

Book Reviews

Michael H. Ebert, M.D., Editor

DSM-IV Sourcebook, vol. 4

edited by Thomas A. Widiger, Ph.D.; Allen J. Frances, M.D.; Harold Alan Pincus, M.D.; Ruth Ross, M.A.; Michael B. First, M.D.; Wendy Davis, Ed. M.; and Myriam Kines, M.S. Washington, D.C., American Psychiatric Association, 1998, 1176 pages, \$125.00; \$75.00 (paper).

The *DSM-IV Sourcebook* is the summary of a process that began in September 1987, when the American Psychiatric Association Committee on Psychiatric Diagnosis and Assessment began to explore timetables for the publication of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). The DSM-IV was the accumulation of the work of over 1000 experts in the field and involved countless hours of hard work that resulted in the most accurate and reliable diagnostic criteria to date, which, for the first time, used primarily a data-driven and documented decision-making process.

This fourth and final volume of the *Sourcebook* is divided into 3 sections. The first reports the results of the John D. and Catherine T. MacArthur Foundation–funded data reanalysis, the second reports on the field testing of criteria involving over 7000 patients that produced data used in the decision making of the DSM-IV, and the third presents an overview written by the chairs of the DSM-IV work group and summarizes the rationale for the major changes contained in DSM-IV.

We owe a debt of gratitude to all the contributors to DSM-IV. The DSM effort remains a work in progress. This *Sourcebook* is a historical document that provides insight into the decision-making process that created DSM-IV. It should be part of every medical school and psychiatry department library. Parts of it, such as the data reanalysis section, are difficult to read and would be primarily of interest to academicians. Other parts, however, especially the third part, are easy to read. I highly recommend it to academics, clinicians, teachers, and residents alike since it documents the thinking process underlying the diagnostic criteria we use every day.

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Model Psychopharmacology Curriculum for Psychiatric Residency Programs, Training Directors, and Teachers of Psychopharmacology

by The American Society of Clinical Psychopharmacology, Inc., New York, NY, 1997, 702 pages (no price listed).

The *Model Psychopharmacology Curriculum* is an ambitious effort to outline a model of how psychopharmacology should be taught, and it provides the core content of a psychopharmacology lecture series that extends across the 3 years of psychiatric residency training. It also represents the ongoing efforts of Ira Glick, M.D., the chair of the subcommittee of the American Society of Clinical Psychopharmacology responsible for this curriculum, and his collaborators, to update and expand upon

work begun nearly 2 decades ago (with the American College of Neuropsychopharmacology) to develop a model core psychopharmacology curriculum. The focus of this work includes both basic science and clinical applications, with a greater emphasis on current clinical use of psychotropic medications. Such a focus enables this volume to have far greater applicability than the teaching of residents: it can function also as the core of an in-service education program in a variety of mental health settings.

Unique features of this curriculum, compared with other psychopharmacology resources, include a section on “what and how to teach,” 32 lectures on basic and more advanced topics in adult and child psychopharmacology, and printed slide sets that accompany each lecture. Each lecture is prepared by a recognized expert in the area and includes current (through 1997) research findings, anecdotal reports, and recommendations regarding the use of the psychotropics for treating the full range of psychiatric disorders. Lectures are divided into a basic course, aimed at second-year residents, covering the major drug classes and use of medications in urgent situations and a more advanced course covering the use of medications for specific diagnostic entities. Lectures also address the psychopharmacology of substance abuse, geriatric psychopharmacology, the management of drug side effects, and the use of electroconvulsive therapy.

This curriculum should not be considered a textbook or handbook of psychopharmacology. It is not a reference in which to look up research findings, although it includes many such findings, or a primer in how to prescribe, although it includes many suggestions about prescribing. Rather, it provides a clinically oriented overview of the field aimed at teachers, medical directors, and others with a responsibility for educating others and assuring standards of knowledge and practice within an organization. It also provides several rating scales and lists books and journals relevant to psychopharmacology education. Thus, this curriculum fills a unique gap in psychopharmacology education.

The American Society of Clinical Psychopharmacology deserves to be commended for undertaking the difficult task of preparing this curriculum to assist faculty and staff involved in the teaching of psychopharmacology within residency training programs and elsewhere. Training programs and mental health organizations differ in their depth of in-house expertise, and this curriculum provides not only an overview, but actual lectures and handouts that can be presented (and modified) by available faculty, thus supplementing material developed locally. The breadth of the curriculum helps address the problem of potential skew in selection of topics and material based on the particular interests of local faculty. The material is presented at a level appropriate for residents and active practitioners, with practical take-home pointers that are applicable in any practice setting.

The ability of teachers to use the curriculum will be strengthened in the next edition, when the American Society of Clinical Psychopharmacology will provide the handouts in a computer presentation slide format as well, to allow educators to create overheads or slides of the excellent handout material. This will enable presenters to make customized slide shows,

overhead transparencies, and full-page printouts of slides for use in lectures and seminars. This reviewer is currently responsible for leading a psychopharmacology seminar for second-year residents and eagerly awaits the next edition of this curriculum!

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Current Diagnosis and Treatment in Psychiatry

edited by Michael H. Ebert, M.D.; Peter T. Loosen, M.D.; and Barry Nurcombe, M.D. New York, N.Y., Lange Medical Books/McGraw Hill, 2000, 640 pages, \$54.95 (paper).

With the availability of a plethora of textbooks and journals and the seemingly unlimited information available on the Internet, it is fair to ask if we need another general textbook in psychiatry. The answer of course depends on the quality and focus of the volume.

Current Diagnosis and Treatment in Psychiatry, the newest volume in the well-established Lange series, follows a model established by Lange Medical Books to write a text that not only covers a discipline in an encyclopedic fashion, but also presents the core knowledge of a discipline in a fashion that the student of the discipline, as well as the more experienced practitioner, can then apply to his or her clinical work. This link of critical knowledge to practice is not always clearly expressed in textbooks, and neither journals nor the Internet usually accomplishes this essential task.

The volume is organized into 5 sections. The first, "Scientific Areas Relevant to Modern Psychiatry," presents an overview of the core knowledge that is the basis of our field. The material is presented in depth. It would serve equally well for the new student of psychiatry or as a review for the seasoned practitioner removed by years from his or her residency. The reading is demanding, however, and requires the focused attention of the reader.

Section 2, "Techniques and Sellings," is aimed at the student or resident. It provides a framework for understanding what we attempt to accomplish in our clinical work and then how and where we function. An essential-to-read chapter for both inexperienced and seasoned practitioners is included in this section. It is Barry Nurcombe's "Clinical Decision Making in Psychiatry." Nurcombe outlines the complex processes we must follow in ascertaining diagnoses and developing treatment strategies. He argues that a DSM-IV diagnosis is not a replacement for clinical judgment. Simply placing patients into diagnostic categories does not on its own present an appropriate treatment. Nurcombe holds us to a higher standard that is both prescriptive as well as dependent on underlying philosophies for our clinical activities.

Section 3, "Syndromes and Their Treatments in Adult Psychiatry," essentially follows the structure of DSM-IV in presenting discussion of disorders. Depending on the diagnoses being discussed, issues in differential diagnoses are addressed, as well as a review of etiologic theories, epidemiology of the disorder, or any issue that would be relevant to the clinical practitioner when seeing a patient with the disorder. Treatment based on our current knowledge is then addressed. Treatment discussions address varied psychosocial interventions as well as pharmacotherapeutic interventions. Treatment recommendations discuss all possibilities with pros and cons of each clearly stated.

Sections 4 and 5 repeat Sections 2 and 3 but with a focus on child and adolescent psychiatry. Section 4 addresses the special activities that the psychiatrist must perform in assessing a child or an adolescent. Additionally, it provides models for using the complex data obtained to understand one's patient and his or her family and for using that data to obtain a diagnosis and decide on a treatment plan. In Section 5, the contributions not only discuss diagnosis and treatment issues but also explore potential weaknesses in DSM-IV diagnoses for adolescents. This section specifically explores issues of the validity of the diagnosis of conduct disorder for adolescents.

Perhaps we can now return to the question with which this review began. Does this volume provide information in a fashion that is distinct enough to warrant a student of psychiatry to consider purchase? The answer is "yes." The first 2 sections and Section 4, which deals with children and adolescents, provide a review of the scientific basis and core activities of our field and the general manner in which we translate this knowledge into clinical practice. Having read these 3 sections, the student or practitioner will be armed to comprehend in greater depth articles in our journals on the scientific basis of our field. Sections 3 and 5 comparably provide the student and resident with a foundation for understanding diagnosis and treatment.

In sum, the editors and authors have succeeded in providing a volume with a great deal of information in a readable, functional form.

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Coping With Trauma: A Guide to Self-Understanding

by Jon G. Allen, Ph.D. Washington, D.C., American Psychiatric Press, 1999, 385 pages, \$20.00 (paper).

Enter Jon Allen, Ph.D., psychologist, whose *Guide to Self-Understanding* extends the professional literature more toward the general population, albeit for those more psychologically minded than not, as exemplified by a liberal use of technical terms such as *internalized* and phrases such as *repetition compulsion*, neither defined. Identification of contributors is a hodgepodge; some are listed by name only (without credentials), others with role definition only (psychologists, psychiatrists), and one misidentified (psychologist Otnow, without her medical degree).

The book is a veritable cafeteria covering most if not all of the pertinent literature on trauma and related subjects. Organizing some 921 references reflecting the work of 383 authors is a Herculean task, and the organization of this over 300-page book is different from that of other texts. The numbered citations are collated by chapter into a section termed "Notes" where one can identify the who and when of the source. One then has to reach further to the References section to ascertain its ultimate source. For example, citation #4 (on page 5), concerning women surveyed about trauma, leads us to "Notes" on page 323, then further to page 363 to learn of the authors (Resnick et al.) and the specific reference source.

Dr. Allen announces his thesis in 2 different ways in 2 different places. His preferred route to the task of self-understanding is through knowledge of "attachment," stated in the salutation preceding the table of contents. I would define *attachment* as the process of forming a bond or special relationship with a person or thing that yields emotional comfort. Later, on page

96 under the heading "Memory," he says, "Here in Freud's writing of a century ago is the thesis of this book: the reactions (symptoms) are natural and understandable, given the traumatic experience."

The table of contents identifies a 4-part text that provides an opportunity to identify and explore 14 chapters comprising 107 topics (the "cafeteria" from which a reader can choose). I was not sure why an appendix entitled "Biology of Trauma" was so labeled at the end rather than being listed as part 5 or woven into the opening section, "Foundations of Trauma," or made part of the section "Understanding Your Brain and Be Gentle on Your Mind." It would provide a valuable road map to help the reader make the transition from biology to psychology.

Content-wise, another shift in the book's presentation might have opened the reader's eyes and mind, that is, presenting early on the concept discussed on page 79, that "a paramount human motive is to assign meaning, to make sense of the world." Another concept that I considered more profound as the essence of trauma, that of helplessness, first comes to us on page 133, but we have to wait further until page 267 of chapter 13, "Self-Regulation," for what should be the opening statement on the topic: "Helplessness is at the core of trauma." This idea needs to be up front as another road sign that says enter here and learn how trauma evokes this reaction, so you can begin to work on mastering it, or as Dr. Allen says, "Control is the antidote to helplessness."

My reading is that the text overemphasizes "attachment," and although it cites John Bowlby, M.D., it omits Leo Kanner, M.D., and Margaret Mahler, M.D., on the subject. The "secure base" and "proximity" are indeed vital, but at tragic times, not even the "mother-infant bond" protects. What I think may be at the root of successful attachment, hopefully serving as a buffer against trauma, is the presence or absence of fantasy, signifying

attachment. Here the role of interdependence, a meaningful and caring connection where two parties strive to help and be in tune with one another, is vital.

Another trend the reader should be aware of is Dr. Allen's heavy emphasis on the process of dissociation. In fact, the most numerous literature citations center around this "tool," 34 in all. On page 303, he instructs us that "you just need to use it more selectively," but doesn't tell us how we should use this unconscious ego defense mechanism without first learning of it through psychotherapy. There's an emphasis on psychotherapy, especially of the cognitive-behavioral kind, but there's a glaring omission: the term *psychoanalysis*, let alone its value as a treatment modality, is absent. It's not in the text or in the index. Yet about 10 pages, collectively, on the subject of hypnosis, displays the author's bias, to which he is of course entitled.

The writings on memory and affect are comprehensive, but perhaps because of the timing of its writing, the newer emerging biological components of posttraumatic stress disorder are scant. And in this litigious day and age, I would have welcomed more information on the interface of trauma and law as well as on the traumatic impact of all manner of discriminations and "-isms."

In sum, Dr. Allen has produced a useful addition to the field, promoting an attitude of respect, compassion, and helpfulness to those suffering the effects of trauma. The book is also easy on the eye; I found only 3 typographical errors. It's easy on the purse at \$20. The general public and beginning students in professional degree programs will be well rewarded thanks to Dr. Allen's efforts.

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