Psychiatry of Intellectual Disability: A Practical Manual

Michael H. Ebert, MD, Editor

Psychiatry of Intellectual Disability: A Practical Manual is organized into 16 chapters and an index. The contents are not formally divided into sections, but the subject matter of the book suggests that it can be functionally divided into the following 3 areas.

The general principles section comprises 6 chapters (“Overview,” “Psychiatric Assessment,” “Medical Assessment,” “Neurologic Conditions,” “Traumatic Brain Injuries and Co-occurring Mental Illness,” and “Interviewing Techniques”). The section that discusses specific psychiatric disorders is organized around diagnostic categories (“Mood Disorders,” “Anxiety Disorders,” “Psychotic Disorders,” and “Personality Disorders”). The final section on general issues and topics addresses special topics relevant to the psychiatric treatment of individuals with intellectual disabilities (“Aggression,” “Psychotropic Medications,” “Psychotherapy,” “Behavioral Assessment and Interventions,” “Legal Issues for Treatment Providers and Evaluators,” and “Syndromes of Intellectual Disability”).

References are located at the end of each chapter and range in number from a low of 19 (chapter 5) to over 100 (chapter 4). I did not calculate an average number of references for each chapter, but would estimate that it is in excess of 50 per chapter. The majority of the references were published within the last 10 years, and those that were older than this are still relevant. The degree to which the references are discussed within each chapter varies from cursory to more in-depth reviews of the methods and subject matter of the specific reference.

The variability in the chapters is consistent with what one usually finds in a multi-authored and -edited text. One of the 2 editors served as a coauthor of 8 chapters, and together the 2 editors were the primary authors for chapter 11 (“Aggression”), which is one of the most balanced and definitive chapters in the book. The other chapters that are particularly outstanding were “Personality Disorders” (chapter 10) and “Psychotropic Medications” (chapter 12). Both of these chapters cover issues that tend to be subject to categorical ideologically based opinions (such as the sometimes-held opinion that personality disorders should never be diagnosed in individuals with an intellectual disability). The authors’ approach to the controversial subject matter of these 3 chapters was thoughtfully balanced and evidence-based.

Although the book’s title refers to it as “a practical manual,” I found the book to be closer to a textbook. If all of its chapters contained the detailed literature review and analysis found in chapters 4, 9, 10, and 12, it would easily qualify as a textbook for this relatively narrow field of the psychiatric diagnosis and treatment of individuals with intellectual disabilities. Thus, the book easily surpasses its goal to serve as a manual for the psychiatric treatment of this population, as the chapters that are less definitive than the 4 alluded to above still provide a solid overview of the subject matter, including contemporary references. It will also be of value as a reference manual to those professionals who come into clinical contact with these individuals on a less frequent basis.

Psychiatry of Intellectual Disability: A Practical Manual will definitely appeal to those who spend the majority of their professional time providing psychiatric care to individuals with intellectual disabilities as well as to those with less frequent contact with this patient group.

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