

Child and Adolescent Psychiatry: A Practical Guide

by Dorothy Stubbe, M.D. In book series: *Practical Guides in Psychiatry*. Lippincott, Williams and Wilkins, Philadelphia, Pa., 2007. 283 pages, \$39.95 (paperback, pocket-size).

Clinical educators in child and adolescent psychiatry appreciate the immediate need that residents feel for clinical pearls, particularly during the earliest months of their training. Dr. Stubbe sought to assemble such a collection of clinical pearls in a practical guide that could serve as a ready reference for routine care as well as for highly complex clinical dilemmas. Her expressed intent was to ensure a guide that was both practical and user-friendly.

Child and Adolescent Psychiatry: A Practical Guide is organized into 5 sections, comprising 25 chapters, and 4 appendices. Section I provides an overview of development and psychiatric evaluation. Section II is divided into 6 parts, which cover developmental disorders; disruptive disorders; other disorders of infancy, childhood, and adolescence; tic disorders; elimination disorders; and feeding and eating disorders of infancy and early childhood. Section III covers the general psychiatric disorders that may begin in childhood or adolescence. Section IV, entitled "Special Clinical Circumstances," discusses psychiatric emergencies as well as child neglect and abuse. Section V reviews treatment. The 4 appendices cover the psychiatric evaluation/report, the psychiatric review of symptoms, a sample medication appointment record, rating scales, commonly used tests in assessment, DSM-IV-TR mnemonics, and, finally, useful resources for parents.

Each chapter follows a general scheme of organization. Boxed "Essential Concepts" in a bulleted outline format lead off the chapter's content. An overview of the material, clinical descriptions, and essential text follows. "Key Points and Tips" are demarcated by icons and contrasting type fonts. Clinical vignettes and tables complete the basic template.

Part I introduces the reader to invaluable recommendations regarding the setting, common dilemmas, and dynamics of the child and adolescent evaluation. The inclusion of the important issues to address, perspectives to consider, and communication tips is unique among most pocket guides and set this guide apart in its clinical salience and value. The delineation of the psychiatric evaluation's components, the mental status exam, and the essential points in providing feedback is thorough without sacrificing efficiency. The inclusion of formulation strategies will prove especially helpful to residents.

Parts II and III offer as current and thorough coverage of the specific psychiatric disorders as one could hope for in a concise text. Whether the chapter covers a disorder with onset in the earliest years or a general psychiatric disorder with onset during childhood or adolescence, each chapter's content is complete yet tightly organized. For example, assessment and treatment points are summarized in reader-friendly tables and expanded in critical topic areas by the inclusion of decision trees or sample algorithms. Each topic integrates developmental perspectives in establishing an understanding of each disorder, and the material flows smoothly from phenomenology to assessment to management. Vignettes are relevant and effectively underscore important learning points, as illustrated in Chapter 21, "Psychiatric Emergencies." The suicide assessment vignette offers sample dialogue, a helpful strategy applied elsewhere in the text for assisting the clinician in framing sensitive questions.

Dr. Stubbe has accomplished the task of creating a convenient clinical resource that meets the challenge of factoring

developmental and systems considerations into the integrated assessment and treatment of children and adolescents without sacrificing either scope or necessary detail. This volume is concise, comprehensive, and, best of all, visually reader-friendly. It will find popularity as a reliable and ready reference for child psychiatrists at any level of experience working to deliver excellent patient care.

Mary W. Roberts, M.D.

Wayne State University School of Medicine
Detroit, Michigan

Clinical Manual of Geriatric Psychiatry

by James E. Spar, M.D., and Asenath La Rue, Ph.D.
American Psychiatric Publishing, Inc., Washington, D.C.,
2006, 428 pages, \$53.00 (paperback).

The *Clinical Manual of Geriatric Psychiatry* by James Spar and Asenath La Rue covers the essentials of the practice of geriatric psychiatry. The book is ideally suited for practicing psychiatrists, psychiatric residents, primary care physicians, psychiatric nurse practitioners, and those geriatric psychiatrists interested in a quick review prior to their board recertification examination. This book is essentially an expanded and updated version of the authors' *Concise Guide to Geriatric Psychiatry*.¹ The authors have maintained their legacy of providing the most current diagnostic and treatment recommendations for this expanding field of geriatric care. The *Clinical Manual* is well written and provides a wealth of useful information that is very easy to access.

Contents include an introduction and chapters on normal aging, mood disorders (a chapter on diagnosis and another on treatment), dementia and Alzheimer's disease, other dementias and delirium, anxiety disorders and late-onset psychosis, common mental disorders, and competency and related forensic issues as well as an appendix with clinical assessment instruments. In the introduction, the authors provide a detailed and concise review of projected demographics, diversity patterns, and prevalence of late-life mental disorders. The authors devote a chapter to discussing normal aging that includes an excellent section on the effects of aging on cognitive performance and variables that moderate cognition during normal aging. The section on biological aging is a very concise review of our current understanding of primary aging. The chapter on competency and related forensic issues builds heavily on prior publications of the authors and includes in-depth discussion of decisional competency, undue influence, competency to care for oneself, expert consultation and testimony on competency, competency to drive, and elder abuse. It is rare to have this degree of comprehensiveness on such an important geriatric topic. The material is well organized and is current.

The most important attribute of this book is that the authors have provided a large pocket-sized book packed with nuggets of important information about geriatric psychiatry that is complete and accessible. The book is organized in a traditional approach with which most readers will feel comfortable. Importantly, each chapter can be read within 5 to 10 minutes, thus providing an excellent review during a busy schedule.

Overall, the *Clinical Manual of Geriatric Psychiatry* is an outstanding resource to enhance one's knowledge base in geriatric psychiatry. This book continues the excellent tradition of publications from these two fine authors.

REFERENCE

1. Spar JE, La Rue A. Concise Guide to Geriatric Psychiatry. 3rd ed. Washington, DC: American Psychiatric Publishing, Inc; 2002

Frank W. Brown, M.D.
Emory University School of Medicine
Atlanta, Georgia

**Treating Somatization:
A Cognitive-Behavioral Approach**

by Robert L. Woolfolk, Ph.D., and Leslie A. Allen, Ph.D. The Guilford Press, New York, N.Y., 2007, 226 pages, \$32.00 (hardcover).

A slim volume of 226 pages, *Treating Somatization: A Cognitive-Behavioral Approach* is in practicality 2 separate books. The first half is a fairly dry literature review of various aspects of somatization with special emphases on somatization disorder. This heavily referenced review includes topics such as epidemiology, clinical characteristics, assessments, and medical utilization of somatizing patients. Many readers will find it more time-effective to start with chapter 5, "The Context of the Therapy."

The true value of this book is the authors' description of their clinical experiences with a "ten session standardized manualized treatment intervention." Although the proposed manualized treatment approach provides a framework upon

which to develop therapeutic strategies, the authors emphasize the need for flexibility with these difficult patients. Their treatment protocol, outlined in the appendix, includes techniques such as targeting specific symptoms and identifying antecedents and consequences of each symptom, relaxation techniques (diaphragmatic breathing), homework, including the significant other in the treatment, stress management techniques, assertiveness training, and the management of termination. Helpful clinical examples are provided. This 10-session treatment intervention is described in a highly structured and concrete manner that is appropriate for these patients who are characterized by their non-introspective and at times alexithymic cognitive style.

This treatment approach, which the authors describe as a work in progress, will provide an excellent platform for therapists to initiate systematic therapeutic programs for somatizing patients. Treatment techniques proposed can be utilized by nonphysician therapists who are associated with medical clinics and, thus, better accepted by patients who have little insight into their psychological issues and who are less likely to seek traditional psychological/psychiatric treatment.

Treating Somatization: A Cognitive-Behavioral Approach is recommended for both experienced clinicians and scholars who work in the area of somatization but also (particularly the second half of the book) for nonphysician clinicians willing to work with these challenging patients who require treatment techniques outside of the usual psychotherapeutic approach.

Charles V. Ford, M.D.
University of Alabama at Birmingham School of Medicine
Birmingham, Alabama