

**Attention-Deficit Hyperactivity Disorder:  
A Handbook for Diagnosis and Treatment, 3rd ed.**

by Russell A. Barkley, Ph.D. Guilford Press, New York, N.Y., 2006, 770 pages, \$75.00 (trade cloth).

Psychiatric practitioners, seasoned and new alike, should welcome the recent publication of the third edition of Russell Barkley's classic textbook on attention-deficit/hyperactivity disorder (ADHD). The first edition<sup>1</sup> was published in 1981 and was followed by the second edition,<sup>2</sup> which was published 17 years later in 1998. Fortunately, Dr. Barkley has not waited another 17 years to update his classic textbook, as research in the field of ADHD has accelerated considerably in recent years, making this new edition a much needed and anticipated addition to any practicing clinician's library.

While the structure of the new edition is basically the same in terms of chapters and topics (with the exception of 1 new chapter on combined child therapies), there are many new and welcome added features. Most notably, there is now a section at the end of each chapter entitled "Key Clinical Points," which highlights and summarizes learning points for the reader. The value of this cannot be overstated, particularly for the busy clinician! Furthermore, Dr. Barkley has included in Appendix I, at the end of chapter 1, an International Consensus Statement on ADHD that he and many other experts coauthored in 2002, which does much to dispel many of the myths about ADHD propagated in the media and by some special interest groups. The book is very well written, well edited, and well referenced and includes material dated through the year 2004 and some references from 2005. The lag between the date of these articles and the publication date of this book in 2006 is to be expected, given the long lead time for the compilation and publication of textbooks. Lastly, there is now an accompanying "Clinical Workbook" that provides many useful forms and rating scales for the busy practitioner.

Dr. Barkley invited back all of the principal authors of chapters from the 1998 edition of the book, and some chapters were written by other experts. The first-time reader of any edition of this book will find the initial chapters particularly fascinating, especially chapter 1 on the history of ADHD, as these chapters summarize trends and changes in the field that have occurred since the 1930s. It is also noteworthy in this era of massive textbooks with multiple contributors that Part I of this book on the "Nature of ADHD," with 7 chapters, is written and updated entirely by Dr. Barkley. This section forms a solid basis upon which the other 2 sections of the book, "Assessment" and "Treatment," can build. A high point in the first part of the book is Dr. Barkley's conceptual, theoretical model of self-regulation and executive dysfunction presented in chapter 7, which integrates quite well extant research findings in imaging, neurobiology, and neuropsychology.

Part II of this new edition, "Assessment," includes 4 expanded and improved chapters on topics such as the diagnostic interview, rating scales, tests, and the assessment of adults with ADHD. There is also an expanded chapter 10, which includes 10 clinical cases presented to integrate and facilitate the development of diagnosis and treatment strategies. This chapter will be particularly useful for clinicians, since it presents a variety of cases of ADHD and the common or challenging psychiatric comorbid disorders such as oppositional defiant, anxiety, and bipolar disorder. Part III, "Treatment," includes 11 chapters on interventions, such as medications, psychotherapy, and psychoeducation for patients and their families. A particularly well

written chapter is chapter 20 on combined child therapies, in which Dr. Barkley and his coauthors review findings from the historic National Institute of Mental Health Multimodal Treatment Study of Children With ADHD.

There are a few minor suggestions for the next edition that would make this already valuable book even better. Expansion of the number of figures and tables, particularly in the section on treatment, and the addition of flowcharts to aid in decision making would highlight key recommendations in the text. It would also be helpful if such decision trees included further recommendations or even algorithms on addressing the psychiatric comorbid disorders such as tic disorders, obsessive-compulsive disorder, and the others described in chapter 10. The author index is valuable; perhaps one comprehensive bibliography at the end of the book might reduce some redundancy incurred with the individual chapter bibliographies. In this era of the Internet, a future edition could include a CD-ROM or a linked Web page, where at least the bibliography would be incorporated so as to facilitate retrieval of the primary research articles and references for future research.

In summary, this new edition is a compelling update to a vast and ever-growing literature on a very prevalent, potentially devastating disorder. We highly recommend this book to clinicians and investigators in mental health.

#### REFERENCES

1. Barkley RA. *Hyperactive Children: A Handbook for Diagnosis and Treatment*. New York, NY: Guilford Press; 1981
2. Barkley RA. *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*. 2nd ed. New York, NY: Guilford Press; 1998

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#### **Psychotherapy for Borderline Personality: Focusing on Object Relations**

by John F. Clarkin, Ph.D.; Frank E. Yeomans, M.D., Ph.D.;  
and Otto F. Kernberg, M.D. American Psychiatric Publishing,  
Inc., Washington, D.C., 2006, 397 pages, \$60.00 (hardcover).

This book, an update of the authors' 1999 work with the same name,<sup>1</sup> is a superb treatise on a specific approach to the patient with borderline personality disorder (BPD)—"transference-focused psychotherapy" (TFP). The stated focus on object relations may be considered misleading unless one realizes that, in TFP, there is only one object, the therapist, and everything follows from that transference perspective (via which are recapitulated all those key early object relationships). The authors, all well-known, prominent experts in the field, have done a remarkably balanced job in presenting not only their viewpoint but other theories and approaches to BPD as well. They refer to this book as a manualized psychodynamic approach to treatment, but perhaps "manualized-ish" may be more accurate. As the authors point out, in a long-term, intensive treatment program such as theirs (at least twice per week for months to years) one cannot create a manual encompassing every possible contingency, stimulus, and response, but one

can present a comprehensive, cohesive, dynamic framework through which the therapist may operate.

After a few introductory chapters describing the nature of borderline personality organization from the authors' viewpoint as well as the strategies of TFP, and providing an overview of the techniques and tactics of treatment, the authors move on to the assessment phase of treatment, emphasizing the need for careful and detailed treatment contracting. They then divide treatment into an early phase with its tests of the treatment frame and impulse containment, the mid-phase and its movement toward integration coupled with regressive episodes, and, finally, the advanced phase and termination. They conclude with a penultimate chapter on common treatment complications (amplifying earlier-addressed issues) and a final one on change processes in TFP, theoretical and empirical approaches. This last chapter is remarkable for its breadth, both psychologically and biologically, and for its balanced review of the literature citing the evidence basis (as well as the lack of the same) for many types of psychotherapies for BPD (including cognitive-behavioral therapy, dialectical behavioral therapy, and TFP).

Because the authors repeatedly compare BPD to other personality disorders and compare TFP to other therapeutic approaches, they inform the reader about a broad slice of psychopathology and psychotherapeutics. In addition, the writing and style of the book are remarkably consistent for a triply-authored work, and, although the theoretical passages are sometimes dense, the clinical vignettes are outstandingly lucid, moving, and useful. One cannot help thinking about borderline patients he or she has treated and how, having read this book, he or she might have done it better.

My criticisms of the book are few, and mostly minor except for two. The first criticism relates to the authors' suggestion that, ideally, the therapist does not take on the role of the patient's psychopharmacologist (pp. 173–175). Although the authors present both sides of this argument, it is my belief that it is preferable for the psychiatrist/therapist to fulfill both roles rather than split the therapy—not just for the reasons they cite, but also because of the increased legal liability the psychiatrist potentially exposes himself or herself to when he or she is in charge of the medication and the cotherapist is not a physician.

The second criticism relates to the authors' desire to minimize the secondary gain attendant to suicidal threats by making clear to the patient that although he or she would feel sad were the patient to die, the therapist would not feel responsible and his or her life would not be significantly altered by such an event (p. 312). Assuming, hopefully, that the patient does not take this as a provocation, it still leaves open the question of validity. Having worked with many psychiatrist survivors of a patient's death, and having been one myself on 4 occasions, I am dubious about how insulated the therapist would (or should) be. Furthermore, the disclaimers and distancing surrounding a patient suicide and any resulting litigation, cited by the authors, may be more problematic than they indicate. The authors' stance appears too *laissez-faire* to me, almost a necessary and laudable toughness when dealing with difficult patients—but is not my stance.

#### REFERENCE

1. Clarkin JF, Yeomans FE, Kernberg OF. *Psychotherapy for Borderline Personality*. New York, NY: John Wiley & Sons; 1999

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## Mind, Brain, and Schizophrenia

by Peter Williamson, M.D. Oxford University Press,  
New York, N.Y., 2006, 278 pages, \$65.00 (hardcover).

Are we making progress in our search for the causes of schizophrenia? If so, are we doing so by starting with genes and molecules (bottom-up approach) or with brain-based models of abnormal mental states (top-down approach)?

These are the questions that Peter Williamson, the Tanna Schulich Chair in Neuroscience and Mental Health at the University of Western Ontario, pursues in his book *Mind, Brain, and Schizophrenia*. He very much wants to make sense of a field of research that has often been contentious. Williamson feels strongly that we are making progress and that it is the top-down approach of systems neuroscience that will get us to the goal. He proposes that a problem in the streaming and binding of perceptual, cognitive, and affective information is at the root of schizophrenia. How this will be explained at the level of genes, proteins, neurotransmitters, and brain regions he does not say, although he offers some suggestions. It is more important to him to outline how schizophrenia will be understood in the future, rather than how it can be explained now.

The book is concise and well organized. The 190 pages of text are divided into 15 chapters with titles that summarize each topic. The text is accompanied by more than 70 pages of references (most of them are primary data articles from the last 25 years of schizophrenia research) and a helpful index. The style of writing is clear and devoid of jargon. Most scientific terminology is introduced in the early chapters and is illustrated by graphs and some black-and-white photographs. As such, the book is a hybrid between an introductory textbook for undergraduate or entry-level graduate students and a set of review articles.

The text starts out with the clinical observations of Kraepelin and Bleuler and follows several generations of schizophrenia researchers, employing an ever increasing armamentarium of tools, to dissect schizophrenia at the level of the brain. Most chapters end with the conclusion that the research just reviewed did not produce the expected breakthrough and that a newer, more advanced technology is required. This allows the reader to quickly move through one hundred years of schizophrenia research, from postmortem research through neurochemical, electrophysiologic, and neuropsychological explorations, to the current troika of structural, functional, and chemical neuroimaging studies. Williamson is a neuroimaging researcher, and it is no surprise that he hopes for this technology to provide a major breakthrough in schizophrenia research.

Once he has reviewed the primary data, he introduces several neural circuitry models of schizophrenia and settles on a variant of the disconnection hypothesis (i.e., abnormal "wiring" or damage of anatomical pathways leads to schizophrenia). Williamson sees schizophrenia as "a problem of streaming and binding information" (p. 185). He refers to the *binding problem*, the most difficult question of contemporary neuroscience: How does the brain bind sensory experiences into the coherent whole we call consciousness? Williamson concludes that we will understand schizophrenia only if we can provide a comprehensive model of human consciousness.

The pedagogy of the book is successful in reviewing a large body of primary data. However, it is not always convincing when Williamson associates a new method with a new breakthrough in schizophrenia research. In fact, it is not clear whether Williamson's model of abnormal binding in schizophrenia has greater explanatory power than Bleuler's concept of schizophrenia. Do we need to understand human consciousness before we

can explain schizophrenia? Or is it possible that basic neuroscience will uncover the molecular mechanisms of schizophrenia before we will solve the binding problem? If the latter is true, then we could end up curing schizophrenia before fully understanding how the brain gives rise to hallucinations, delusions, and negative symptoms.

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**Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts, 3rd ed.**

*edited by Mina K. Dulcan, M.D. American Psychiatric Publishing, Inc., Washington, D.C., 2007, 733 pages, \$84.00 (paperback) (CD-ROM included).*

*Helping Parents, Youth, and Teachers Understand Medications for Behavioral and Emotional Problems* is an excellent yet inexpensive resource for any clinician involved in the prescribing of psychotropic medication for children and adolescents. The book and the accompanying compact disc contain medication handouts, lists of additional resources, and appendices pertaining to medications used for specific disorders.

The handouts are written in easy-to-understand language and cover important areas of information that are often of interest to parents, teachers, and youth. The areas covered include general information, a brief description of the medication, how the medication works, how long the effects last, how a clinician will monitor the medication, how long the medication will be needed, and what will happen if the medication is stopped suddenly. Adolescent patients in my practice who have received these handouts have been appreciative of having information specifically designed for them in language they can understand.

The categorization of adverse effects (common, less common, and rare but serious) based on severity and likely occurrence is helpful for recipients who would otherwise be overwhelmed with safety concerns related to adverse effect potential. As with previous editions, the handouts provide clinically

balanced information about a medication and offer a more appropriate alternative to parents and patients who would otherwise be trying to make sense of a myriad of books and internet websites offering opinion and perspectives about medications and medication treatment. The book includes a solid description of potential drug-drug and food-drug interactions. The handouts tackle sensitive issues, such as suicide risk related to antidepressant treatment, in a direct but nondiscouraging fashion.

Although the handouts are not designed to provide an all-encompassing description of the medication, they cover many of the areas that parents, teachers, and patients often ask about. I found it very easy to look up any particular medication as they are listed alphabetically by generic name. This prevented me from trying to guess how the authors categorized a medication, for example, quetiapine as a mood stabilizer or as an antipsychotic.

The resource lists provide further sources of information for interested parties regarding medications, details about diagnoses, and support group information.

The compact disc accompanying the book was compatible with Windows XP (Home, Professional, and Tablet PC editions), Windows Vista, Windows 2000, and Macintosh. The user interface is easy to navigate and does not expect the user to have a great degree of technological expertise. Having the disc is very helpful and allows me to keep the book at one office and the disc at another.

I was hard pressed to identify any specific limitations the book has. Although fairly comprehensive, there will be times when clinicians may not be able to find a handout on a medication they are planning to prescribe. Even after limiting the content to 64 medications, the size of the book is fairly large. Given the ability for data to be recorded on a disc, it would be worthwhile for future editions to include additional medications such as triiodothyronine (T3), varenicline, and naltrexone, among others.

To sum up, this book is a valuable resource that will contribute to greater efficiency in clinical practice, ensure greater consistency in clinical care, and enhance patient compliance with prescribed treatments.

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