

Intellectual Disability: Understanding Its Development, Causes, Classification, Evaluation, and Treatment

by James C. Harris, M.D. Oxford University Press, New York, N.Y., 2006, 429 pages, \$47.50 (hardcover).

James Harris's book will be of interest to readers well beyond the field of psychiatry. Professionals of all disciplines who diagnose, treat, and assist in the daily lives of individuals with intellectual disability will benefit from this remarkable volume.

He begins with a critical analysis of changing concepts of intellectual disability and deftly summarizes the history of this field from its origins in ancient times. Harris analyzes how beliefs held by physicians, religious authorities, and the general public at different points in history have profoundly affected an individual's functioning in everyday life. Indeed, Harris argues that comprehensive care requires us to have an empathetic understanding of the long history of stigmatization that has characterized this field. He also invites us to move beyond the concept of "mental retardation" and embrace "intellectual disability," where the term *disability* refers to impairments in functional capacities within specific societal and cultural contexts. He provides ample documentation of the broad range of difficulties faced by individuals with intellectual disability over the course of development and the need to maintain an individualized approach to intervention that builds on strengths and addresses areas that require specific remediation. He also challenges all of us to monitor public sector resources and service commitments to maximize the independence and self-esteem of individuals with disabilities.

Given our background in psychiatry, some of the most useful parts of this book are the chapters "Etiology and Assessment" and "Understanding and Evaluating Emotional and Behavioral Impairment." In these chapters, Harris explores the links between mental and behavioral disorders and intellectual disability. First, he points to the importance of the underlying neurobiology of specific disorders and how they may or may not set the stage for a psychiatric disorder. For example, a child with an IQ of 45 with tuberous sclerosis is at high risk for autistic disorder, but a child with the same IQ due to cerebral palsy is not. Second, he reminds us that having an intellectual disability may predispose the child to an emotional or behavioral disorder due to the negative effects on self-esteem that may arise if the child is not treated with respect by his teachers and peers.

Harris' compendium of specific neurodevelopmental disorders in his chapter entitled "Genetics, Behavior, and Behavioral Phenotypes" is a useful guide to the latest advances in science and makes this volume a valuable resource for clinicians of all disciplines who work with adults and children with disabilities. Other reasons this book should be a daily companion for those of us that work in this field are the appendices that provide an up-to-date listing of resources and contact information for advocacy groups and national organizations concerned with services for persons with developmental disabilities and their families. The author's summaries of recent national forums, including the 2001 Surgeon General's Conference on Health Disparities and Mental Retardation, the 2003 conference that led to the publication of *Keeping the Promises: National Goals, State of Knowledge, and Research Agenda for Persons with Intellectual and Developmental Disabilities*, and the work of the President's Committee for People With Intellectual Disabilities, usefully remind us of the goals and action steps needed for

advancing the care and support required to maintain the mental and physical well-being of these vulnerable citizens who number at least 2.9 million in the United States alone.

Tangentially, in recent years when I think of James Harris, I think of his monthly covers of the *Archives of General Psychiatry* and the accompanying column, "Art and Images in Psychiatry." With this volume, we are reminded of his professional identity as a caring clinician and leading advocate for those with intellectual and developmental disabilities. The content of his book is broad, deep, and useful. Harris's skill as a writer and organizer cannot be overstated. He uses a mixture of technical and lay language to paint the multifaceted picture of a complex field that stretches from historical accounts to the latest advances in genomic sciences to issues of social policy and ethics. To achieve this coverage in a single volume is a remarkable accomplishment.

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Children of Divorce: A Practical Guide for Parents, Therapists, Attorneys, and Judges, 2nd ed.

by William Bernet, M.D., and Don R. Ash, J.D., M.J.S. Krieger, Malabar, Fla., 2007, 189 pages, \$31.50 (hardcover).

Bernet, a child psychiatrist, and Ash, a judge, combine their talents to update this excellent book on divorce. The authors fill an important need: to provide information for divorcing families trying hard to nurture their children.

While primarily intended for divorcing parents who are hoping to raise their children in a healthy way, the book is also intended for several other audiences. Legal professionals, judges, and attorneys will find the authors' suggestions innovative and useful. Therapists who treat families affected by divorce will find information that is helpful, if not essential, to practice. This book will also be useful to grandparents, relatives, school personnel, and others who love or work with children whose parents are divorcing.

The book's foundation is set in 3 basic principles: that children of divorce should have a good relationship with both parents; that divorcing parents should find ways to minimize the disruption created by divorce and make life as normal as possible for their children; and that divorced parents and their children need to accept the inevitable disappointment and move on with their lives.

From there, the book focuses on 2 issues: what to do about conflict and how to provide an optimal level of stability. To this end, the book is filled with creative and useful suggestions that parents may decide to implement, custody evaluators may decide to recommend, and judges may decide to order.

Although the book is not a basic textbook in family law, the authors have included summaries of important legal cases covering several areas of family law. These topics include moving away (*In re Marriage of Burgess*), grandparents' rights (*Painter v. Bannister*; *Troxel v. Granville*), and religion (*Zummo v. Zummo*). The inclusion of these cases will benefit not only legal professionals and forensic psychiatry fellows, but also nonprofessional readers. The legal cases are interesting, and individuals involved in divorce will be able to relate to the issues described in the cases. They serve to educate the nonprofes-

sional reader about where the “rules” come from and how the presiding judge will think about issues in cases in which they may be involved.

In order to get away from the notion that the custodial parent is totally in charge and the noncustodial parent is less than a full parent, the authors use in this edition the newer terms *primary residential parent* and *non-primary residential parent*. The authors make these terms less cumbersome by using the abbreviations “PRP” and “NPRP.” This echoes other writers who use less inflammatory language in order to foster mutual cooperation rather than kindle disputes.

The book is educational, easy to read, entertaining, and an essential read for many, but especially for parents who are divorcing.

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Substance Use Disorders: A Practical Guide, 2nd ed.

by *Stuart Gitlow, M.D., M.P.H., M.B.A.* In book series: *Practical Guides in Psychiatry*. Lippincott, Williams and Wilkins, Philadelphia, Pa., 2007, 368 pages, \$39.95 (paperback, pocket size).

Substance Use Disorders: A Practical Guide, second edition, by Stuart Gitlow, is one of several books in the successful *Practical Guides in Psychiatry* series. In this wonderful and highly accessible book, Dr. Gitlow conveys a formidable understanding of substance use disorders and genuine compassion for those who suffer from these devastating illnesses. He writes with wit, clarity, and impressive literary acumen that facilitate both an enjoyable and an informative read. The author has many decades of experience in diagnosing and treating addictive illnesses, and it is this informed background that is particularly evident in the many clinical vignettes that pepper the text. I found these vignettes to be quite realistic, comparable to scenarios I see regularly in practice, and an excellent means by which the author illustrates major concepts discussed in the text. Although the pharmacologic management of addictive illnesses is adequately covered, the emphasis of this book is on the importance of recognizing substance use disorders and the key role of psychosocial interventions, including the physician-patient relationship, in optimizing the chance of lasting recovery from these chronic diseases with significant morbidity, mortality, and relapse rates.

The book is organized into 3 sections, comprising 27 chapters, and 5 appendices. Section I, “General Principles of Substance Use Disorders,” focuses on diagnostic terminology and approaches. Section II provides a comprehensive review of the most commonly abused substances. This section also covers treatment during detoxification and recovery. Section III elaborates further on treatment in the short- and long-term management of substance use disorders. The 5 appendices cover standardized exams that gauge the presence of substance use disorders and the assessment of withdrawal, further resources and helpful Web sites, the Federal Controlled Substances Act, and state certification and licensing boards for alcohol and drug abuse counselors.

In Section I, Dr. Gitlow stresses the importance of recognizing substance use disorders. Without recognition, opportunities for intervention and a better outcome are missed. The author defines what constitutes a substance use disorder and points out that the abuse of a particular substance is but a symptom of a

more complex psychological disorder. Additionally, Dr. Gitlow reviews the DSM IV criteria for substance abuse, dependence, intoxication, and substance-induced disorders.

In Section II, the author admirably covers the gamut of commonly abused substances. He does not omit, in this slim text, any substance to the best of my knowledge. Dr. Gitlow correctly includes nicotine in this section and reminds physicians of the importance of diagnosing and treating nicotine dependence. Additionally, he covers detoxification and introduces the reader to the treatment options for the specific substances in this section.

In Section III, Dr. Gitlow delves more deeply into the treatment of substance use disorders and how to maximize the chance of sustained recovery. He includes biopsychosocial treatment formulations in this section. Treatment settings and 12-step programs are extensively covered. Dr. Gitlow does a wonderful job of advising the reader on how to recognize and address patient resistance to 12-step programs. He includes thought-provoking and insightful chapters on medical-legal issues and the role of spirituality in recovery.

This practical book succinctly covers the fundamentals of addiction psychiatry practice and is equally suited and highly recommended for psychiatrists at any experience level and physicians in other fields of medicine with potentially high exposure to patients with substance use disorders (e.g., emergency department and primary care physicians).

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Understanding and Treating Adults With Attention Deficit Hyperactivity Disorder

by *Brian B. Doyle, M.D.* American Psychiatric Publishing, Inc., Washington, D.C., 2006, 342 pages, \$57.00 (softcover).

Dr. Brian B. Doyle is Clinical Professor of Psychiatry and of Family and Community Medicine at Georgetown University School of Medicine in Washington, D.C. In this capacity, he has opportunities to interact with numerous adults whose functioning level is suggestive of attention-deficit/hyperactivity disorder (ADHD), but who may never have been diagnosed or treated. In order to reach these individuals as well as to provide information for those familiar with the diagnosis, he has written a thorough and easily readable text.

Topics covered include psychopathology of ADHD; treatment options, including stimulant medications, nonstimulant medications, ADHD coaches, and more traditional psychotherapy; countertransference issues in dealing with patients who are often poorly organized; considerations when dealing with comorbid conditions and refractory cases; and legal considerations associated with ADHD, including accommodations in the academic and workplace environments. Salient points are summarized at the end of each chapter and are followed by an extensive bibliography on the topic covered in the chapter. There is also an appendix listing reputable Web sites for finding information about general medical conditions, mental health diagnoses, and, more specifically, ADHD.

Doyle begins by presenting arguments about the importance of developing specific diagnostic criteria for adult ADHD, of promoting research documenting the economic and emotional impact of the disorder on individuals with the diagnosis and their families, and of initiating randomized clinical trials to evaluate the efficacy of medications and/or therapy in treating the symptoms. While Doyle acknowledges that there are

individuals for whom ADHD has allowed greater productivity or endurance, he cites more evidence where ADHD has negatively impacted driving ability, academic progress, occupational attainment, development and maintenance of intimate relationships, parenting skills, risk of substance abuse, and the ability to handle everyday activities, such as paying bills on time, remembering appointments, or being able to find one's keys.

Doyle's chapter on diagnosing ADHD begins with a history of the development of the ADHD diagnosis in children and adolescents through the DSM revisions and explains the current subtypes of ADHD that have been described. He then presents what is known about the course of ADHD in adults, comparing and contrasting the frequency and intensity of symptoms and the response to treatment. For example, Doyle cites the 90% response rate in children to stimulant medication compared to the approximately 60% to 70% response rate in adults. He hypothesizes reasons why adults might have lower response rates, including comorbid diagnoses, such as depression, anxiety, and substance abuse. He questions whether these comorbid diagnoses may have developed partially in response to the difficulties encountered in living with ADHD symptoms over a lifetime, especially if the diagnosis was never identified or treated.

The chapter discussing comorbid and treatment-refractory ADHD contains substantive information about overlapping symptoms between ADHD and affective disorders, anxiety disorders, disruptive behavior disorders, tic disorders, psychotic disorders, substance abuse disorders, learning disabilities, and personality disorders. Doyle provides epidemiologic data on the rates of comorbidity and tools for distinguishing between the differential diagnoses. For example, when discussing the differentiation versus comorbidity of ADHD and bipolar disorder, Doyle states that bipolar symptoms should be evaluated first. His rationale is that a patient with only ADHD will usually

present with only 1 symptom that meets criteria for bipolar disorder, but a patient with comorbid ADHD and bipolar disorder usually has 6 bipolar symptoms. When discussing treatment of patients with comorbid diagnoses, Doyle employs Wilens' cardinal rule: "Treat what's worst, first." He provides specific information about the recommended first choice in medication management and psychotherapy for most combined conditions and offers pearls regarding medications that treat multiple symptoms from diverse diagnoses.

For individuals who suspect that ADHD may be an undiagnosed but challenging influence in their lives, this is an excellent resource for obtaining information about the need to seek professional help. For primary care physicians and mental health care professionals, such as psychologists or social workers, Doyle's book offers thorough explanations about recognizing, diagnosing, and treating adults with ADHD. Professionals not only are reminded of the difficulties faced by patients with ADHD in dealing with symptoms in their daily lives, but also are cautioned about potential countertransference issues when the patients fail to show up for appointments or lose prescriptions. For child and adolescent psychiatrists, the book offers information that can be shared with parents who are seeking information about the prognosis of a child recently diagnosed with ADHD. For adult psychiatrists, the book emphasizes gaps in the current available knowledge about ADHD in adults and the need for further research. In addition, it serves as a reminder that ADHD should be maintained on the list of differential diagnoses, particularly when dealing with patients who are not responding as expected to the current treatment regimen.

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