“Challenging behavior” is a term that has replaced terms such as abnormal, aberrant, disordered, dysfunctional, maladaptive, or problem behavior (p 3). These terms previously have been used to describe behaviors—e.g., aggression, destructiveness, self-injury, stereotyped mannerism—shown by people with severe intellectual disabilities (p 3-4). These behaviors, as Eric Emerson and Stewart Einfeld, the Australian authors of this slender volume, point out, “may be either harmful to the individual (e.g., eating inedible objects), challenging for carers and care staff (e.g., non-compliance, persistent screaming, disturbed sleep patterns, overactivity) and/or objectionable to members of the public (e.g., regurgitation of food, smearing of feces over the body)” (p 4). Many psychiatrists have faced such behaviors during their career; those working in state hospitals or other long-term facilities (e.g., facilities for the intellectually disabled) have faced these behaviors more frequently, if not daily. It is important to note that challenging behavior is not synonymous with any psychiatric diagnosis (p 4), although it occurs more frequently in patients with intellectual disabilities (approximately 0.1% of people have a severe intellectual disability and also engage in challenging behaviors [p 1]). We do not understand these behaviors and do not know much about them, yet we are supposed to manage them or at least guide others on how to manage them. The authors of this book put together what has been learned about the nature of these behaviors and what approaches have been developed to bring “rapid and socially significant reductions in challenging behavior” (p 1). However, this is not a “how-to-do-it” book; it is a summary of present day knowledge with some implications for clinical practice (p 1).

The book consists of 13 chapters and could be considered as having 2 sections—one (the first 8 chapters) summarizing our current understanding of challenging behaviors and one (5 chapters) focusing “on the design and implementation of interventions and supports for people with severe intellectual disability and challenging behaviours” (p 6). The first chapter serves as the introduction to the volume, providing terms and definitions of intellectual disability and challenging behaviors followed by a brief overview of the book. The discussion of intellectual disability points out there are 2 distinct groups of patients with intellectual disability—those representing the lower end of the normal distribution of intelligence in the population and those whose cognitive impairment is the result of “identifiable or apparent disorders of genetic or environmental origin” (p 3) (the latter being usually more severely impaired). The second chapter, “The social context of challenging behaviour,” emphasizes that challenging behavior is a social construct depending on social rules regarding what constitutes appropriate behavior in that setting, ability of the person to give plausible account for their behavior, the beliefs held by others in the setting about the nature of intellectual disability, and the causes of challenging behavior, and capacity within the setting to manage any social disruption caused by this behavior (p 7). The chapter also discusses the negative personal and social impact of challenging behaviors, such as abuse, inappropriate treatment, social exclusion, deprivation, and systematic neglect. The last part of this chapter focuses a bit prematurely on intervention outcomes. The third chapter, “The epidemiology of challenging behaviour,” reviews the prevalence of challenging behavior (1.91/10,000 of the general population were identified as having an intellectual disability and serious challenging behavior, which translates to approximately 6% of people with an intellectual disabil-
ity), types of challenging behavior, co-occurrence of challenging behaviors, personal and environmental risk factors (male sex, age, various disorders, setting), and the natural history of challenging behaviors. The next chapter, "Biological influences," points out "behavioural and neurobiological/psychiatric traditions have dominated research within the field of intellectual disabilities" (p 25). The chapter discusses common genetic causes of intellectual disability that increase vulnerability to challenging behaviors (behavior phenotypes of different disorders), psychiatric disorders that manifest or are associated with challenging behaviors (eg, autism, psychosis, mood disorders), and the role of conditions such as pain, epilepsy, side effects of psychotropic medications, and temperament in challenging behaviors. Interestingly, there’s no discussion of substance abuse. Chapter 5, “Behavioural models: the functional significance of challenging behaviour,” focuses on applied behavioral analysis of these behaviors and issues such as functional relationship, contextual control, positive and negative reinforcement, and automatic reinforcement. This is probably the least readable chapter of this volume. Chapter 6, "Broader environmental influences on challenging behaviour," in its discussion of socio-economic position, poverty, and behavioral difficulties stresses that there is a wealth of evidence documenting the negative impact of exposure to low socio-economic position and/or poverty on general behavioral health and well-being in the general population (p 54). Another less informative chapter, chapter 7, “Making connections,” tries to synthesize the possible biological, behavioral, and environmental influences on the emergence and persistence of challenging behavior. Finally, the brief chapter 8, “The bases of intervention,” addresses general characteristics of current “best practice” in approaches to supporting people with intellectual disabilities and challenging behavior (p 67).

The second section, focusing on design and implementation of interventions, starts with a chapter on assessment and formulation. A useful part of this chapter is a review of scales used to evaluate challenging behavior, together with observational methods used in descriptive analyses of challenging behaviors in applied setting (ABC charts, scatter plots and related techniques, sequential analysis). The chapter includes a useful table summarizing the descriptive and experimental approaches to functional assessment of challenging behaviors, and a good suggestion of assessing existing skills, competencies, and potential reinforcers. The following chapter, “Pharmacotherapy,” notes that physicians frequently are pressured to prescribe medication to diminish or contain challenging behaviors (p 94) and warns of many potential side effects of psychotropics. The chapter also outlines general guidelines for pharmacotherapy (comprehensive assessment; informed consent; pharmacotherapy being an integral part of other concurrent treatments; reliable and valid documentation—documentation that target symptoms had a positive response; attempts to reduce medication; proper withdrawal regime; etc.). The chapter finally reviews the effectiveness of medications and approaches (antipsychotics, antidepressants, electroconvulsive therapy, anxiolytics, mood stabilizers, stimulants, anticonvulsants, anti-AIDS agents, and opioid antagonists). Chapter 11, “Behavioural approaches,” deals with behavioral approaches based on manipulating antecedent stimuli or changing the context to prevent occurrence of challenging behavior; behavioral competition or response covariation; disruption of maintaining contingencies; and punishment or other “default” technologies (p 102). The chapter presents an interesting notion that decreases in challenging behavior may be brought about indirectly through increasing the rate of other behaviors. A table summarizing behavioral approaches to intervention is useful because it includes advantages and disadvantages of approaches. Chapter 12, “The situational management of challenging behaviour” (written by David Allen, Cardiff University, Cardiff, United Kingdom) proposes that “situational management strategies are a necessary component of comprehensive intervention for many individuals with intellectual disabilities and challenging behavior” (p 129). The chapter includes a solid table summarizing the typology of situational management strategies (from active listening to medication) and also presents an overview of good practices in situational management. Last but not least, the text suggests reducing the use of situational management and how to do it. The final chapter, “Challenges ahead: adopting an evidence-based public health approach to challenging behaviour,” points out that we...
have amassed an impressive body of evidence on the short-term efficacy of behavioral interventions (p 144). The chapter suggests a public health approach to challenging behaviors within the framework of prevention (primary, secondary, and tertiary). In their final thoughts, the authors muse about the fact that “all of the evidence cited in this book has been generated within the world’s richer countries (and primarily within the world’s richer English-speaking countries)” (p 159) although most people live in low- and middle-income countries. They suggest that, “the key issues in scaling up service delivery in low and middle income countries include the development of low-cost and culturally sensitive procedures for identifying people with intellectual disabilities, and extending the reach and effectiveness of community-based rehabilitation and family-centred [sic] support to people with intellectual disabilities and families who support them” (p 159).

This is a good, well-written small book. The fact that it is authored and not edited by 2 experts certainly helps with readability and flow. Most chapters are informative, only a couple of them are a bit too abstract and wordy. This text will be useful to all psychiatrists who routinely deal with challenging behaviors, either in inpatient units or in facilities for people with intellectual disabilities.

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Handbook of Office-Based Buprenorphine Treatment of Opioid Dependence

By John A. Renner and Petros Levounis.
American Psychiatric Publishing, Inc.;
Arlington, VA; 2010;
$61 (paperback).

As John Renner points out in the first chapter of this book, “opiod abuse and dependence have been a serious problem in the United States since before the Civil War” (p 1). Although the number of people abusing opioids is lower than the number abusing other substances, the numbers are still staggering. It is estimated that in 2006, 3.79 million Americans had used heroin at least once in their lifetime; 323,000 of that group were classified with either heroin abuse or dependence (p 6). However, opioid abuse and dependence are not limited to morphine (natural opiate) and heroin (semisynthetic opioid). We have witnessed an enormous increase, actually a new epidemic, of pain reliever abuse, the most prominent being OxyContin, a synthetic opioid. By 2000, the number of new abusers of pain relievers (mostly opioids) tripled to 2.5 million (p 9). The Centers for Disease Control and Prevention calls prescription pain-killer abuse a “public health epidemic.” It is widely acknowledged that prescription drug abuse is the fastest growing drug problem in America. Considering these facts, together with the serious consequences of opioid abuse, one easily realizes that opioid abuse or dependence is a huge problem. Yet the treatment of opioid abuse or dependence has not been satisfactory or successful. The mainstay venue—methadone maintenance—is a complicated and frequently frowned upon approach (thanks to the Harrison Act and prohibition, prescribing opioids for maintenance or treatment of addiction was illegal between 1915 and 1972). Methadone facilities are highly regulated and typically operate outside of mainstream medical practice (p 5). There has been a need for a new, preferably office-based and not specialized clinic-based, opioid abuse or dependence treatment. The cooperative efforts of the National
Institute on Drug Abuse and Reckitt & Colman (now Reckitt Benckiser) led to the development of buprenorphine, a partial opioid receptor agonist, for opioid dependence treatment. Its “favorable safety profile suggested that buprenorphine could be prescribed safely in office-based clinical settings, thus avoiding the legal constraints of the methadone clinic system that were felt to discourage addicts from participating in treatment” (p 15). During the last decade, buprenorphine treatment has been widely implemented in the United States—a new treatment paradigm and a collaborative effort between researchers, government, industry, medical societies, and physicians (p 27). Mandatory buprenorphine training courses for physicians interested in using buprenorphine in treating opioid addiction or dependence were widely introduced. Thus, the arrival of a book to guide one to initiate prescribing buprenorphine was just a matter of time. Although this edited volume should serve “as a general resource for anyone interested in the problem of opioid dependence—and in particular the role of buprenorphine in office-based treatment—the core of the manual is designed to mirror the content of the face-to-face buprenorphine training courses” (p xviii).

In addition to the Dedication, Foreword, and Introduction, the book has 14 chapters and 2 Appendices. The first chapter, “Opioid dependence in America: History and overview,” is an interesting introduction to the history of an “intractable medical, legal, and social problem” (p 1). Chapter 2, “Experience with buprenorphine in the United States, 2001-2008,” emphasizes the implementation and impact of a new treatment paradigm for opioid dependence. These 2 chapters, unfortunately, overlap a bit, although still informative. After a brief review of opioid key features and opioid receptors, chapter 3, “General opioid pharmacology,” discusses buprenorphine’s pharmacokinetics and clinical use issue. “[B]uprenorphine functions as a partial agonist with a ceiling effect for both opioid-induced euphoria and opioid-induced respiratory depression, and therefore clearly has an improved safety margin over all full opioid agonists” (p 49). The following chapter, “Efficacy and safety of buprenorphine,” summarizes the controlled trials assessing buprenorphine’s efficacy for opioid dependence maintenance treatment and for opioid withdrawal treatment, again emphasizing the lower risk of respiratory depression associated with an overdose of buprenorphine and its efficacy in suppressing withdrawal, blocking the effect of other opioids, and decreasing craving.

After these introductory chapters, the book progresses to clinical and logistical issues of buprenorphine treatment. Chapter 5, “Patient assessment,” states that assessing a patient for buprenorphine treatment essentially is the same as assessing any patient who has an addiction (p 79). The text is informative and practical (eg, summary mnemonic for a history of drug use expressed as TRAPPED: Treatment history, Route of administration, Amount, Pattern of use, Prior abstinence, Effects, and Duration of use). Chapter 6, “Clinical use of buprenorphine,” is a detailed (yet repetitive) text on “how to do it.” It discusses buprenorphine formulations (including pictures of pills), pharmacology (again!), buprenorphine induction (including how the physician can get pills, how the patient should take the pills: dissolving them under the tongue = not talking, not drinking, not chewing the pill), buprenorphine stabilization, buprenorphine maintenance, detoxification with buprenorphine, and buprenorphine taper. Finally, the chapter includes clinical pearls and a case with questions for the reader. The next 2 chapters, 7 and 8, split clinical management into 2 parts. “Clinical management I: Buprenorphine treatment in office-based settings” starts with tips on organizing one’s office to support buprenorphine treatment (“Collaboration with a behavioral treatment provider offers an additional benefit of integrating evidence-based individual and/or group counseling service into the care process” [p 121]), then focuses on establishing a therapeutic environment (including informed consent examples), clinical philosophy—the chronic disease paradigm, and finally, discussing problem behavior management (these should be documented) and screening for drugs of abuse (useful instructions on interpreting the results). The chapter reminds us that “occasional opioid use during the first week or two of treatment is not unusual and may require dosage adjustment, but it rarely implies a serious treatment problem” (p 137). “Clinical management II: Psychosocial and supportive treatment” promotes professional counseling (as it improves outcome) and reviews residential
and intensive outpatient programs. Both chapters again include clinical pearls and cases with questions. Chapter 9, “Psychiatric comorbidity,” includes guidance on assessing other substance abuse and co-occurring psychiatric disorders and guidance on how to differentiate substance-induced disorders from independent psychiatric disorder; it emphasizes the importance of reevaluation and warns not to evaluate intoxicated patients. The second part of this chapter reviews managing co-occurring psychiatric disorders (including when to refer or hospitalize, adherence to medications, and drug interactions with buprenorphine). Chapter 10, “Medical management,” addresses issues such as admission procedures and referral to primary care; routine preventive care; comorbid hepatitis B, hepatitis C, HIV/AIDS, and tuberculosis; and buprenorphine treatment in special populations—ie, adolescents, geriatric patients, and pregnant women. The fairly brief chapter 11, “Management of acute and chronic pain,” is practical and to the point. The next chapter, “Opioid use by adolescents,” is a standard fare on the use of opioids by adolescents and its management.

Chapter 13, “Logistics of office-based buprenorphine treatment,” is quite useful in providing tips about multiple issues such as referral sources (internet listing and connection to local physicians); staffing needs (including what staff training should be); office needs (physical space, office vs pharmacy for buprenorphine induction, forms, information for patients, confidentiality issues, billing), documentation, and models of care. The last chapter, “Comments on the case vignettes,” expands the discussion of 11 cases included in chapters throughout the book.

Appendix 1 is a list of useful websites (federal; private nonprofits; commercial) and recommended readings. Appendix 2 includes study questions for each chapter and an answer guide.

In spite of overlap of the first 4 chapters and maybe a bit too much history, this is a useful and practical volume. It should be included in the library of those who practice office-based buprenorphine treatment (>16,000 physicians treating >1 million patients). This book also should be a required text for addiction medicine or psychiatry training programs.

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REFERENCE
Continuing medical education (CME) has been part of our life for a long time. Many of us go to conferences focused just on CME and crammed with expert lectures. Some attend local CME lectures. Others get CME hours by completing tests on the internet or in journals they subscribe to. We have been accruing CME hours to fulfill our state license requirements and, hopefully, also trying to learn new things and maintain our level of expertise. It seems that the ever-expanding field of CME will be expanding even more as CME requirements have become part of Maintenance of Certification, and thus an element of future recertification.

There are different ways to learn new things; some are passive, some are active and self-directed. Answering questions about the material studied is a way of testing whether one retains anything from the presented material. However, it also means active learning. Answering questions before studying materials (CME or others) also may help direct one’s learning as it may point to one’s weaker areas of knowledge. One can and should use questions before and after studying certain material. This is what Stephen Stahl, author of this self-assessment volume, calls a “knowledge sandwich”: “meaty information lying between two slices of questions” (p viii). Stahl and his collaborators at his Neuroscience Education Institute (NEI) put together the “bread” part of the sandwich—a book of 150 self-assessment questions in psychiatry. He suggests that the reader obtain the meat part by consuming the subject material in any textbook, preferably by consuming his book, Stahl’s Essential Psychopharmacology, as most questions in this self-assessment volume are geared toward his book as a main reference (he also uses Alan Schatzberg and Charles Nemeroff’s Textbook of Psychopharmacology as a frequent reference).

This volume of questions consists of an Introduction explaining active learning through self-assessment; CME introduction with the mandatory statement of need and learning objectives and all other prescribed CME text; 150 questions; and CME posttest and certificate (one can obtain a CME certificate from NEI online; it has to be submitted by March 21, 2015).

The questions “cover” 10 areas—basic neuroscience; psychosis and antipsychotics; unipolar depression and antidepressants; bipolar disorder and mood stabilizers; anxiety and anxiolytics; pain and the treatment of fibromyalgia and functional somatic syndromes; disorders of sleep, wakefulness, and their treatment; attention-deficit/hyperactivity disorder and its treatment; dementia and its treatment; and substance use disorders and their treatment. Each question is printed on the right hand page with a multiple-choice answer. After answering the question “either in your head, on the page, or on another piece of paper,” (p x) the reader can turn the page and “on the left hand will appear not only the correct answer, but also an explanation of why the correct answer is correct, why the incorrect answers are incorrect, and references that document the correct answers, both in the companion textbook Stahl’s Essential Psychopharmacology and elsewhere. The reader will also see at this time what several hundred peers who have already taken this test thought was the correct answer” (p x). The fact that questions are immediately followed by answers is a positive feature compared with many question and answer...
books where there are question and answer sections, forcing the reader to flip back and forth. Most questions are in the form of a case vignette and most are good and quite thought provoking (eg, a question on antipsychotic formulation that may be a good option for long-term treatment of a patient with absorption problems after bowel resection—these options do not include just injectable depot antipsychotics, but also those with sublingual formulation). As I mentioned, the most frequently used references are Stahl’s and Schatzberg and Nemeroff’s textbooks and some of Stahl’s other texts; this is, in my opinion, a major weakness of this otherwise laudable volume. We have to rely on the author’s opinion and interpretation, without knowing the original source—eg, “Although not rigorously studied, there are some controlled studies of high-dose olanzapine use. These studies suggest that higher doses may lead to increased efficacy and are not generally associated with an increase in side effects” (p 52). I am not questioning the author’s enormous knowledge, expertise, hard work, and innovative approach to CME. This useful book of self-assessment questions demonstrates all these qualities. I think that an enterprise such as question writing is, at times, better served by a group of experts. Dr. Stahl definitely is at the forefront of a new industry (this is, again, not criticism, just a word of caution). He is correct in his assertion that “Research has shown that when the re-exposure is done not as a review of the same material in the same manner, but as a test, retention is much enhanced. This results in the most efficient way of learning because the initial encoding (reading the material or hearing the lecture for the first time) is consolidated for long-term retention much more effectively and completely if the re-exposure is in the form of questions. Thus questions help you remember…” (p x).

Those in love with Dr. Stahl’s other texts will appreciate and like this little book. Others who are just interested in psychopharmacology will probably enjoy testing their knowledge. Those interested in acquiring CME certification will find it useful (the price of the book is reasonable and the American Board of Psychiatry and Neurology [ABPN] accepted the questions in this book for ABPN CME requirements). This is a useful and relevant CME tool for busy clinicians. However, older lifelong learners may not like the book’s small print.

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The following book has been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.