

Research Methods in Psychiatry, 3rd ed.

edited by Chris Freeman and Peter Tyrer. Royal College of Psychiatrists/Gaskell, London, England, 2006, 368 pages, \$40.07 (paperback).

There is a serious concern in academic psychiatry that fewer psychiatrists are choosing careers in research. This has been explained by a number of factors including the reality that many psychiatry residents in the United States have accumulated substantial debts at the time that they are ready to make critical decisions about their career direction. Salaries from research fellowships may be substantially less than those in private practice or other clinical positions. Moreover, there is uncertainty about success in obtaining grants and positions that will support an individual's career in the early and middle stages.

One approach to this problem is to introduce research training and research experiences relatively early in psychiatry training or during medical school. Success at this early stage may help an individual to appreciate the advantages of a scholar's life. However, there are serious obstacles at this stage. Mentors may be more interested in interactions with experienced young investigators who have a commitment to their area. There is very little in the literature to help the trainee who is unfamiliar with the vocabulary and the basics of research in psychiatry.

This volume is a broad overview of research methods that will be helpful to psychiatry trainees who are interested in initiating their first research activities. Although it is written from the perspective of investigators in the United Kingdom, nearly all of the book will be relevant to researchers in the United States. The research areas include clinical trials, epidemiology, qualitative research, systematic review, and specialized areas such as child and adolescent psychiatry, learning disabilities, and psychotherapy. (This book is unlikely to be helpful to trainees who are interested in basic or preclinical research.) Each of the sections assumes relatively little knowledge of methods or the content area. The authors of each chapter are aware of the pitfalls in their area that could discourage a young investigator.

The chapter on getting started provides a pathway for the trainee who is ready to make a commitment to research. This includes selecting a research question that is worth answering, approaching and reviewing the psychiatric literature, developing a hypothesis, and getting supervision. A chapter by the editors also focuses on how to write a research paper and how and where to get it published. It emphasizes that papers from junior investigators tend to be too long and often include information that is not directly related to the research. The chapter on statistical aspects by Tony Johnson provides a superb guide on the critical decisions an investigator must make in designing a clinical trial. Using examples from published studies, Johnson describes typical randomized parallel-group designs, crossover designs, pragmatic trials, and others. There is also a useful description of how a power analysis is carried out and how it can be interpreted. Although the authors do not mention it explicitly, I believe this chapter makes a strong case for consulting a statistician at the very earliest stages of protocol development.

I believe that this book will also be useful to trainees who are readers of psychiatric research and who may only write a review or a case study as part of a residency requirement. The chapter by Matthew Hotopf titled "Systematic Research and Meta-Analysis" can stand alone as a literature guide for a trainee who is interested in how a Cochrane review is carried out or how risk ratios and odds ratios are calculated in a meta-

analysis. The chapter on epidemiology also provides an excellent overview that will help investigators and readers improve their understanding of this literature.

Stephen R. Marder, M.D.

Semel Institute for Neuroscience
University of California Los Angeles
Los Angeles, California

© Copyright 2009 Physicians Postgraduate Press, Inc.

The Kazdin Method for Parenting the Defiant Child: With No Pill, No Therapy, No Contest of Wills

by Alan E. Kazdin, Ph.D., with Carlo Rotella, Ph.D. Houghton Mifflin Company, Boston, Mass., 2008, 288 pages, \$26 (DVD included).

Parents frequently request guidance or materials from health and mental health professionals to manage problems experienced in raising defiant children. Intended for parents of both normally misbehaving and seriously conduct-disordered children, *The Kazdin Method* offers a comprehensive, evidence-based program to meet that need and serve as a reference for clinicians, teachers, and all core mental health professionals. Systematic ways to improve a child's behavior are complemented by depictions of common mistakes parents make that actually reinforce negative, undesired actions and attitudes. Employing a social learning theory framework, the book argues that identifying the root cause of behavior is not required to effect positive change. It achieves the objective of making the approach accessible and feasible for parent application by using easily understood language and illustrations. Existence of over 500 therapies for parents and clinicians is noted, but the book correctly states that only a small percentage have been tested scientifically and that even proven strategies are misunderstood and inappropriately applied. Thus, dialogue samples illustrate principles to employ with children ranging in age from very young to preteenagers.

The chapter entitled "The Seven Myths of Effective Parenting" depicts common beliefs based on incorrect assumptions that have shaped parent behavior and resultant defiant offspring behavior and frustration. For example, the first myth, "Punishment will change bad behavior," illustrates how punishment used alone may temporarily stop misbehavior but that, over time, as the punishment fails and unwanted behavior to gain parent attention persists, parents fall into the "punishment trap," i.e., a vicious cycle of escalating levels of punishment, sometimes leading to physical abuse and modeling violent behavior to solve conflict. Punishment has been demonstrated to increase children's aggression, resulting in increased punishment in a persisting cycle. However, within the context of another myth and in a separate, must-read chapter, punishment, when applied briefly and mildly early in the misbehavior within well-defined guidelines and a program emphasizing positive reinforcement, can be highly effective. Other myths debunked, with concomitant alternative strategies, include "More reminders lead to better behavior," "Explaining to your child why a behavior is wrong will lead him or her to stop that behavior," "Lots of praise just spoils your child," "Doing it once or twice means your child can do it regularly," "My other child did not need special training or a program, so this child shouldn't need them either," and finally, one using the "M word" so disliked by child advocates, "My child is just being manipulative."

The book repeatedly acknowledges the difficulty and complexity of parenting in contemporary society. The chapter devoted to implementing a positive parenting program to assure socially acceptable behavior considers positive reinforcement, reinforced practice, shaping, and extinction. It discusses how to integrate antecedent behaviors into desired behavior by (1) identifying positive opposites to the undesired behavior in easy-to-implement steps, (2) providing the opportunity for such positive behavior to be carried out, and (3) detailing consequences that reinforce the most-wanted or extinguish the undesired behavior.

Subsequent chapters describe common situations parents face, beginning with toddlers. Tables, charts, and forms efficiently and effectively illustrate the rationale and process of implementing the principles described. Parents should be cautioned about the chapter, "Beyond the Method," which contains controversial and limited comments about the psychopharmacologic treatment of related disorders. This chapter ignores data suggesting an organic basis for some related behaviors, including inattention and problems with executive functioning, that may respond to psychotropic medications. Even with that limitation, this book is remarkably useful for parents, trainees, clinicians, administrators, teachers, and anyone caring for a defiant child or one at risk for oppositional or conduct problems. Parents and teachers have commented on its particular value for this purpose. With the one reservation, it is highly recommended.

Theodore A. Petti, M.D., M.P.H.
Robert Wood Johnson Medical School
Piscataway, New Jersey

© Copyright 2009 Physicians Postgraduate Press, Inc.

Working With Families of the Poor, 2nd ed.

by Patricia Minuchin, Ph.D.; Jorge Colapinto, L.Psych., L.M.F.T.; and Salvador Minuchin, M.D. The Guilford Press, New York, N.Y., 2007, 259 pages, \$25 paper, \$45 cloth.

How to serve the multicrisis poor? *Working With Families of the Poor*, Second Edition, presents a multisystem approach in which one or more agencies interact with the families to address problems, including psychiatric disorders (especially substance abuse). The authors provide brilliant descriptions of how families as systems attempt to survive, how government agencies as systems attempt to help, and how the 2 or more systems interact. We write "two or more," because more than one family may be involved, and more than one agency often is needed.

Of course, "system" can have various meanings. Clinicians working with a person with multiple crises should ascertain the context within which the person lives, the involvement of others in the problems, and the resources available from family and friends. To be useful in addressing crises, this assessment should explicate how each person in the family impacts others. This explication gives the system predictability, which is essential to a rational basis for each therapeutic action. While it is not always easy to predict their impact, systems do tend to behave in repetitive ways, so that simply noting past interactions tends to be predictive. Determining a family's patterns, subsystems, boundaries, and transitions facilitates predictability. This book gives a play-by-play account of this approach to problem-solving.

Social service agencies are complex systems within larger social-political-legal contexts that determine values and deci-

sions. Again, one has to comprehend the impact of each agency and agent on the others to have the predictability that allows for positive results.

Readers meet a wide variety of dysfunctional families with members who have suffered enormously, many with some psychiatric disorders. Of great value are specific word-for-word accounts of interactions that demonstrate how one approaches system-thinking on one's feet. While the authors stress that clinicians should restrain their expertise, that is not a call for passivity. Instead, as one reads the interactions of these clinicians with the families, one is impressed with the courage of the clinicians.

This book has multiple strengths. For example, specific programs—foster care, addiction, residential, hospital, and perinatal—are described. All of these descriptions are a pleasure to read, not only for the success the programs achieve in addressing the immediate multicrisis, but for their potential in achieving primary and secondary prevention. These descriptions not only give the reader an inside look at how much goes into helping just one person, but they also show positive "ripple effects" of helping these families.

We applaud this book for its attempt to call attention to a group that is largely overlooked, yet whose members have the potential to make positive changes in their lives if given some help. The writers are on the front lines of this fight, and by describing their experiences with their clients, they put a human face on problems society would prefer to ignore.

Difficulties with the book, most of which are structural, are few. In an effort to cover a large volume of material, the writers sometime jump from topic to topic without fleshing out an experience completely. Also, the sentence structure can sometimes be complicated, which can tire the reader. Overall, though, those who work with the multicrisis poor will find this book a useful resource.

Roger Peele, M.D.
George Washington University
School of Medicine and Health Sciences
Shanique Cartwright, M.D.
Howard University College of Medicine
Washington, D.C.

© Copyright 2009 Physicians Postgraduate Press, Inc.

Metabolic Syndrome and Psychiatric Illness: Interactions, Pathophysiology, Assessment and Treatment

by Scott D. Mendelson, M.D., Ph.D. Academic Press/Elsevier, Burlington, Mass., 2008, 203 pages, \$99.95 (paper).

Individuals with serious mental illness often are overweight, smoke, and receive minimal medical attention, all of which puts them at risk for diabetes and cardiovascular disease. Only during the past decade, following the introduction of second-generation antipsychotics, has there been significant attention to these issues. In fact, the combination of such elements has been a topic of study within internal medicine for many years and was initially labeled "Syndrome X" by Gerald Reaven.¹ Mendelson's book thus begins with an extraordinary summary of an interview with Gerald Reaven and his conception of insulin resistance as the common factor in Syndrome X. The rest of the book outlines the elements that contribute to this syndrome and approaches to manage metabolic syndrome in psychiatric patients.

The chapter on the pathophysiology of metabolic syndrome outlines the elements leading to this metabolic problem. The role of adipocytes, cells that sense the need for and intake of fat by other cells in the body, is elucidated. Adipocytes also secrete adipocytokines and leptin. Leptin can modulate the accumulation of fatty acids that are toxic to cells. It is not clear how leptin resistance develops, but this is a potential factor in metabolic syndrome. Inflammatory cytokines as well as leptin may foster insulin resistance, since insulin fosters uptake of fatty acids as well as glucose in adipocytes.

The volume then focuses upon the relationship of metabolic syndrome to psychiatric illnesses, as well as psychotropic medications. Depression may be related to metabolic syndrome and insulin resistance. Interestingly, lithium stimulates insulin-related enzymes. Could lithium mimic insulin? The book also discusses metabolic syndrome in patients with Alzheimer's disease, those with sleep disorders, and those with sexual dysfunction.

An excellent discussion of the relationship between depression and heart disease presages the American Heart Association's recent recommendation to screen for such mood disorders in cardiac patients.²

The final chapters outline therapeutic approaches to metabolic syndrome. Dietary interventions and the role of nutritional supplements are discussed. To date, there is limited evidence to definitively utilize nutritional supplements rather than a balanced, appropriate diet with sufficient micronutrients. The book ends with a summary chapter that is short and reflects the limits of our approach to this difficulty. Appropriate diet, increased

exercise, a reasonable sleep routine, and stress reduction are all important. Limitation of alcohol intake and appropriate treatment of comorbid psychiatric illnesses are essential. At this point in time, sadly, inadequate reimbursement and limited options for treating those with serious mental illness hamper this goal. Nevertheless, all clinicians should own this book. It presents in an easy-to-understand manner a wide variety of topics that go beyond the metabolic syndrome attributed to atypical antipsychotics. Currently, it is the best resource that discusses the links between cardiac disease, inflammation, and depression, as well as all the other elements of metabolic syndrome seen in serious psychiatric illness.

REFERENCES

1. Reaven GM. The insulin resistance syndrome: definition and dietary approaches to treatment. *Annu Rev Nutr* 2005;25:391–406
2. Lichtman JH, Bigger JT Jr, Blumenthal JA, et al. Depression and coronary heart disease: recommendations for screening, referral, and treatment. A science advisory from the American Heart Association Prevention Committee of the Council on Cardiovascular Nursing, Council on Clinical Cardiology, Council on Epidemiology and Prevention, and Interdisciplinary Council on Quality of Care and Outcomes Research. *Circulation* 2008;118(17):1768–1775

Thomas N. Wise, M.D.

Virginia Commonwealth University School of Medicine
Richmond, Virginia

© Copyright 2009 Physicians Postgraduate Press, Inc.