

Oxford Textbook of Philosophy and Psychiatry

edited by K. W. M. Bill Fulford, Tim Thornton, and George Graham. Oxford University Press, Oxford, United Kingdom, 2006, 872 pages, \$110.00 (paperback with CD-ROM containing 179 essential readings).

Not all of us have been intrigued by philosophy. Plato, Descartes, Kant—those are names representing ideas we may feel we should know more about, but, what can you say? We are busy clinicians, and keeping up with the latest developments in our field is already more than we can accomplish. And yet, we all probably confronted, at one point or another in our medical school education and beyond, fundamental philosophical questions, such as the definition of health, the meaning of suffering, or the ephemeral, subjective nature of pain. If we choose to become mental health professionals, philosophical challenges—whether we identify them as such or not—accompany us in our practice, our research, and our encounter with students on a regular basis. A few buzzwords may illustrate the point: *mind-body dichotomy*, *antipsychiatry*, *personality structure* (and *personality disorder*), *sociopathy*, *insight*, *judgment*, *evidence-based medicine*, *involuntary treatment*, and so forth. There is now available a splendid source to put such concepts or questions in the context of the Western philosophical tradition.

The *Oxford Textbook of Philosophy and Psychiatry* is a heavy tome. Using the construct of “edge problems” and relying on case-based discussions throughout, the book progresses logically from a review of core concepts in philosophy and mental health, through a philosophical history of psychopathology, a summary of the philosophy of science and mental health, and a section on values and ethics, to the final part, devoted to philosophy of mind and mental health. The authors have wisely avoided an encyclopedic approach, but have selected certain philosophical schools of particular relevance to science, medicine, and the practice of psychiatry and review and apply them in great depth. Inevitably, this limitation will leave some readers disappointed who look for information on non-Western philosophies or current areas of discussion such as postmodernism or deconstructionist theory.

For this reader, however, the 872 pages of this volume were pushing the limit of what a practicing clinician can try to absorb. In any event, the book is part of a series of works on the topic, and additional publications will undoubtedly address issues not covered here. Also, the reader learns about a peer-reviewed journal in the field (*Philosophy, Psychiatry, & Psychology*) as well as an organization devoted to exploration of the interface between psychiatry and philosophy (the Association for the Advancement of Philosophy and Psychiatry). These resources should provide additional information to those who miss certain subjects in the present volume.

The authors speak to the reader directly (frequently employing the second person singular), develop their questions based on clinical case material, and then progress into philosophical concepts. It is in this last step that the clinician who is untrained in philosophical discourse will have to work hard not to get lost. Working hard often involves doing the exercises assigned throughout the book and studying complementary readings, which are included on a CD-ROM that comes with the book. These readings are all primary source materials rather than reviews or commentaries, and they are carefully selected for relevance to the subject under discussion. I found that a glossary of philosophical terms was a useful adjunct as well.

No one will presumably read this book cover to cover. However, as the authors point out, it is possible, and quite fruit-

ful, to tackle subject areas as need and interest guide the reader. The 5 large parts, enumerated above, each contain chapters that, in turn, are subdivided into several “sessions.” These sessions each provide a valuable in-depth discussion of questions we bring to our field. For instance, the issue of psychiatric diagnosis, which has been such a provocative topic at least since the introduction of DSM-III in 1980, takes on a new dimension if reviewed in the context of various conceptual frameworks (descriptive-phenomenological, etiologic, experiential, etc.) and critically discussed as a function of the purpose of diagnoses.

Similarly, the subject of psychoanalysis, which is so easily dismissed in clinical settings today because “it has no scientific grounding,” becomes a much more nuanced topic against the authors’ thorough discussion of the limits of evidence-based medical practice as opposed to the art of medicine (and psychiatry) in the sense of individual encounter between doctor and patient. Here, inclusion of self-psychological thought (Winnicott, Kohut) would have rounded out the discussion even more.

It bears emphasizing that the authors’ aim is not to provide an answer to the questions they raise, but to engage the reader in a more systematic discussion of the subject matter by introducing organizing philosophical concepts. They succeed in this quite well by including exercises and assignments (even adding time limits for the tasks) and then reuniting, as it were, with their reader after the homework has been done to take another look at the case that introduced the subject matter. Besides the CD-based complementary readings, there are exhaustive lists of references, predominantly from the British and European spheres, and on every other page or so, a bearded, (usually) Teutonic philosopher’s face is sternly looking from the page, daring the student to continue the quest.

This book is the only psychiatry text I have seen with 2 forewords by sitting members of the British House of Lords. And after reading a good part of the work and contemplating its impact, I concluded that this unusual distinction is not out of place. The *Oxford Textbook of Philosophy and Psychiatry* is unique in its class: there is no other comprehensive systematic approach to the topic, and my suspicion is that it will rank one day with Jaspers’ *General Psychopathology*¹ as a classic text of its kind. While Jaspers (who is copiously dealt with in this book) added more original concepts to the field than the authors of the *Oxford Textbook of Philosophy and Psychiatry* do, it is these authors’ impressive accomplishment to have ordered the massive material they deal with into an accessible discourse that is not only challenging, but enjoyable to engage in. Occasional density of philosophical jargon and occasional lapses in psychiatric terminology (using, for instance, the discarded term *organic*) are of minor import. This is a magisterial work that addresses perennial issues of vital interest to any thoughtful clinician. I recommend it as a source of information that will not be outdated after a few years, but will remain relevant for a lifetime of professional practice.

REFERENCE

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Handbook of Child and Adolescent Psychopharmacology

edited by *Benedetto Vitiello, M.D.; Gabriele Masi, M.D.; and Donatella Marazziti, M.D. Informa Healthcare, Oxon, Great Britain, 2006, 400 pages, \$139.95 (hardcover).*

Given the rapidly changing advances in the biological treatment of children and adolescents and the number of recent works devoted to this area, a book on pediatric psychopharmacology, to be worth purchasing or reading, must offer clinical insights into treatment options, detail adverse effects of medication or medication classes of clinical importance, provide a solid base for understanding the nuances related to the prescribing and monitoring of psychotropic medications, and integrate the material such that it will not be soon outdated. The *Handbook of Child and Adolescent Psychopharmacology* does this in a succinct and easily read manner and accomplishes its stated task of providing practical, updated, evidence-based information on the best use of psychotropics to clinicians caring for youngsters with psychiatric illness. Acknowledging the controversial nature of medication prescribed to manage childhood emotional and behavioral disturbances, it describes features of various disorders but inconsistently considers psychosocial interventions that may be appropriate for particular disorders or symptom complexes.

Chapter 1, "Introduction: Psychopharmacotherapy in the Developmental Age," sets the book's tone by emphasizing the growing evidence base and absolute need for comprehensive assessment prior to implementation of therapeutic interventions. Chapter 2, "Practicing Evidence-Based Pediatric Psychopharmacology: Essential Concepts," will be especially useful for clinicians striving to become acquainted with this new set of constructs emphasizing scientific evidence that will soon define the practice of medicine. It has an amazing amount of helpful, orienting information that should be of great current and future utility to most readers. Factors that influence treatment decisions, features by which to judge efficacy studies, and levels of evidence for evaluating efficacy studies are concisely detailed; a table listing antidepressants for teens with major depression provides a concrete example for levels of efficacy evidence.

The remaining chapters consider the major classifications of pediatric psychopathology. Chapters vary in quality. Must-read chapters are those on anxiety disorders, major depressive disorder, Tourette's syndrome, bipolar disorder, psychotic disorders, impulsive aggression, and attention-deficit/hyperactivity disorder. These particular offerings have greater elaboration and provide a more comprehensive overview of the topic area, including more concrete approaches to assessment and treatment considerations, case examples, or a section titled "Frequently Asked Questions." Readers will find the integration of neurobiology with phenomenology, nosology, and therapeutic interventions of great benefit.

As with most work in child and adolescent psychiatry, reviews on psychopharmacology are limited by the lag time between the rapid advances made in the field with breakthrough developments and the time of publication. The material on the pervasive developmental disorders is interesting; unfortunately, though, a table meant to detail the evidence for utility of serotonergic medications was not included. The "Conclusion Section" encapsulates what is not known and what more is needed for informing clinical practice for pediatric psychopharmacology.

Overall, the *Handbook of Child and Adolescent Psychopharmacology* is a well-referenced, useful overview that gives readers a handy structure for understanding the basis and process for

prescribing medications to psychiatrically ill youth. It should prove especially helpful to psychiatric residents and trainees in the core mental health professions. Clinicians more than 3 years posttraining may also find it of benefit as a primer for contemporary evidence-based practice, which can be expected to become more prevalent as the clinical literature increases usage of related vocabulary and concepts.

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Managing Suicidal Risk: A Collaborative Approach

by *David A. Jobes, Ph.D. The Guilford Press, New York, N.Y., 2006, 222 pages, \$30.00 (paperback).*

Suicide is a preventable death. Managing its risk is one of the biggest clinical challenges for all health professionals. With the ever-shrinking length of inpatient care and with the ever-growing watch on utilization of care, the challenge of managing suicidal risk keeps rising. Clinicians are always looking for tools that will allow them to be objective in their assessment and collaborative in their clinical approach with patients.

Toward this end, Dr. David A. Jobes offers hope and promise with his book. Dr. Jobes, a psychologist, educator, and clinician is also a career suicidologist. He took up the challenge of researching this field after being inspired by the suicidal attempt by a patient of his in an inpatient unit, an incident that every care provider dreads. He has published extensively in the field of suicidology and has presided over the American Association of Suicidology. His book deservedly has a foreword written by a pioneer suicidologist, Edwin S. Shneidman, who found the book "like Mozart to my ears"!

As Dr. Jobes notes, the book is the culmination of 20 years of clinical work and research with suicidal patients. Its focus is a clinical approach called Collaborative Assessment and Management of Suicidality, or CAMS. Philosophically, this approach is basically oriented toward keeping suicidal patients out of inpatient settings. The key word in Dr. Jobes's approach is *collaborative*, as the patient is engaged in the management of his or her own outpatient safety and stability. CAMS provides a twin framework, evaluative and therapeutic, guiding both clinician and patient through assessment and subsequent clinical care. The core multipurpose tool within all phases of CAMS is the Suicide Status Form (SSF), which is to be used in 3 phases of clinical care: index assessment/treatment planning, clinical tracking, and clinical outcome. This tool helps both provider and patient from beginning to end. While, when used in its entirety, the SSF also offers the best protection against any malpractice litigation, pragmatically parts of the SSF can at times also be used separately. Flexibility, adaptability, and compatibility with various schools of thought and theory—including analytic, cognitive-behavioral, and humanistic—are some of the remarkable features of the CAMS.

Another attractive feature of Dr. Jobes's approach is the objectivity his tools allow the clinician to develop in assessing, tracking progress, and measuring outcome. These are life savers for the clinicians in this managed care climate and given the ever-increasing emphasis on evidence-based medicine.

The book consists of 9 chapters and is well written, illustrated, and referenced. It also includes several helpful appendices showing complete case examples. With 222 pages, it is easy reading, again a tribute to the communication skills of the author.

While this book is indubitably a masterpiece and ought to benefit providers and patients alike, some reservations, to be realistic, might be mentioned. The arena of public health is replete with suicidal risk due to several issues: examples include prevalence of severe and persistent mental illness, disjointed systems of care (a significant proportion of patients not keeping their first outpatient appointments following inpatient care), “musical chairs” that providers occupy in mental health centers, increasingly disproportionate emphasis on psychopharmacotherapy, emerging hospitalist model of care in psychiatry, and ever-shortening outpatient slots. The consumers and crew in this arena need more tools such as this good book, but the reality of the trenches has a sobering effect when one realistically evaluates the resources needed to ensure that practitioners will have the time and training and, most importantly, will be able to ensure the continuity of care that this approach entails.

Perhaps, it would be an interesting research project to evaluate the utility and cost-effectiveness in public sector psychiatry of the approach presented here. I believe a limited application of its contents in such an arena will be more practical and, certainly, a step forward in optimizing therapeutic outcome. Those of us who, due to the nature of our practice or preference, can see the patients along the continuum—from inpatient to outpatient care—will gain a lot from this book. However, the ultimate gain will, hopefully, belong to our empowered patients via a collaborative experience with their care providers, as envisioned by Dr. Jobes.

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Nonverbal Learning Disabilities: A Clinical Perspective

*by Joseph Palombo, M.A. Norton Professional Books,
New York, N.Y., 2006, 321 pages, \$37.50 (hardcover).*

This is Joseph Palombo’s second book about children and adolescents with special needs. He is an experienced clinician with a gift for integrating and explaining the latest research in neuroscience, psychiatry, and psychoanalysis. In concise and

clear language, he summarizes the clinical findings and advances in the treatment of nonverbal learning disabilities. This book is aimed at psychiatrists, psychologists, therapists, teachers, and parents. Palombo guides the reader through case histories and clinical tips on how to help children with nonverbal learning disabilities learn to deal with the social and cognitive problems related to deficits in the white matter of their non-dominant hemisphere.

Palombo describes students with nonverbal learning disabilities as having significant impairments in math computation, time awareness, visuospatial orientation, attention, executive functioning, handwriting, and communication. These children lack social skills, appear wooden and anxious, and cannot decode social cues. Palombo uses clinical cases to help the reader learn to differentiate the attentional and social problems of nonverbal learning disabilities from the similar difficulties seen in students with attention-deficit/hyperactivity disorder (ADHD), Asperger’s disorder, anxiety disorders, and right hemisphere dysfunction.

The book is divided into 4 parts. Part I contains a detailed neurobehavioral profile of difficulties associated with nonverbal learning disabilities, including difficulties in math skills, nonlinguistic perception, attention, writing legibly, and judgment. Part II shows how these difficulties can lead to social clumsiness and emotional immaturity. In Part III, the author sensitively portrays the intrapersonal effort these children must exert to relate socially and make attachments. Part IV is especially helpful with tips on treatments for nonverbal learning disabilities, including education, psychotherapy, behavioral interventions, and medications.

This book is a major contribution to the understanding of not only children with nonverbal learning disabilities, but also those with ADHD or Asperger’s disorder and other children who lack social skills. The author has made the effort to integrate neuroscience and behavioral science. The results show all professionals and parents how to help these children with special needs.

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