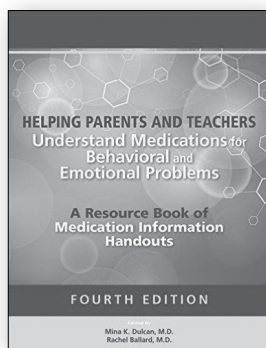# Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts

Edited by Mina K. Dulcan and Rachel R. Ballard; Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1-5856-2506-2; pp 610; $95 (paperback).

As a child and adolescent psychiatrist as well as a mother, I am acutely aware of how difficult it is for parents to make a decision to give psychotropic medications to their child. In a 2007 study, 80% of parents queried during an initial outpatient psychiatric clinic visit reported being more fearful of psychotropics than other type of medication.[1] In another study, parents overwhelmingly reported the belief that psychotropic medications would affect their child's development and give their child a flat, "zombie-like" affect.[2] Completing a culturally and developmentally appropriate informed consent process can assist parents in understanding the potential risks and benefits of psychotropic medications, and should be a key part of any treatment plan involving medication. With that goal in mind, the latest edition of *Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems: A Resource Book of Medication Information Handouts* edited by Mina K. Dulcan, MD, and Rachel Ballard, MD, is an invaluable resource.

The fourth edition builds upon prior editions with the addition of new medications and new formulations and the inclusion of several supplements that have some empirical evidence for use in children and adolescents. It also addresses the FDA's black-box warnings for certain classes of psychotropics. Some categories have been simplified, such as grouping the stimulant medications into methylphenidate/dexmethylphenidate preparations and amphetamine preparations. The text also includes updated information on additional mental health resources where parents can seek evidence-based information.

Many of the psychotropic medications prescribed to children and adolescents are prescribed for "off-label" indications, and patient information handouts provided by a pharmacy or health care system might not address these off-label indications or might not be specific to pediatric patients. In addition to including these indications, the handouts from this resource book also address common issues such as compliance and supervision. Each handout varies in length from 6 to 10 pages, and begins with a similar section explaining general information about medication use, such as a definition of the term "generic," and includes a warning not to make any adjustments to the prescribed medication without first talking to the doctor. Each handout includes a section entitled "Note to Teachers" that provides guidance for teachers and school staff. The remainder of the handout is specific to each medication, and includes sections arranged as easy-to-read questions and answers that address how the medication works, what side effects could be expected, and other important information. Each handout is conveniently available as a PDF that physicians and medical staff can download and reproduce.

Supplementary materials include an appendix that organizes medications according to common clinical indications, which can be helpful as part of a discussion regarding medication options. The text also includes separate handouts for parents and professionals that lists selected sources for additional reading. Perhaps most

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helpful is a handout that provides parents with a list of evidence-based Web sites where they can seek support and learn more about various mental health diagnoses.

Having used earlier editions of the resource book with patients, families, and school staff, I have found that providing a clear, concise handout about proposed medication choices can assist parents in feeling more comfortable that they are making an informed decision. Although a handout in no way replaces the process of informed consent, giving patients a "go-to" resource can guide them when questions arise after the appointment.

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Bad Boys, Bad Men: Confronting Antisocial Personality Disorder (Sociopathy). Revised and Updated
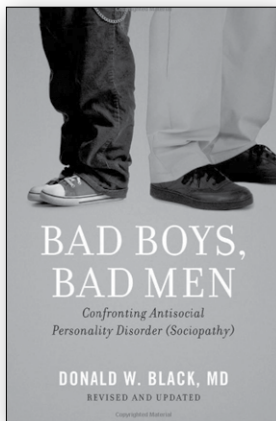
By Donald W. Black; New York, New York; Oxford University Press; 2013; ISBN 978-0-1998-6203-0; pp 360; $22.95 (paperback).

Sociopathy, or as psychiatry classifies it antisocial personality (ASP) disorder, attracts, at times almost perversely, a lot of media and lay public attention. As Donald W. Black, MD, (the Editor-in-Chief of *Annals of Clinical Psychiatry*) writes in the Introduction, "It's normal to break the rules occasionally. Every day many of us push the boundaries of what's permitted by social expectations and law. We engage in petty infractions likely to escape notice—taking long lunch breaks, inflating our accomplishments, driving too fast … through experience, most of us realize that the rules governing our daily lives have a purpose, even though we may never completely suppress the tendency to test their limits." He continues, "But some people never learn. From childhood on, they rebel against every type of regulation and expectation, seemingly oblivious to the value of living within society's boundaries. Despite all sanctions—parental punishment, ostracism, failure, or jail—they remain stuck in a rut of bad behavior, a rut they spend years digging without a second thought, and a rut that only gets deeper with time. Their resistance to authority and norms becomes the dominant force in their lives, often consigning them and their families to poverty, loneliness, addiction, and despair" (p xix-xx). They keep committing crimes, at times heinous ones, and frequent prisons. Our attention is drawn to their crimes and we keep asking, *Why are they doing this? How did they get that way? What is wrong with them? Is there a way to help them other than to imprison them?* These are important yet difficult to answer questions. Let's face it: society feels better when persons with antisocial behavior are "put away," and we do not want to spend more money and efforts on them. Only a very few psychiatrists are interested and willing to deal with, understand, and help them. Dr. Black is one of them. He has spent most of his professional career studying and writing about ASP disorder. His book *Bad Boys, Bad Men* (most of the individuals with ASP disorder

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are *men*) skillfully summarizes what is known about ASP disorder and his own work, intertwined with engrossing stories of men with ASP disorder.

The volume starts with the Preface followed by Introduction. The Introduction makes some important points. One of them is the definition of ASP disorder, taken from the book, *Psychiatric Diagnosis*, by Donald Goodwin and Samuel Guze[1]: "Sociopathy (sociopathic personality or antisocial personality) is a pattern of recurrent antisocial, delinquent, or criminal behavior that begins in early childhood or early adolescence and is manifested by disturbances in many areas of life: family relations, schooling, work, military service, and marriage." The other important point made is that in a psychiatric context, "… antisocial has nothing to do with a person's ability to socialize and it is not used to describe those why are shy, inhibited, reclusive, or withdrawn…. People with ASP can be expertly social, adept at manipulating others when it serves their purpose, but their relationships often tend to be superficial, short-lived, and bereft of trust" (p xxi). The last important point of the introduction is that ASP is a male disorder—it is up to 8 times more common in men than in women.

The following 10 chapters address antisocial personality disorder and society; the evolving psychiatric view of ASP; the symptoms of ASP; the diagnosis of ASP; the natural history of ASP; the causes of ASP; overcoming ASP: options for treatment; the hidden antisocial; the antisocial murderer; and ASP and families: finding ways to cope.

The book also includes an Epilogue, extensive Notes, and a list of recommended readings.

The chapters are well written and interspersed with a lot of interesting clinical material. Black reminds us of the work of Hervey Cleckley, who put together a constellation of 16 traits defining the psychopath. He was one of the first psychiatrists who argued that a psychopath is not insane and is the "forgotten man of psychiatry [who] probably causes more unhappiness and more perplexity that all other mentally disordered patients combined."[2] Although diagnosing ASP disorder using DSM criteria is not difficult, I found Black's list of 50 questions offering a guideline for queries to explore this diagnosis quite useful (p 96-98). Other interesting information are the data on the natural course of ASP—some remit, some improve, but most show no improvement. Why some improve is not clear, however, Black cites factors such an increased age, marriage and support of loyal spouses, fear of punishment, and even religious conversion. Black also emphasizes that there is no single cause of ASP; the disorder appears to be determined by multiple factors.

Probably the most revealing and clinically useful information is the discussion on overcoming ASP and the fact that some persons with ASP could be helped, provided that they are motivated. Clinicians should focus on coexisting disorders (eg, depression) first, as their treatment "can help reduce antisocial behavior and prepare the person for the more complicated task of addressing ASP" (p 169). Discussed approaches

for treating ASP include cognitive-behavioral therapy, medications, confronting addictions, therapy with partners and families, prison programs, and prevention. The discussion on prevention is interesting—it should target those at greatest risk for ASP, namely children with conduct disorder and their parents (p 187). Black also agrees with the notion that "juveniles who are apprehended, prosecuted, and punished for their first offenses are less likely to have adult convictions than are those who escape penalties" (p 188) and that antisocial men tend to do better in the long run if they had served short jail sentences earlier in life (p 189).

Black also has some advice for families of people with ASP and for persons with ASP. He suggests that families should accept the diagnosis, urge treatment, be firm with children, protect themselves from abuse, consider their motives, and recognize that it is not their fault. Persons with ASP should accept that they have ASP; do not use ASP as an excuse to get into more trouble; use ASP as a reason to seek help; educate themselves; accept that ASP is a life-long disorder; acknowledge how ASP has affected their family; realize that a good lawyer may do them more harm than good; try to control their temper; learn to feel guilt and shame; learn to trust; resist dwelling on the past; seek help for other problems as well; realize that if they are abusing or using substances their ASP won't improve until these problems are under control; they should take prescribed medications as directed; should stop abusing other people

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immediately; and be patient with therapy.

The book is clearly thoughtful, entertaining (in spite of, or maybe because of, the topic), clinically and otherwise useful, and addresses an area clearly neglected by psychiatry and relegated to the jus-

tice system. The text draws one in, starts slowly, but is hard to put down at the end. It is intended mostly for a wide, lay audience, but it should be read by all clinicians dealing with mentally ill individuals. Definitely a great buy for your library.

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The American Psychiatric Publishing Textbook of Personality Disorders. Second Edition
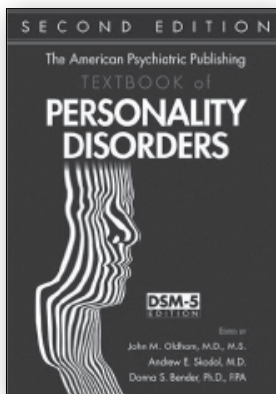
Edited by John M. Oldham, Andrew E. Skodol, and Donna S. Bender; Arlington, Virginia; American Psychiatric Publishing; 2014; ISBN 978-1-58562-456-0; pp 595; $155 (hardcover).

The description and classification of personality started thousands of years ago in ancient Greece by Hippocrates' description of 4 basic personality types: choleric, melancholic, sanguinic, and phlegmatic. Since then, we have gone through numerous and complex descriptions (there are approximately 27,000 terms in the English language that concern aspects of personality, and, of these, about 3,000 pertain to common stable traits).[1] Some older classifications included hundreds of character types. Our recent, DSM-based classification includes 10 basic types of personalities and 3 others (personality change due to another medical condition; other specified personality disorder; and unspecified personality disorder). Personality and their descriptions have been the interest of many disciplines, and some terms used to describe personality features became part of common language (eg, introvert, extravert, hysterical [now histrionic])—although, it is hard to say what came first: the terms or the personality descriptions. Psychiatry has included per-

sonality disorders into the realm of mental disorders, yet has been hesitant as to where and how to classify them. The examples of this hesitation include the recently abandoned classification of personality disorders on Axis II, or the previously changing, and now "frozen," (from DSM-IV to DSM-5) number and typology of personality disorders. It is certainly a fascinating area of psychopathology.

Three well-known experts in personality disorders, John M. Oldham, MD, MS, Andrew E. Skodol, MD, and Donna S. Bender, PhD, put together a team of experts from several countries to provide us with an up-to-date, state of-the-art textbook of personality disorders.

Following the Foreword, Introduction, and the first chapter, "Personality disorders: recent history and new directions," the volume is divided into 4 parts: I. Clinical concepts and etiology; II. Treatment; III. Special problems, populations, and settings; and IV. Future directions. Also included is an Appendix on "Alternative DSM-5 model for personality disorders."

Part I includes 7 chapters on the theories of personality and personality disorders; core dimensions of personality pathology; develop-

ment, attachment, and childhood experience; genetics and neurobiology; prevalence, sociodemographics, and functional impairment; manifestation, assessment, and differential diagnosis; and course and outcome. The chapters are dry, a bit vague, "standard," and, in my opinion, mainly reflect the confusion and difficulties our field has had with the classification of personality disorders (some concepts are relatively stable, some ever changing). The text points out that, "Personality refers to enduring patterns of cognition, emotion, motivation, and behavior that are activated in particular circumstances.... This is a minimalist definition—that is, one that most personality psychologists would accept, despite widely differing theories—but it underscores two important aspects of personality: its dynamic nature (that personality reflects an ongoing interaction of mental, behavioral, and environmental events) and the potential for variation and flexibility of responding (activation of specific processes under particular circumstances). Enduring ways of responding need not be broadly generalized to be considered aspects of personality (or lead to dysfunction) because many aspects of personality are triggered by specific situations, thoughts, or feelings" (p 13). Continuing in what I mean by standard and dry text, the last chapter of this section concludes that personality disorders, "... as defined in Section II of DSM—demonstrate only moderate stability and that they can improve over time, with the reductions in pathology persisting in many cases. We also conclude

that PDs [personality disorders] represent negative prognostic factors for many types of other psychiatric disorders and are associated with persistent impairments in social functioning" (p 180).

The text gets better, though. Nine chapters of Part II discuss issues such as therapeutic alliance; psychodynamic psychotherapies and psychoanalysis; cognitive-behavioral therapy in 2 parts (I: basics and principles, and II: specific strategies for personality disorders); group, family, and couples therapies; psychoeducation; somatic treatments; collaborative treatment; and boundary issues. These chapters are more clinically relevant and useful, at times using good clinical examples. I liked the chapter on boundaries, especially the part on risk management principles and recommendations and on cultural observations about boundaries (what is considered boundary violation in Brazil does not have to be boundary violation in the United States and vice versa).

Part III includes several interesting chapters focused on assessing and managing suicide risk; substance use disorders in the context of personality disorders; antisocial personality disorder and other antisocial behavior; personality disorders in the medical setting; and personality disorders in the military operational environment. These chapters, again, are clinically relevant and useful. Understandably some chapters focus predominantly on borderline personality disorder (assessment and management of suicidal risk). The chapter on substance use points out the dual focus in therapy of coexisting disorders, "Dual

focus does not necessarily mean that attention to both foci always take place simultaneously. During the earlier sessions, it is often best to place the greatest emphasis on the establishment and maintenance of abstinence but with a secondary focus on identification of and psychoeducation about maladaptive personality traits. During later sessions, once a strong therapeutic relationship is established and substance-related concerns have been less pressing, a greater emphasis can be placed on confronting and changing maladaptive traits, cognitive-affective processes, or interpersonal relationships" (p 419). The chapter on personality disorders in the medical setting discusses important issues such as noncompliance with medication and treatment, abuse of prescription medications, aggressive or disruptive behaviors in the medical setting, intentional sabotage of medical care, boundary issues, and excessive health care use patterns.

The 2 chapters in Part IV focusing on translational research in borderline personality disorders and on an alternative model for personality disorders beyond DSM-5 will probably be more useful to connoisseurs than to busy clinicians.

Some textbooks could be a bit dry, as is the case with this one (especially the first part). Nevertheless, the editors and authors put together some clinically useful and interesting writing—readers can guess correctly that I mean Parts II and III. One can do without reading Parts I and IV easily. I also would have preferred a more comprehensive discussion of each specific DSM-5 personality disorder—

I mean, a chapter on each of them. The problem with the personality disorder literature and research is the main focus on borderline personality disorder and the lack of solid treatment studies of other personality disorders, even those with a huge societal impact, such as antisocial personality disorder. Considering the impact of personality disorders on other mental disorders and physical disorders, and on society, this is a sad state of affairs. However, this textbook still stands out, although not necessarily shining.

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Positive Psychiatry: A Clinical Handbook
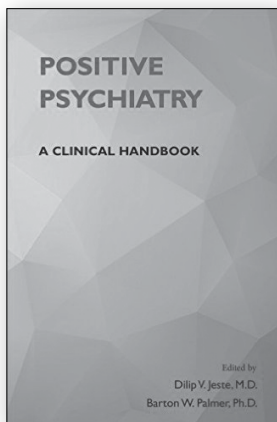
Edited by Dilip V. Jeste and Barton W. Palmer. Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1-5856-2495-9; pp 385; $62 (paperback).

Positive psychology has become immensely popular among the general population, and even has become one of the most popular undergraduate courses at some universities, including Harvard. It was just a matter of time until the idea of positive psychology would spring into psychotherapy and psychiatry. As Martin Seligman notes in the Foreword of this volume, people do not want to be just free of depression, they want to be happy, too. "When you lie in bed at night, you are, for the most part, not thinking about how to go from –8 to –2 in your life, you are thinking about how to go from +3 to +9. The same is true of most of our patients. However, therapy is almost entirely about minimizing misery and suffering and not about building well-being. We somehow make the glib assumption that if misery is minimized, our patients will know how to find their way to well-being. However, research in positive psychology over the last 15 years has shown that the skills for having more positive emotions, for having more engagement at work and with people we love, for having better relationships, for finding meaning and purpose of our existence, and for achievement and mastery are entirely different from the skills for fighting sadness, anxiety, and anger. These skills do not magically appear simply because misery abates; they must be built" (p xvii-xviii).

Furthermore, as the editors of this book, Dilip V. Jeste, MD, and Barton W. Palmer, PhD, write in the first chapter, "... a growing body of research strongly suggests that positive psychosocial factors (PPSFs) such as resilience, optimism, and social engagement are associated with objectively measurable better outcomes, including lower morbidity and greater longevity, as well as with equally important subjective positive outcomes such as well-being" (p 2). They add that, "Rather surprisingly, most of the existing research on positive traits, positive social factors, and other positive outcomes has been conducted outside of the field of psychiatry and, perhaps of even greater importance, had had relatively little influence on everyday psychiatric practice" (p 2).

Thus, Drs. Jeste (a psychiatrist) and Palmer (a psychologist) put together a multi-authored book addressing what they see as important issues for positive psychiatry—"... the science and practice of psychiatry that seeks to understand and promote well-being through assessment and interventions aimed at enhancing positive psychosocial factors (PPSFs) among people who have or are at high risk for developing mental or physical illness.... The goal of positive psychiatry is not to replace but to expand the field of general psychiatry from pathology to health and from treating symptoms to actively enhancing well-being among mental health and medical patients" (p 14).

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Following the Foreword by Martin Seligman and the mentioned first chapter by the editors, the book is divided into 4 parts: I. Positive psychosocial factors; II. Positive outcomes; III. Interventions in positive psychiatry; and IV. Special topics in positive psychiatry.

Part I discusses positive psychological traits, resilience, and posttraumatic growth, and positive social psychiatry. The positive psychological traits reviewed include optimism, wisdom, personal mastery, perceived self-efficacy, coping, creativity, conscientiousness, and spirituality and religiosity. The authors provide brief definitions of each trait, discuss research linking the specific trait to health, and the possible clinical implications. At times the discussion is superficial and simplistic, such as the debate about the relationship between creativity and mental health pathologies (p 32)—a topic wonderfully covered in Kay Redfield Jamison's book *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*.[1] On the other hand, the next chapter on resilience and posttraumatic growth by George Vaillant is a good read about positive psychology intertwined with psychodynamic explanations, resilience, and positive transformation, sources of resilience, adaptive role of positive and negative emotions, historical resistance to positive emotions, and involuntary coping mechanisms. The chapter also includes interesting clinical vignettes. Vaillant clearly has the advantage and wisdom of being the major force in the Harvard Study of Adult Development[2] and being able to see and evaluate lifelong stories and what could be taken from them

in terms of positive psychology. He addresses positive emotions such as love, hope, joy, forgiveness, compassion, faith (clarifying that he means limbic basic trust here, not cortical religious ideology), awe, and gratitude. He emphasizes that negative emotions, such as fear, grief, lust, and anger, also are tremendously important and often crucial for survival, but only in the present. He makes unique comparisons and gives interesting examples, such as saying that some maladaptive involuntary mechanisms are analogous to autoimmune disease. The next chapter on positive social psychiatry is, unfortunately, weak. Not so much due to the authors' effort but to the topic. Not much has been done in social psychiatry lately, and thus this chapter is mostly speculative.

Part II includes 3 chapters covering recovery in mental illness, a discussion of what well-being really is, and clinical assessment of positive mental health. The chapter on recovery emphasizes the difficulties in defining recovery in psychiatry and mental health. Contrary to recovery from many physical illnesses, recovery from mental illness does not fit well with the standards (ie, return to a normal state, absence of detectable illness, return to pre-illness activity). People with severe mental illness are at the very least at risk for experiencing symptoms throughout their life; evidence shows that premorbid dysfunction is present partially for decades before onset of schizophrenia, therefore return to premorbid function may not be a reasonable ideal, and in many patients even when symptoms resolve, functional disability persists (p 93-94). The chap-

ter on defining well-being emphasizes the role of patient-reported outcomes and experiences. Finally the chapter on assessment provides a solid review of various well-being scales.

Part III covers positive psychotherapeutic and behavioral interventions; positivity in supportive and psychodynamic psychotherapy; complementary, alternative, and integrative medicine interventions; preventive interventions; and integrating positive psychiatry into clinical practice. The most interesting is the chapter on the positives of supportive and psychodynamic psychotherapies. The chapter on complementary and alternative interventions emphasizes that "lifestyle factors such as diet, exercise, and spirituality can enhance resilience and positive aging by creating physical and mental well-being" (p 206). However, the rest of the chapter on herbals etc. does not contribute much. The chapter on preventive intervention reviews interventions in children (eg, for fetal alcohol syndrome, school failure, antisocial behavior, and delinquency) and in adults (eg, for trauma- and stressor-related disorders, first-episode psychosis, postpartum depression, depression in late life, and dementia). The most interesting part of the chapter on integrating positive psychiatry into clinical practice is an overview of 14 sessions of positive psychotherapy.

The topics in Part IV include biology of positive psychiatry; positive child psychiatry; positive geriatric and cultural psychiatry; and bioethics of positive psychiatry. Most interesting is the chapter on positive geriatric and cultural psychia-

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try, especially its part on successful aging with the well-known ingredients—spirituality, optimism, physical activity, and cognitive, artistic, and social engagement. The role of spirituality also is emphasized in the positive cultural psychiatry of this chapter; spirituality seems to be one of the factors explaining the so-called Hispanic paradox (Hispanics as a group tend to have lower socioeconomic status and higher rates of chronic conditions such as diabetes and obesity, yet they fare better with regard to other health outcomes such as birth and mortality rates

and life expectancy). The chapter on bioethics emphasizes the benefits of positive psychiatry, but warns about possible promotion of pseudo manifestations of positive psychosocial factors and the potential double effect that could be created as a result (nonmaleficence) (p 344).

This is an interesting book with a few excellent chapters (eg, the one on resilience and posttraumatic growth). However, the book is uneven and only moderately useful clinically (it is a clinical manual!). I believe it is a good introduction into what the authors call positive psy-

chiatry. We all need a dose of it—the older one gets, the bigger "dose" of positive aspects mentioned in this book he (she) needs. However, one also might ask whether with this task of making people happy (in addition to treating them) are we taking on a bigger task than we are able to handle? Maybe it is a utopian goal.

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2. Vaillant GE. Aging well. Boston, MA: Little, Brown and Company; 2002.

BOOKS RECEIVED

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

On the Move: A Life. By Oliver Sacks. New York, New York; Alfred A. Knopf; 2015; ISBN 978-0385-5254-3; pp 416; $27.95 (hardcover).

Manual of Clinical Psychopharmacology, Eighth Edition. By Alan F. Schatzberg and Charles DeBattista. Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1-58562-481-2; pp 795; $115 (paperback).

The Behavioral Addictions. Edited by Michael S. Ascher and Petros Levounis. Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1-5856-2485-0; pp 217; $59 (paperback).

Youth Substance Abuse and Co-occurring Disorders. Edited by Yifrah Kaminer. Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1-5856-2497-3; pp 386; $65 (paperback).

Clinical Manual of Emergency Psychiatry, Second Edition. Edited by Michelle B. Riba, Divy Ravindranath, and Gerald Scott Winder. Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1585625079; pp 375; $70 (paperback).

Handbook of Medicine in Psychiatry, Second Edition. Edited by Peter Manu and Corey Karlin-Zysman. Arlington, Virginia; American Psychiatric Publishing; 2015; ISBN 978-1-5856-2496-6; pp 530; $85 (paperback).

Understanding Mental Disorders: Your Guide to DSM-5. American Psychiatric Association. Arlington, Virginia; American Psychiatric Publishing; ISBN 978-1-5856-2491-1; pp 388; $24.95 (paperback).