

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Pharmacotherapy for Mood, Anxiety, and Cognitive Disorders**

*edited by Uriel Halbreich, M.D., and Stuart A. Montgomery, M.D. Washington, D.C., American Psychiatric Press, 2000, 804 pages, \$79.00.*

The past 30 years have seen marked increase in the development and use of pharmacologic agents for the treatment of psychiatric conditions. To treat patients with mental disorders with medication has had a great impact, not only on clinical practice, but also on drug development and how we classify emotional disorders.

This volume provides a bridge between the past and the future regarding the pharmacotherapy of mood, anxiety, and cognitive disorders. It is a multiauthored text, which, interestingly, seems quite even in its reading. A number of tables and illustrations throughout the text help to demonstrate the points made in the various chapters. The type itself is very easy to read, and the organization of each chapter is quite useful. The index is especially helpful, and the references, which are listed alphabetically at the back of the text, are numerous.

The text is divided into 5 sections. The section editors are well known. The first section comprises 5 chapters presenting overviews, first by Halbreich on what the book is about and other chapters on theories of pathophysiology of mood disorders, pharmacologic validity of diagnostic separation, signal amplification in psychiatric disorders, and gender differences in treatment. The section on mood disorders, edited by Robert Post, contains 6 sections relating to carbamazepine, nimodipine, lithium, valproate, inositol, electroconvulsive therapy, and transcranial magnetic stimulation. The antidepressant section is edited by Alan Schatzberg and contains 9 chapters. These chapters include a review by Montgomery on the mechanism of action of medications and subsequent chapters on serotonergic antidepressants, dopamine receptors, noradrenergic antidepressants, sleep and depression, hormonal interventions, management of treatment-resistant depression, treatment of psychotic depression, and depression maintenance therapy. The anxiolytic section, edited by Stephen Stahl, consists of 11 chapters. These include an overview of new anxiolytic models of anxiety involving physiology hormones and environment, serotonergic antidepressants, treatment of panic, treatment of social phobia, use of peptides as anxiolytics, cholecystokinin antagonists, neurosteroids, nonbenzodiazepine anxiolytics, treatment of obsessive-compulsive disorder, and treatment of refractory obsessive-compulsive disorder. The cognition and dementia section is edited by Juan J. Lopez-Ibor, Jr., and comprises 4 chapters: an overview of pharmacotherapy, cholinergic approaches, serotonergic mechanisms, and nicotinic-cholinergic approaches.

Obviously, this is not a book to read cover to cover but one to refer to as a reference text and use to review what has happened in established areas and find out what is about to happen in emerging areas. The chapters are comprehensive, well

written, and easy to read. Unfortunately, the most recent reference that I found was 1998, making this text somewhat dated. For example, there is no information regarding some of the more recently developed treatments, such as topiramate and gabapentin.

What seems to set this book apart for many is the critical approach taken by the authors regarding pros and cons of the various treatments. In that regard, the book is refreshing and, I think, very useful for practitioners and researchers in the targeted areas of mood anxiety and cognitive disorders.

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### **Diagnostic Assessment in Child and Adolescent Psychopathology**

*edited by David Shaffer, M.B., F.R.C.P., F.R.C.Psych.; Christopher P. Lucas, M.B., Ch.B., M.Med.Sc., M.R.C.Psych.; and John E. Richters, Ph.D. New York, N.Y., Guilford Press, 1999, 398 pages, no price listed.*

*Diagnostic Assessment in Child and Adolescent Psychopathology* is an almost 400-page volume crammed with state-of-the-art, contemporary information about what is known and not known in clinical and research encounters with children and adolescents and their families.

The book is divided into 4 major sections: (1) Measures for Assessing General Psychopathology, (2) Measures for Assessing Specific Syndromes, (3) Special Aspects of Assessing Psychiatric Disorders, and (4) Biological Measures.

Section 1 sets the stage in discussing the 3 major types of assessment tools: respondent-based interviews, interviewer-based interviews, and general child behavior rating scales. The authors in each chapter point out the relative strengths and weaknesses of each approach, noting that assessment instruments and rating scales provide generally inexpensive, convenient methods of obtaining information concerning diagnosis, treatment, and educational placement.

Section 2 provides an in-depth discussion of all the various rating scales for disruptive behaviors (attention-deficit/hyperactivity disorder, conduct disorder, oppositional defiant disorder), anxiety and mood disorders, and pervasive developmental disorders. These chapters are packed with information on the majority of the diagnostic assessment tools from the well-known Conners Scales and Children's Depression Inventory to other less well-known and less used scales.

Section 3 is devoted to special aspects of assessment such as cross-cultural issues, social and economical status, and family history, emphasizing that these variables can significantly alter the validity of various assessment instruments.

Section 4 rounds out this rich volume by discussing biological measures. The authors alert us to the fact that neuroendocrine and neurobiological functions provide us with more and more understanding of the underpinning of developmental psychopathology.

This is a well-written, well-referenced, and comprehensive volume by internationally recognized experts in the field. It is a must for all researchers and all students of child and adolescent psychopathology, including psychology interns, child and adolescent fellows, and clinicians. It is highly recommended.

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### **Dangerous Sex Offenders: A Task Force Report of the American Psychiatric Association**

by the American Psychiatric Association. Washington, D.C., American Psychiatric Association, 1999, 194 pages, \$29.95 (paper).

Although the official author of this book is the American Psychiatric Association, it was actually written by task force members who are experts in forensic psychiatry and on the topic of sex offenders: Howard Zonana, M.D., chair; Gene Abel, M.D.; John Bradford, M.D.; and Jeffrey Metzner, M.D.

Honest citizens do not like criminals and, in particular, do not want sex offenders living in their communities. Outrage occurs when a sex offender has served his time and is released, only to molest another child or rape another woman. Several state legislatures have tried to prevent these tragedies by finding a way to civilly commit sexually violent predators to a psychiatric facility after they have served their criminal sentences. For example, a man might serve 10 years in prison for committing a rape. As he approaches his release date, the state may file a petition to have the man civilly committed as a sexually violent predator. A trial occurs, and the person may be civilly committed until a court determines that he is no longer dangerous.

State psychiatric associations and the American Psychiatric Association have objected to these new sexual predator laws for several reasons, including that people will be civilly committed not because they have a mental illness but because they have manifested criminal behavior, that people will be committed for treatment when there is no reliable treatment for their condition, and that the laws are not constitutional. After several state courts and federal courts handed down decisions on both sides of the constitutionality issue, the U.S. Supreme Court declared that violent sexual predator laws are constitutional in 1997 in *Kansas v. Hendricks*.

Dr. Zonana and his colleagues have written a fine short book on this topic and its implications for psychiatrists. They explain the characteristics of paraphilias, outline the clinical assessment of persons with paraphilias, and list the components of a typical treatment program, such as behavior therapy, training in prosocial behavior, and relapse prevention. They address the evaluation and treatment of both adults and juveniles. They summarize the pharmacologic treatment of sex offenders, including the use of antiandrogens and serotonin reuptake inhibitors.

The authors wade into the murky area of sex offender recidivism, where it is difficult to obtain reliable statistics. It appears that incest perpetrators have a good prognosis, even when they are not treated, perhaps because incest is frequently driven by situational factors rather than paraphiliac urges. Rapists have the

worst prognosis and the poorest response to treatment. One more point is that the only treatment that is clearly effective in reducing the recidivism of sex offenders is castration, which is a good argument for developing reliable antiandrogenic medications.

The book explains another topic that mental health professionals should know about the evaluation and treatment of sex offenders: there are 3 more-or-less objective measures of a person's sexual interest (penile plethysmography, visual reaction time, and polygraph examinations), but these tests are not appropriate to use in court to show that a person has ever acted on his sexual interests. These tests should not be used to show at a trial that a crime was or was not committed. However, these tests may be very useful in overcoming denial in the context of a treatment program.

At the end of the book, the members of the task force take a stand by presenting specific conclusions and recommendations regarding sexual predator laws. Their bottom line is that "societal concerns about the need for punishment and incapacitation of dangerous sex offenders should be met through customary sentencing alternatives within the criminal justice system and not through involuntary civil commitment statutes" (p. 176). This straight-shooting book should be read by mental health professionals, criminal justice personnel, and legislators who must deal with these difficult issues.

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### **The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors**

by Shawn Christopher Shea, M.D. New York, N.Y., John Wiley & Sons, 1999, 254 pages, \$45.00.

The title of this concise, carefully conceptualized, well-written book conveys the author's state of mind when confronted with that most serious, anxiety-provoking clinical situation: the evaluation of the suicidal patient. The author is both an experienced psychotherapist, talented in the art of the interview of the suicidal patient, and a very practical clinician who has created a systematized approach to the assessment of suicidality. From the outset, the reader is aware that the author has great respect for the importance and difficulty of conducting the clinical interview that lies at the heart of the assessment of the patient. Thus, it comes as no surprise that his previous book is entitled *Psychiatric Interviewing: The Art of Understanding*. His goal of assisting clinicians to become more comfortable with the topic of suicidality is achieved by directing attention to the "phenomenology of the inner world of the actively suicidal" patient. Based on the assumption that an inadequate database is the single factor most responsible for errors in the assessment of suicidality, Dr. Shea carefully instructs the reader on ways to approach the patient in a fashion that facilitates the patient's revelation of his or her internal world. Without an understanding of that internal world, we cannot make effective decisions about clinical management.

Although this volume is not intended to be an exhaustive review of the literature on suicidality, it does provide a sufficient review of the field to acquaint the inexperienced clinician with enough information to be more comfortable with suicidal patients. Dr. Shea explores the patient's right to view suicide as a rational option, has a very thoughtful consideration of the socio-

cultural perspectives on suicide, and emphasizes that, as a general rule, despair more than depressed mood is central to assessing suicidality.

The book is written for all clinicians, and while I cannot imagine that even the most experienced reader will not learn much from it, I found some sections, such as the section on biological aspects of depression, somewhat oversimplified.

At the heart of Dr. Shea's approach to the assessment of suicidality is the CASE (chronological assessment of suicide events) approach. This method, developed by Dr. Shea, reflects the thinking of one skilled in both psychodynamic and cognitive-behavioral ways of understanding and interacting with patients. Although the psychodynamic aspects of the interviews are not explicitly identified, Dr. Shea's understanding that suicide is most often an attempt to find a solution rather than "copping out" and his awareness that the interviewer automatically becomes "part of the interpersonal field from which suicidal ideation arises" reflects his skillful blending of psychodynamic and cognitive perspectives. He elaborates a range of "validity techniques" and "practical techniques" that provide guidance and direction for the clinician without converting the interview into an impersonal gathering of data, which would be far less likely to uncover the private thoughts and feelings of the patient.

It would have been desirable to see a more extensive discussion of aggression in suicidal ideation and an exploration of the question of whether a suicidal patient should ever be allowed to sign into the hospital voluntarily (so many leave against medical advice). I also hope the second edition (I am certain one will be forthcoming) will include a more elaborate discussion of a failed evaluation. These shortcomings are minor, indeed. I highly recommend this book for all psychiatric residents and all other mental health students. Their teachers, as well, will profit greatly by reading it.

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### **Treatment for Chronic Depression: Cognitive Behavioral Analysis System of Psychotherapy (CBASP)**

by James P. McCullough, Jr., Ph.D. New York, N.Y.,  
Guilford Press, 1999, 326 pages, \$35.00.

Recent reports that patients with chronic depression respond to the cognitive-behavioral analysis system of psychotherapy (CBASP), especially in association with nefazodone, made this book compulsory reading. What a relief—not a mention of the word *serotonin*! Now, having read it twice, it is clear that the book will become more than compulsory reading: it will become a keystone for advanced training in the psychotherapy of patients with chronic depression. Describing CBASP, McCullough shows true mastery of a novel therapy approach for difficult, refractory, chronically depressed patients. His book offers two types of readers a valuable organization of therapeutic strategy for these patients. For the researcher, McCullough demonstrates a clinically significant therapy approach for chronic depression that begs consideration of certification in this method. For the seasoned clinician, the synthesis of pathologic processes and approaches to their treatment will inspire a refreshing view of difficult therapeutic problems.

The 70-page first segment, "CBASP and the Psychopathology of the Patient," sets the historical stage, albeit somewhat

slowly, for the method and procedures segment, which spans almost 150 densely written, thoughtful pages. The third and final segment (about 50 pages) summarizes the history of CBASP, describes training principles, points out differences from Beck's cognitive therapy (CT) and Klerman's interpersonal psychotherapy (IPT), and finishes with the chapter "Resolving Common Patient Problems and Crises." This chapter title is deceptive and could easily be misunderstood, because the point of this technique is its focus on teaching patients to resolve their own problems and crises. Resolving problems *for* patients is specifically disallowed in this method. Additional appendices assist in the administration of specific parts of the method, including interviewing techniques and rating scales for monitoring efficacy of the therapy.

CBASP adds several new ideas to aspects of previously developed therapy methods and applies the most desirable concepts to the treatment of chronically depressed patients. McCullough quotes from his predecessors liberally, humbly demonstrating that he is not pretending to have invented all of this. Indeed, when I discuss or supervise cases with other senior staff therapists (a formality, where I learn more than they), I hear many of the techniques of CBASP emerge without its formal structure. McCullough recognizes Freud (1916) to Rush (1999), Engel (biopsychosocial modeling) to Piaget (developmental modeling), and Beck (CT) to Klerman (IPT). But the structure offered here is compelling and adds a needed dimension of communicability to the essential components of this work. CBASP will no longer be an inscrutable eponym—it comes to life in a book that will breathe new life into the psychotherapy of chronic depression.

This book may not be ideal for neophyte therapists, because the method requires experience and maturity: the ability to resist doing work for the patient, the ability to provide disciplined personal involvement, and the ability to control therapist responses in a small emotional space of friendly dominance to friendly submissiveness. I recommend the book very strongly for the treatment of chronically depressed patients by therapists who have been in practice for 24 months to 24 years. The deciphering process needed to translate the formal CBASP technique terminology into tools for daily treatment of severely, chronically depressed patients will be well worth the clinician's time. Researchers interested in studying psychotherapy efficacy in chronically depressed patients should read this book because it will set a new standard.

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### **The Harvard Guide to Psychiatry, 3rd ed.**

edited by Armand M. Nicholi, Jr., M.D. Cambridge, Mass.,  
Belknap Press of Harvard University Press, 1999, 856 pages,  
\$75.00.

A book can be a classic if, in addition to vital current information, it generates questions from the intellectually curious and stimulates healthy debates in the process. This entirely revised edition of *The Harvard Guide to Psychiatry*, 4 years in the making and 11 years after its preceding version, certainly fits the bill. Fifty-six distinguished contributors shape the content of a volume in 6 original sections. The main virtues of the preceding editions are enhanced, and the new, added features provide sharper distinctiveness, deeper science, and subtler art to the work.

Part I, Examination and Evaluation, offers from the beginning the significant psychodynamic flavor that is one of the book's hallmarks. Excellent chapters on psychological and neuropsychological tests and on neuroimaging techniques contrast, however, with the omission of cultural psychiatry's clinical contributions to the history and to the current structure of DSM-IV. Part II, Brain and Behavior, starts out with a chapter on neurosubstrates of behavior and the effect of focal brain lesions on mental state, followed by outstanding reviews on central nervous system and intermediary processing, emotions and the limbic system, language and aphasia, and the relevance of neurologic disease to psychiatric practice. The section on neurobiology of mental disorders, particularly the genetic component, is of superior quality. The chapter on sleep and its disorders not only is well written but has very informative illustrations and an excellent section on clinical correlates with specific psychiatric disorders.

Part III, Psychopathology, starts with theories of personality, a significant part of which is devoted to classic psychoanalysis. Some readers may take exception with the notion that "other non-analytic views . . . tend to play a less central role in psychiatric thinking about personality and character." The strong Freudian edge shows again, however, with an entire chapter on defense mechanisms and another on the psychodynamic basis of psychopathology that make for a fascinating reading in spite of inevitable repetitions.

The clinical substance of the book begins with this third section. Some abruptness aside, the opening chapter on anxiety disorders and their treatment brings, like many others, a number of conceptual gems. The absence of a previous appropriate description of the corresponding clinical picture is partly remedied by a systematic presentation of behavioral, pharmacologic, and combined treatment approaches. The chapter on schizophrenia and other psychotic disorders focuses much more on the former and leaves little space for the latter. On the other hand, the only observations one can make on the chapter on mood disorders is the brief reference to the studies on personality and depression and an all-too-brief paragraph on the treatment of mania. The chapter on personality disorders is insightful indeed. The algorithms for diagnosis of disorders of cognition are thorough and easy to follow. Psychosomatic medicine and consultation liaison psychiatry delineate this frontier of knowledge in a very comprehensive way. Finally, after a quite informative chapter on substance use disorders, anorexia nervosa is the first entity in which socio-cultural factors are mentioned specifically as an etiopathogenic source.

Part IV deals with treatment approaches. The chapter on the psychotherapist is excellent even though, as expected, it also has strong psychoanalytical flavor, as do the discussions of group and family therapy and psychodrama, with supportive and brief psychotherapy occupying barely 2 pages. Chapter 21 on psychopharmacology is one of the most extensive as well as one of the best in the book. The omission of the newest psychotropic agents notwithstanding, the chapter is thorough, comprehensive, practical, and scholarly. As an aside, one would wonder if the distinction between hypnotics (most of them benzodiazepines) and anxiolytics is a valid one. Noncompliance is dealt with only in the summary section.

Another long chapter is the one on cognitive-behavioral therapy and systemic behavioral psychotherapy. Sex therapy is also included. The lack of mention of Linehan's dialectic-behavioral therapy, successfully used in borderline personality disorders, is somewhat striking. On the other hand, the usefulness of some of these core techniques for conditions such as posttraumatic stress disorder may be slightly exaggerated. Minor chapters are devoted to electroconvulsive therapy and clinical hypnosis. The section on patient management left this reader somewhat baffled. Given its separate discussions of emergency and inpatient settings, its rationale as well as its structure appear confusing. It ends with a few paragraphs on managed care and mention of limited budgets and capitation methods, which may be relevant but appear to be out of place here.

Part V deals with special populations and has chapters on children, adolescents, the elderly, the mentally retarded, alcohol- and drug-dependent persons, persons with chronic mental illness, and those confronting death. This is an original structure that allows for general descriptions with a mix of solid theoretical discussions as well as practical management points. An insightful discussion on infant psychiatry is worth mentioning, as is the sequential description of the adolescent period. The notion of "diagnostic overshadowing" in mentally retarded individuals is legitimately important, and the chapter on alcohol and drug dependency is also cogent, particularly in the conceptualization of management; a slight drawback is the overwhelming material on alcoholism in detriment of that related to drug abuse proper. Some readers could also take exception with the all-too-ready ascription of violent behavior to psychiatric patients, particularly those with chronic mental illness. The qualities assigned to caregivers of persons confronting death could very well be those of every kind of mental health caregiver; such are that chapter's depth and comprehensiveness.

Part VI, Psychiatry and Society, is an exquisite canvas of themes as pertinent to the practice of psychiatry as a solid choreography is crucial for the presentation of a masterpiece ballet. Topics such as race and culture in psychiatry, ethical issues, psychiatric epidemiology and population-based psychiatry, and psychiatry and the law, some of them brand-new for this version of the *Guide*, are very well presented.

What sets *The Harvard Guide to Psychiatry* apart from similar works are the scholarly style used by most of its authors; the emphasis on the art and science of psychiatry in their most modern versions; the systematic mention of psychodynamic topics, perhaps as a reflection of a heartfelt humanism in the contemporary conundrum of our discipline; and the generic approach that gives the clinician a broad, minutia-free, and integrated view of the field. Sometimes one misses literature contributions from parts of the world other than the United States or Europe, or wishes a more balanced presentation of sociocultural issues or less redundancies in some sections. Yet, in the end one knows that the *Guide* will be there to help on a busy work day, or simply to give the reader a genuinely delightful pleasure.

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