model addresses intervention efforts for a continuum of infants and young children, from normally developing infants through those with multifaceted and comprehensive needs. A "service pyramid" illustrates the service development paradigm, which is constructed both for infant intervention and as a model for prevention and early intervention for all families.

Drs. Greenspan and Wieder have offered what will likely become a classic volume in the field of infant and early childhood mental health. Each section is conceptually clear and seamlessly integrated with those following. The DIR model, the "Floortime" approach, diagnostic assessments, and applied interventions are smoothly organized and richly illustrated in the case examples. Although the text is exhaustively researched and cited, future editions would hopefully include chapters or appendixes critically summarizing the research in this body of literature, perhaps through levels of evidence. Inclusion of population-based examples and program evaluation of the services model would be a hoped-for future direction for Part IV.

One recognizes an important theoretical and clinical contribution, as a clinician and as an educator, when discovering the excitement of possibility within the conceptual framework of a text. I found this text's depth, balance, and range ideal both as a sound clinical resource and as an accessible teaching tool. No doubt, this text will grace the desktops of many clinicians, teachers, and families, well marked and often referenced, for many years to come.

REFERENCE

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Fatal Flaws: Navigating Destructive Relationships With People With Disorders of Personality and Character

by Stuart C. Yudofsky, M.D. American Psychiatric Publishing, Inc., Arlington, Va., 2005, 494 pages, $35.00 (paperback).

This book is a readable, thorough, and unique practical sharing of the author's and his mentors' wisdom regarding personality disorders of all types delineated in the DSM-IV-TR. While useful to the professional audience, it is intended for a wider audience of the public who may be impacted by individuals with serious personality disorders. The author describes it as an unconventional book, a hybrid that is part psychiatric textbook and part self-help manual for patients and clients with personality disorders. Stuart C. Yudofsky, M.D., D.C., and Irene Ellwood Professor and Chairman of the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine, is an expert in this area, familiar with both the psychological and biological, including genetic, underpinnings of personality disorders.

The range of personality disorders, their characteristic presenting symptoms, and examples of typical responses to treatment when it is possible, are eloquently presented. The author engages your curiosity in that you can't be sure just what you'll find in the next chapter. The author describes individuals with many different types of personality disorder, including some who are suicidal and others who are dangerous. By chapter, these disorders include hysterical (histrionic), narcissistic, antisocial, obsessive-compulsive, paranoid, borderline, schizotypal, and addictive personality disorders. He appropriately explains the inclusion of addictive personality disorders although they are not in the DSM. The tables of diagnostic criteria and key principles of various disorders or their treatments ease the task for the reader in grasping the author's essential points.

The writing moves from introductions to the disorders to their diagnostic criteria, disguised (p. xii) representative case examples from his own practice, practical treatment options, to prognosis, and, finally, discussion summarizing his clinical wisdom and relevant research knowledge. For the nonprofessional, this is not light reading, and for the professional there is much to learn from this senior and very experienced clinician, teacher, administrator, and researcher. A broad range of interventions is presented, depending on the condition, from no treatment to diagnostic evaluation, hospital treatment, psychotherapy and/or couples or family therapy, and psychopharmacologic interventions. In addition to its being an excellent outline and guide of what to do, this text is also a useful guide for the lay public and professionals in what *not* to do for specific types of personality disorder. For instance, the author specifically discourages depending on Internet information about these disorders. The book is organized into sections that are easily read on their own. *Fatal Flaws* is a fine presentation of the author's professional (and, at times, personal) experiences with his patients and some of their responses and presents key knowledge in a readable, relatively nonacademic style, referencing many current and past authorities specific to each personality disorder.

While the book is not mainly an academic treatise, many but not all chapters contain valuable academic knowledge, which is supplemented with useful but not burdensome references for further reading. The audience, as stated on pages xii and xiii, is primarily "mental health students and trainees of all disciplines who aspire to learn more about the clinical features, biology, psychology, assessment, and treatment of people with personality disorders and character flaws." The author also aims to attract the interest of patients and clients and cautions them that much information on the Web is "misleading, inaccurate, exploitative, and even potentially dangerous to them" (p. xii). It is possible that some of the case material may be more challenging, or discussed more academically, than the general public would find palatable.

My reservations about this carefully written, and carefully edited, book are few. While many of his "VIP" patients are definitely not typical of patients with the disorder he is describing, they command one's interest, rather like reading about a movie star or pro athlete (in fact, there is one case of a famous athlete). The quality of the case descriptions is high and the diversity of the conditions described is great, which to an extent counterbalances the privileged characteristics of his patients. Nevertheless, it would have been better if he had presented some cases of more typical patients who were not so privileged, perhaps even unemployed or homeless people, since personality disorders occur across the spectrum of social classes. Case examples from more diverse socioeconomic backgrounds would have presented more accurately the reality of our patients and of psychiatric practice and countered the outdated and false stereotype that psychiatrists treat only the wealthy or VIPs. Today, in America, there is a steadily growing problem of access to psychiatric care; insurers are adding to their administrative staffs to screen out high utilizers, and the number of uninsured and underinsured people is growing. This book does little to suggest that psychiatrists are available to treat the underprivileged, which is not true. Psychiatrists provide not only direct services, but increasingly consultative services within teams via telepsychiatry, e-medicine, and other innovative means. Since trainees and professionals in psychiatry along with those in primary care, psychology, and social work bear significant responsibility for psychiatric care of the underprivileged and those with severe and persistent mental illness, this is a weakness of this book.

Overall, this book is a timely contribution to educate trainees, the general reader, and professionals not familiar with personality disorders. It is likely to be used regularly by those working to relieve the suffering of patients and of family members affected by people with personality disorders. It presents clear advice on recognition of these disorders, where to go and not to go for help, and what interventions or treatments should be considered once they are identified.

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Learning Cognitive-Behavior Therapy: An Illustrated Guide

by Jesse H. Wright, M.D., Ph.D.; Monica R. Basco, Ph.D.; and Michael E. Thase, M.D. In book series: Core Competencies in Psychotherapy. *Gabbard GO, ed. American Psychiatric Publishing, Inc., Washington, D.C., 2006, 300 pages, $49.00 (paperback), DVD included.*

Drs. Wright, Basco, and Thase have written a marvelously accessible guide to learning cognitive-behavior therapy (CBT). The book is more than an introduction, but it is not encyclopedic either. Primarily designed to teach CBT to psychiatric residents, the book will be useful to any clinician interested in learning CBT. Accompanying the book is a DVD containing several excellent video vignettes depicting therapeutic interactions between a psychotherapist and a patient that illustrate important concepts discussed in the book.

CBT has become part of the everyday lexicon of psychiatrists, psychologists, and mental health professionals everywhere. This psychotherapeutic approach and method had its beginnings in the 1960s and, from the outset, was based on empirical research. CBT is an efficient and pragmatic approach to helping patients with psychiatric problems. Over the past few decades, many carefully designed studies have supported the usefulness of CBT, especially those related to depressive and anxiety disorders. In the more recent past, CBT has been extended for use in treating a wide variety of disorders from schizophrenia and bipolar disorders to paraphilias in sex offenders. Although CBT can be used alone, it is often employed in conjunction with pharmacotherapy with both inpatients and outpatients. In view of the importance of CBT in modern psychiatric treatment, most clinicians will want to learn about CBT even if they don't plan to use it themselves.

Broken down into 11 chapters, 3 appendices, and an index, the book is very logical and orderly. It is also free of distracting misspellings and typographical errors, with a handsome, easily readable typeface. The authors begin with a summary of the basic principles of CBT, including a discussion of the origins of this remarkably successful therapeutic approach. Fortunately, the authors emphasize the importance of the therapeutic relationship in using CBT to successfully treat patients. The second chapter, devoted to the therapeutic relationship, describes "collaborative empiricism" as one of the core concepts that must be used if CBT is to be successful with a patient. Chapter 3 details the assessment and formulation of patients with whom CBT will be used. Subsequent chapters address an array of CBT techniques, including structuring and educating, working with automatic thoughts, and using behavioral methods and modifying schemas. A number of the CBT techniques described require the use of worksheets, which are included in the appendices or are available free on Web sites. The ninth chapter of the book sensibly discusses some of the common problems confronted when conducting CBT and strategies for overcoming them. The 10th chapter reviews using cognitive-behavior approaches in more severe disorders such as borderline personality disorder, bipolar disorder, and schizophrenia. The 11th and last chapter refers clinicians interested in becoming more accomplished in CBT to a variety of resources where they can obtain supervision, find out about workshops, or participate in a program to become certified in CBT.

Overall, this book is a gem and should be the first book anyone interested in learning about CBT consults. It is a thorough, readable, and pragmatic guide to this important and successful psychotherapeutic approach. After reading this book, those interested in becoming accomplished in CBT will have little difficulty in choosing a pathway to develop competency in this psychotherapeutic approach.

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