

## Book Reviews

Michael H. Ebert, M.D., Editor

### Juvenile Sexual Homicide

by Wade C. Myers, M.D. Academic Press, San Diego, Calif., 2002, 185 pages, \$79.95.

This monograph addresses a form of psychopathology that mental health clinicians may encounter only once or twice in their careers—sexual homicide by an adolescent. The author estimates that there are about 9 juvenile sexual homicides in the United States each year committed by youngsters who will be evaluated by forensic psychiatrists and psychologists and ultimately treated by therapists who work in prisons. However, this short book should interest clinicians who work with adolescents because it graphically presents the thoughts, fantasies, and psychodynamics of many disturbed teenagers, although only a few of them act out their fantasies in the form of sexual homicide.

Myers located and studied 16 young men convicted of sexual homicide, who apparently constitute the largest number of such subjects ever reported in one publication. He collected and analyzed information regarding the offenders' demographics, families, criminal behaviors, motivations, sadistic fantasies, psychological symptoms, personality characteristics, and clinical diagnoses. Ultimately, Myers was able to categorize the 16 subjects into 4 general types: explosive type ("a sudden release of pent-up sexual and aggressive feelings" [p. 129]), predatory type ("offender is on a hunting expedition" [p. 137]), revenge type ("feels angry toward a specific victim for having done something wrong to him" [p. 138]), and displaced matricide type (the subject was angry at his mother, but killed another woman). Myers said the latter is a rare form of murder requiring confirmation through further research.

The psychosocial data regarding the 16 study subjects are interesting. Every offender in the study had an impaired capacity to feel guilt, a history of neuropsychiatric vulnerabilities, and serious school problems. Almost all of them had a diagnosis of conduct disorder, a history of transitory psychotic symptoms, and a history of sadistic fantasies. The most common Axis II diagnoses were schizoid and schizotypal personality disorders. Almost all subjects came from severely dysfunctional families and had a history of childhood maltreatment.

There are implications in this research for clinicians who treat teenagers who are seriously disturbed but have not yet committed offenses as serious as rape and homicide. For instance, they may be able to discuss fantasies with adolescent patients to find out if they collect sadistic pornography. Also, therapists may be in denial that their patients could commit heinous acts. In some instances, adolescents committed serial rapes or murders while continuing in outpatient psychotherapy. Perhaps therapists who read this book will be able to prevent future juvenile sexual homicides.

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### Concise Guide to Computers in Clinical Psychiatry

by Carlye H. Chan, M.D.; John S. Luo, M.D.; and Robert S. Kennedy, M.A. APPI Press, Washington, D.C., 2002, 176 pages, \$27.95 (paper, pocketsize)

Saying that *Computers in Clinical Psychiatry*, the new volume in the *Concise Guide* series from APPI Press, is useful for psychiatrists is similar to saying that the Yellow Pages is useful for finding the phone number of the local pizza place. It is true, but it vastly understates the utility of the document. This book would be useful to anyone seeking answers to basic questions about computers, information systems, and the Internet. It is definitely written with a clinician in mind and some focus on mental health issues, but it is clear, relatively complete, and well organized. An alternative title for this book could be *Everything You Always Wanted to Know About Personal Computing*.

It is indeed a concise guide. It is a small paperback book (as are all of the APPI books in this series) and is easy to keep in a briefcase or a desk drawer. It is a perfect volume for novices who have decided they want to become more computer literate and to avail themselves further of the help that technology can bring. The book is oriented around the very basic questions that people who are approaching the subject always ask. For example, it deals with choosing a computer and how to buy one; desktop versus notebook computers; what various types of peripheral equipment such as printers, scanners, and other devices do; and why you may or may not need them. It also has a whole section on personal digital assistants such as a Palm Pilot, how to choose one, what the differences between them are, and how to use them. It deals with various software packages, talking about what they do and focusing in particular on their applicability in psychiatric practice. It has an excellent section explaining what the Internet is and how it works, which may do wonders for taking away some of the intimidation for a relative neophyte of getting on-line. It also has sections that may apply somewhat more directly to mental health issues. These include telemedicine issues and the obstacles in implementation, security issues, and a discussion of HIPAA (Health Information Portability and Accountability Act of 1996), a major ongoing issue for information technology and psychiatric practice. It ends with a speculative section on what the future of information technology may mean, both in general and for mental health professionals.

The beauty of this book may provide its only liability. This is not a comprehensive textbook on information technology. It also does not purport to come up with state-of-the-art examples of the application of information technology. If you are a knowledgeable computer type whose role with your friends and colleagues is to give them computer advice and try to help them fix whatever problems they are having, you will find this book boring. The great strength of this book is to answer any and all basic questions, no matter how simplistic, that may be too embarrassing to call and ask your computer-literate friends about but for which picking up an inexpensive book and looking up the

answer would be delightfully easy. It is important to note that although this book is quite readable, it also is well indexed and has a complete glossary of terms, which will make the language of information technology considerably less foreign sounding.

It is heartening that a book as wonderful and instructive as this came from psychiatry. I know of no other books like it for any other specialty, medical or otherwise, and I would imagine that most practitioners and most people in general would find this book extremely useful.

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### **Handbook of Diagnostic and Structured Interviewing**

by Richard Rogers, Ph.D. Guilford Press, New York, N.Y., 2001, 490 pages, \$52.00.

With the advent of DSM-III-R, psychiatry committed itself to a quantitative and operational system. Although a dramatic increase in reliability was achieved, clinical diagnosis was, and is, still completely dependent on how the history of illness was obtained. Slight changes in inflection, in choice of language, and in sequence of questioning, coupled with clinicians' idiosyncratic choices as to what questions should be asked and determination of what answers are clinically relevant, result in unnecessary diagnostic variability. Structured interviews were designed to remedy this problem by organizing clinician inquiry and by limiting, as much as possible, sources of needless variance. As the author of this work notes, however, mindless adherence to structured interviews, at the cost of rapport and abandonment of clinical intuition, can result in a cure that is worse than the problem itself.

Many specific instruments designed for differing levels of clinician experience and for varying applications (e.g., clinical screening, treatment, research) have emerged and given rise to a parallel universe of studies on their validation, generalization, and cross-cultural application. This work aims to review, compare, and contrast each of the major structured diagnostic instruments, focusing on the Diagnostic Interview Scale (DIS), the Schedule for Affective Disorders and Schizophrenia (SADS), and the Structured Clinical Interview for DSM-IV Disorders (SCID), as well as more specific interviews for children and adolescents (K-SADS, DISC, CAS, DICA, CHIPS) and for Axis II disorders (SIDP, PDE, SCID-II, DIBS). Purely research instruments, such as the Diagnostic Interview for Genetic Studies (DIGS), and focused forensic interviews directed at assessing psychopathy and competency are also addressed. Handbooks such as this one are usually not read in their entirety, but serve a necessary role as a reference for researchers and clinicians seeking to structure clinical service delivery.

This single-authored text fulfills its responsibility well; it is attractively organized and printed, and the bibliography is exhaustive. The toils of single authorship should yield some privilege, but one criticism might be whether such an indulgence has resulted in an unseemly imbalance in the material presented. The author's own work in developing one instrument (Structured Interview of Related Symptoms [SIRS]) results in a chapter equivalent in length to that afforded the DIS and the SCID. This minor observation aside, the text is an authoritative one that fulfills an essential need.

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### **Improving Mental Health Care: Commitment to Quality**

edited by Barbara Dickey, Ph.D., and Lloyd I. Sederer, M.D.  
American Psychiatric Publishing, Inc., Arlington, Va., 2001,  
400 pages, \$54.95 (paper).

In health care, the problem of quality is similar to the problem of weather: everyone talks about it, but no one does anything about it. This complaint has 3 root causes. First, the term *quality* has no agreed-upon definition, and therefore can be used to further multiple agendas. Second, quality has been overshadowed by the compelling issue of cost containment. Third, while the business world has had its Jurans and Demings, the imperative to enhance quality in health care has suffered from a relative lack of heroes. Such figures have been particularly absent among practitioners and leaders in the mental health field, who have shouted themselves hoarse about managed care but who have largely ignored the challenge to improve practice through changing the way clinicians treat patients. The editors of this fine book suggest it is time for the professional community to respond to this challenge.

Based upon their experiences as health service researchers and students of service delivery, Drs. Dickey and Sederer bring authority and credibility to the task of compiling the essays and reports that comprise this work. They use their own chapters to link those of the various contributors, resulting in thematic coherence unusual for an edited text. The book is divided into 3 sections: the first introduces the topic and addresses the problems associated with improving quality in the current climate; the second deals with the matter of how quality may be measured and what practical steps may be taken to improve it; and the third, the meat of the book, consists of 14 case reports that describe quality improvement projects implemented in vivo in settings ranging from the public sector, to the Department of Veterans Affairs, to academia.

In their introduction, the editors embrace a definition of *quality* derived from Donabedian, who believed that "the highest quality of care is that which efficiently maximizes benefits and minimizes risks to the patients" (p. xxiv). By implication, quality includes cost containment, and therefore management of resources. While the opening chapters focus heavily on the downside of managed care, they are not defeatist about the need for management. In response to Mary Durham's chapter, "Can Managed Care Deliver Quality?" Sederer suggests it can, provided that checks and balances such as regulations, balanced incentives, and professional ethics are in place to mitigate the profit motive.

In the second section of the book, the problem of measuring and monitoring quality is explored. Dickey's chapter on measuring quality is one of the book's highlights. After suggesting that science is an ally, she goes on to describe 4 branches of assessment: research on efficacy and effectiveness, population studies, Continuous Quality Improvement initiatives, and patient satisfaction data. She examines the contributions and limitations of each and concludes that the potential of evidence-based medicine to improve quality will depend on better management data, enhanced collaboration with consumers, and a cultural shift among clinicians that must begin with education. These points are dealt with through example in part 3, which might be subtitled, "How to do it."

Of the 14 case reports in the third section, 4 describe the landmark changes at McLean Hospital begun under Steve Mirin and continued during Sederer's tenure as its Medical Director and Executive Vice President. These are by far the most elegant and thoughtful examples of how a committed administration

can work with clinicians, even in a private setting, to change culture. The projects include seemingly diverse aims (decreasing adverse drug reactions, increasing consumer involvement in the process of care, reducing the incidence of restraint and seclusion, and reducing the incidence of falls among geriatric patients) but make the same point: lasting change cannot be imposed. It requires a continuous process of team development, education, data sharing, experimentation, review, and revision. It is cyclical, not linear. The chapter on restraint is especially remarkable for its scrupulous attention to detail and commitment to cultural change rather than mere compliance with a protocol, a distinction that is one of the book's most powerful messages.

Other chapters in this section describe projects to improve community care and emergency access for high-risk adults and children; enhance the treatment of patients with borderline personality disorder through introducing dialectical behavior therapy into a traditional clinical culture; improve detection of mental disorders by primary care practitioners; reduce the incidence of untreated major depression; tailor treatment of substance abuse to individual patient need; and introduce psychopharmacologic algorithms for the treatment of major mental disorders into a university delivery system. The projects are generally well documented and many have appended the instruments developed for the project. The diversity of purpose, setting, and clinical practitioners makes the point, to paraphrase the late Tip O'Neill, that all practice reform is local.

One feature that is helpful to the reader is that each example in part 3 follows a similar outline: a statement of the problem and the reasons for its being a matter of quality, a description of the barriers to overcoming it, a presentation of the intervention, an assessment of its effectiveness, and general conclusions. The strengths of this portion of the book are in its organization and its pervasive optimism. The weaknesses are in the limited follow-up provided with many of the projects, the question of how findings may be generalized to other settings, and the overriding question of sustainability.

*Improving Mental Health Care* will appeal to a broad audience. It provides both practical guidance and encouragement to anyone interested in systems change and the possibilities for improving care in a difficult practice environment. In a time of brooding pessimism and dangerous passivity, it provides an antidote and a practical model for moving forward into the coming era.

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### Schizophrenia: A New Guide for Clinicians

*edited by John G. Csernansky, M.D. In book series: Medical Psychiatry, vol. 16. Marcel Dekker, New York, N.Y., 2002, 335 pages, \$150.00.*

Anyone interested in acquiring clinically practical knowledge about schizophrenia, without spending too much time, would be delighted with this book. Most of the chapters are written in a clear and concise format by various well-recognized authors. This book deals with essential information regarding the etiology and clinical management of schizophrenia. For the management of schizophrenia, it provides equal emphasis on pharmacologic and nonpharmacologic treatment. Readers who are interested in acquiring a brief overview of the neuropsychology of schizophrenia may find the chapters on neuropsychology and psychosocial/neuropsychological rehabilitation for schizo-

phrenia informative. On the other hand, this book does not deal with in-depth information of the pathophysiology or psychopharmacology of schizophrenia.

The book is divided into 3 sections: (1) assessment and diagnosis, (2) treatment, and (3) special management issues. The first section covers interview technique, symptom description, differential diagnosis, cognitive assessment, and relevant laboratory workup for schizophrenia. The second section deals with pharmacologic management of the acute and maintenance phases of schizophrenia, as well as management of treatment-refractory schizophrenia. In addition, the chapter on psychosocial and cognitive rehabilitation provides a concise, yet comprehensive, overview of various treatment techniques for psychosocial treatment, cognitive rehabilitation, and cognitive-behavioral treatment. The third section contains chapters for issues that are clinically important when managing patients with schizophrenia, such as violence, substance abuse, family education, and specific treatment considerations throughout the life cycle of schizophrenia.

This book would be useful for the resident and student, as it is easy to read in a short period of time and gives practical information about the concept of schizophrenia, treatment (pharmacologic as well as psychosocial), neuropsychology relevant to schizophrenia, and other issues such as assessment of violent behavior and substance abuse in schizophrenia. The seasoned practitioner who is unfamiliar with neuropsychology may find the chapters on neuropsychology and psychosocial and cognitive rehabilitation useful.

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### Brain Calipers, 2nd ed: Descriptive Psychopathology and the Psychiatric Mental Status Examination

*by David J. Robinson, M.D. Rapid Psychler Press, Port Huron, Mich., 2001, 428 pages, \$34.95.*

David J. Robinson, M.D., is a psychiatrist practicing in London, Ontario, Canada. Dr. Robinson completed a residency in family practice prior to his psychiatry residency. His previous books relate to psychiatric mnemonics and personality disorders. Rapid Psychler Press is a publisher with the expressed aim of "producing textbooks and resource material that further the use of humor in mental health education." Rapid Psychler also produces related audio-visual aids for presentations.

At first glance, the reader is struck with the atypical presentation of the material. The book is heavily illustrated with cartoon-style drawings and related captions. I found myself intrigued about whether this unusual approach would be effective. The style might initially attract some readers while discouraging others. Interestingly, the author's introduction includes a 3-page essay titled "Teaching with Humor" espousing the theme that humor enhances learning, perhaps particularly related to subjects that might be considered to be on the dry or technical side. While administering a mental examination might be very clinically engaging, writing about the mental status is a challenge. The author seems concerned that the extensive use of humor might be misinterpreted as demeaning to psychiatric patients and even trivializing to the clinician reader. He disclaims these issues by the assurance that such is not his intent and with his conviction that humor facilitates education.

The 17 chapters present a rather extensive exposure to the Mental Status Examination. Along with depth, there is con-

siderable nuance, liberal and effective use of clinical examples, and specific attention to focused application of the Mental Status Examination to special populations such as children and the elderly. Extensive references are included at the end of each chapter for those interested in primary sources.

As is typical of single-authored texts, there is a tangible consistency from chapter to chapter. I found the work increasingly enjoyable after I developed a sense of the author's style and approach. The chapters devoted to thought process, thought content, and cognitive function were particularly well developed.

Back to the purposeful emphasis on humor Dr. Robinson utilizes. I think, and suspect the author might agree, that this will impact differentially on individual readers. Personally, I found the textual humor more appealing than the visual efforts, but I never liked the Sunday comics much. At any rate, one gets used to it and it certainly represents a novel approach. I fear some potential readers might be put off by the cover and the cartoon quality evident in a cursory glance at the book, but that would be a mistake. There is much substance here, unusually and often cleverly presented. It presents a worthwhile, if atypical, educational experience for any mental health professional interested in a fresh look at this important aspect of clinical assessment.

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### **Comprehensive Care of Schizophrenia: A Textbook of Clinical Management**

*edited by Jeffrey A. Lieberman, M.D., and Robin Murray, F.R.C.Psych. Martin Dunitz Ltd., London, England, 2001, 374 pages, \$79; \$75 (paper).*

In recent years, there have been major advances in the effectiveness of treatment for individuals with schizophrenia. This book, edited by 2 internationally recognized leading experts in the treatment of schizophrenia, is a useful contribution to the literature. It brings together the latest information about cutting-edge knowledge of schizophrenia, including its course, outcome, and effective treatment modalities—psychopharmacologic, psychosocial, and rehabilitative. Most of the chapter contributors are distinguished experts from the United States, United Kingdom, other European countries, and Australia. Thus, the book presents a worldwide perspective that may be particularly useful for U.S. psychiatrists who are not acquainted with advances in treatment developed outside the United States. A caveat for American psychiatrists to keep in mind is that service delivery practice in the United States can be governed by different traditions, rules, and regulations than in other countries, and suggestions for management by European contributors may not be applicable in the United States. For example, re-

garding length of hospital stay in the chapter on suicidal behavior, there is an admonition: "Never discharge a schizophrenic patient who has postpsychotic depressive symptoms or a patient whose psychotic symptoms are not adequately treated" (p. 225).

The book has 374 pages divided into 24 self-contained chapters that cover a wide range of topics, including diagnosis, pathobiology, outcome, pharmacologic and psychosocial treatment, rehabilitative approaches, treatment resistance, compliance issues, comorbid substance abuse, affective symptoms, suicide and violence, systems of care in different countries, economic perspectives, first-person accounts, and translation of research into practice. Each chapter can stand alone. As a result, there is the occasional repetition of content among chapters that is inherent in edited texts.

While the overall quality of the chapters ranges from good to excellent, some are especially outstanding. To cite a few, the chapter on cognitive-behavioral therapy summarizes the modifications of Beck's approach by British psychiatrists to decrease positive symptoms in treatment-resistant schizophrenia patients. Results of clinical studies have been encouraging, mostly for those patients who have a "chink of insight." Chapter 10, "The Detection and Optimal Management of Early Psychosis," by McGorry, a major pioneer in the field, provides valuable information about the current state of knowledge derived from the author's clinical experience and studies while recognizing the need for rigorous research in the area. The chapter on treatment-resistant schizophrenia by Meltzer and Kostakoglu presents a comprehensive review of the literature, emphasizing the complexity of defining treatment resistance, and details what is known about effective treatment. The chapter on substance abuse comorbidity by Drake and Mueser argues for integrated treatment with the same clinical team, which is supported by the evidence from controlled studies. These are but a few examples of the many fine chapters in the book.

While the book is quite comprehensive in scope, it does not cover some important areas, such as prodromal symptoms of relapse and early intervention to prevent relapse, forensic issues such as improper incarceration of schizophrenic individuals and the lack of adequate treatment in jails and prisons, and the role of self-help and advocacy groups. Lastly, it would have been useful to present an overarching conceptual framework for treatment, including what constitutes an optimal system of care for individuals with this long-term disorder.

In summary, this is a valuable textbook for mental health clinicians, teachers, students, and others who are interested in cutting-edge knowledge of advances in the treatment of individuals with schizophrenia. It is highly recommended, especially for those who are interested in a worldwide perspective regarding optimal treatment.

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