

Book Reviews

Michael H. Ebert, M.D., Editor

Principles and Practice of Child and Adolescent Forensic Psychiatry

edited by Diane H. Schetky, M.D., and Elissa P. Benedek, M.D.
American Psychiatric Association, Washington, D.C., 2002,
385 pages, \$64.95.

Diane H. Schetky and Elissa P. Benedek are the mothers of child and adolescent forensic psychiatry. This is the partnership that brought us *Child Psychiatry and the Law* (1980), *Emerging Issues in Child Psychiatry and the Law* (1985), and *Clinical Handbook of Child Psychiatry and the Law* (1992). Their newest collaboration, *Principles and Practice of Child and Adolescent Forensic Psychiatry*, is a comprehensive, well-organized, readable account of all the major issues in this specialized area. This is a textbook for trainees in child and adolescent psychiatry and forensic psychiatry and psychology and a reference book for both mental health and legal professionals.

The editors themselves wrote many of the chapters, which gives the book a sense of consistency and less redundancy than one finds in many multiauthored texts. The editors collected an impressive portfolio of chapter authors, experts in their respective areas, including Melvin J. Guyer on legal issues, Stephen P. Herman on child custody evaluations, Maggie Bruck and Stephen J. Ceci on children's suggestibility, Kathleen M. Quinn on the evaluation of suspected sexual abuse, Herbert A. Schreier on Munchausen syndrome by proxy, Bruce D. Perry on the neurodevelopmental effects of violence, Peter Ash on children and weapons, Jon A. Shaw on sexually aggressive youth, and many others.

In addition to addressing the traditional topics of child and adolescent forensic psychiatry, the authors also included very current issues in this field, including whether an expert needs to have a license to practice medicine when conducting an evaluation or testifying in another state; the concept of vicarious traumatization, which is the experience of psychological trauma by hearing the traumatic experiences of others; telepsychiatry, including its use in both conducting evaluations and testifying in court; and prevention of youth violence.

Most chapters of *Principles and Practice of Child and Adolescent Forensic Psychiatry* are organized along the same outline, which enhances both teaching and learning. The chapters start with 2 or 3 brief case examples that nicely illustrate the issues to be addressed. These case examples are discussed again and resolved at the end of the chapter. Most of the chapters are divided into the subsections "Legal Issues" and "Clinical Issues." For example, the chapter on "Psychiatric Commitment of Children and Adolescents" covers both historical and recent landmark cases on this topic and then provides a sensitive, conversational presentation of the clinical realities. Most chapters have a section that presents "Pitfalls," which are certainly worth highlighting in practicing forensic psychiatry. At the end of each chapter are "Action Guidelines," the most important take-home messages. A minor organizational problem is that the chapter authors did not use a consistent method in organizing

their references. For example, one author separated "Clinical References" from "Legal References"; some authors had "Suggested Readings"; and one author listed suggested Internet sites. An attorney author did not have references at all, but used the legal style of extensive footnotes.

In an evolving specialized area such as child and adolescent forensic psychiatry, there is bound to be some lack of uniformity on how to do specific tasks. This book is comprehensive enough for trainees, is directive and prescriptive as needed, but is not overly dogmatic. It will be useful for psychologists, psychiatrists, other mental health professionals, attorneys, and judges.

William Bernet, M.D.

Vanderbilt University School of Medicine
Nashville, Tennessee

Combining Medication and Psychosocial Treatments for Addictions: The BRENDA Approach

by Joseph R. Volpicelli, M.D., Ph.D.;
Helen M. Pettinati, Ph.D.; A. Thomas McLellan;
and Charles P. O'Brien. Guilford Publications,
New York, N.Y., 2001, 208 pages, \$30.00.

The authors describe a "biopsychosocial" program that has enjoyed significant success in the treatment of alcohol and drug addiction. With a fondness for the use of naltrexone, the authors employ a "6-stage" approach to treating addictions that is named for the various stages used to improve compliance:

Biopsychosocial evaluation
Report/responsibility
Empathy
Needs assessment/goals
Direct advice
Assess response to advice (motivation to change)

The BRENDA approach is firmly constructed but amenable to modifications. It appears reproducible to a variety of settings, with a firm but flexible matrix. The proper diagnosis of addiction and the accompanying "biopsychosocial" assessment are framed as proper precursors to successful outcome. The authors go to considerable effort to demonstrate a broad program, at times confronting, then soothing. The team, which includes a variety of professionals, seems to take real pride in their work, not wanting to give up on people, in contrast to programs in which people are given a finite number of chances and then are cast out of the program. The chapter titled "The Report" was exemplary. Those suffering addictions, with their strong use of denial, sometimes appreciate and generally benefit from knowing how their addiction is affecting their lives. The formulation of a "profile" is appealing. Therapists call people at home. The book includes numerous examples of BRENDA at work; the last

3 chapters are vignettes of individual patients as they progress through their treatment cycle. The appendix is quite helpful and includes psychological tests and a section about naltrexone. The quoted success rate of the program is exemplary.

The focus is maintained on the BRENDA program. The level of attention afforded each patient would appear to be costly and perhaps difficult to reproduce, given the lack of funding for addiction treatment. Those patients suffering from addictive problems who have health insurance that authorizes treatment for these conditions seem decidedly uncommon. There is some attention to associated medical problems, less to detoxification and recommended behavioral pharmacologic methodology.

The areas I found wanting are as follows: the exact mechanisms involved in coordinating the various aspects of treatment are not entirely clear, the pharmacotherapy utilized is narrow, and concomitant psychiatric illnesses are not explored in depth.

This is a very thoughtful book with creative ideas about how best to treat terrible illnesses that are shunned by many as failure of character, are difficult to study longitudinally, are hard to define, and are ubiquitous in our culture. While the individual practitioner may not embrace BRENDA in his or her approach to treating addictions, many of the ideas will be helpful. The idea of creating effective programs for the treatment of alcoholism and drug dependence so that they can be studied prospectively is most desirable. The potential benefits both to the individual and to society speak volumes to those of us who see parity in coverage for these conditions as a good investment in America's future.

David W. Hodo, M.D.
Private Practice
Selma, Alabama

Frontal-Subcortical Circuits in Psychiatric and Neurological Disorders

edited by David G. Lichter, M.B., Ch.B., F.R.A.C.P., and Jeffrey L. Cummings, M.D. Guilford Press, New York, N.Y., 2001, 448 pages, \$75.00.

The frontal lobes and their functions have been the source of confusion and controversy for a least a century. It is still not uncommon to hear some professionals use the terms *executive functions* and *frontal functions* interchangeably, as if the executive functions were all that the frontal lobes do, or as if executive functions were fully "housed" within the frontal cortex. In part, the problem with such a view has been apparent to many clinicians who see patients who have clear and known frontal lesions, and even behavioral and/or affective disturbances that appear related to those lesions, yet who perform normally on neuropsychological tests purportedly sensitive to frontal deficits, such as the Wisconsin Card Sorting Test. Beginning in the mid-1980s, there was increased evidence and appreciation of discrete frontal-subcortical circuits, each of which appeared to be associated with its own array of cognitive, behavioral, affective, and/or motor syndromes. In the intervening decade and a half, rapid advances in neuroscience have provided exponential growth in the knowledge about (and techniques for studying) the nature and functions of these circuits.

In the present volume, Drs. Lichter and Cummings have compiled a series of chapters that, together, provide a relatively concise yet thorough overview of current knowledge about the nature and functions of the frontal-subcortical circuits. The book is composed of 16 chapters. Following a general overview by the volume editors in chapter 1, chapters 2 through 4 provide

detailed reviews of the neuroanatomy, neurochemistry, and neurophysiology of the cortical-subcortical circuits. These chapters are very useful in bringing readers up to date on contemporary data about these circuits. For example, at the time of Cummings' now-classic 1993 review of these circuits in *Archives of Neurology*, there were generally thought to be 5 discrete cortical-subcortical circuits, 3 of which involved frontal-subcortical connections. However, as reviewed and explained in chapter 2 by Middleton and Strick, the present view is much more complicated; each of the original circuits is divided into subcircuits, with a more complex array of connections. The authors present this material in a clear style with several excellent figures that aid the reader in following and comprehending the changes in this model.

Chapters 5 through 14 are largely devoted to the functions (and dysfunctions) of frontal-subcortical circuits. For example, in chapter 5, Salmon, Heindel, and Hamilton provide an excellent overview of the role of these circuits in cognitive functioning, including attention/working memory, executive skills, and learning and memory, particularly as evidenced by studies of patients with neurodegenerative disorders that affect these circuits. Other chapters focus on behavioral, affective, personality, and/or motor functions of frontal-subcortical circuits, and/or the role of these circuits in specific neuropsychiatric syndromes. For example, Litvan (chapter 6) describes personality and behavioral changes associated with frontal-subcortical dysfunction, Baxter et al. (chapter 9) discuss obsessive-compulsive disorder in the context of frontal-subcortical circuits, and West and Grace (chapter 14) describe the potential role of frontal-subcortical circuits in schizophrenia. Additional chapters deal with other syndromes, including depression, disinhibition syndromes, addictive disorders, movement disorders, and attention-deficit/hyperactivity disorder. The final 2 chapters deal with issues of intervention, including pharmacology (chapter 15) and psychosurgery (chapter 16).

As asserted by the editors in their preface, "The text will interest a broad spectrum of readers, including neuroscientists, neuropsychologists, behavioral neurologists, and psychiatrists, as well as those training in these disciplines" (p. xiv). Although much of the material is complex, most chapters are written at a level understandable by professionals and their students in any of these disciplines. In short, this is an outstanding volume that I strongly recommend to anyone interested in understanding brain functioning as it relates to neuropsychiatric disorders.

Barton W. Palmer, Ph.D.
University of California, San Diego, School of Medicine
San Diego, California

Kaplan & Sadock's Pocket Handbook of Clinical Psychiatry, 3rd ed.

edited by Benjamin J. Sadock, M.D., and Virginia A. Sadock, M.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2001, 479 pages, \$49.95 (paper).

Kaplan & Sadock's Pocket Handbook of Clinical Psychiatry, 3rd ed., is an outstanding synopsis of clinical psychiatry based on the parent textbook, which has become a standard for the field and is the result of a Herculean task by the contributors and editors. The *Handbook* is noteworthy in its comprehensiveness, its organization, and its mode of presentation of the material. It is further noteworthy in its inclusion of the most practical and useful information for issues that the clinician confronts daily.

In addition to information on the psychiatric disorders, which are based on the DSM-IV-TR conceptual framework, the *Handbook* includes key issues that confront the contemporary psychiatrist, namely, suicide, violence, and other psychiatric emergencies; infant, child, and adolescent disorders; end-of-life care; death, dying, and bereavement; and the neuropsychiatric aspects of HIV and AIDS. Furthermore, seminal information regarding laboratory tests, brain imaging, medication-induced movement disorders, and legal and ethical issues is included. This is a compendium of topics that the practitioner of psychiatry needs to keep at his or her fingertips.

The editors have organized this easily carried volume in a most helpful way. The first pages show in alphabetic order the most commonly used drugs in psychiatry, with illustrations and dosages. This section is a visual *Physicians' Desk Reference* at a glance. The clinical interview has carefully crafted outline tables demonstrating the items in and organization of the psychiatric history and mental status examination, including tests of cognitive function, special interview situations, a multi-axial evaluation report form, and even a glossary of specific defense mechanisms. This format of narrative, illustrative text followed by succinct tabular summaries is an excellent pedagogic method for demonstrating comprehensive data collection and documentation; it is a cornucopia of "how to." For example, in "Delirium, Dementia, Amnesic, and Cognitive Disorders," the Mini-Mental State Examination, clinical differentiation of delirium, causes of dementia, comprehensive workup, and diagnosis of dementia versus depression are all clearly outlined. The

approach to suicide, violence, and other psychiatric emergencies is exceptionally well presented.

The chapters "Psychopharmacology and Other Biological Therapies" and "Laboratory Tests and Brain Imaging in Psychiatry" are replete with important information that the clinician must be aware of and that is too extensive to commit to or rely on one's memory. In fact, it would be better to rely on this important handbook than to rely on memory, which may subject the patient to an erroneous judgment or intervention.

The completeness of this handbook may give users a false sense that they have an encyclopedia of psychiatry. It is important to emphasize that the user of a handbook must be willing to seek more comprehensive sources at times. The handbook does not and cannot answer all questions. For example, it may be necessary to find out the drug interaction possibilities when multiple medications are employed, not just when one drug is combined with another. The degree of significance of a drug interaction, e.g., whether the combination should always be avoided, will often need to be investigated using other sources.

As said earlier, the editors are to be congratulated on the format they have chosen, which presents an enormous amount of information in a most readable fashion. This indeed is a practical handbook of clinical psychiatry. It is a tour de force for the student, resident, fellow, and practicing clinician.

James J. Strain, M.D.

Mount Sinai School of Medicine/NYU Medical Center
New York, New York