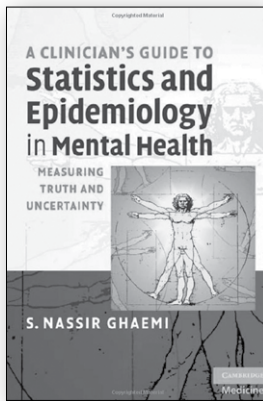


BOOK REVIEWS

A Clinician's Guide to Statistics and Epidemiology in Mental Health: Measuring Truth and Uncertainty



By S. Nassir Ghaemi. New York, NY: Cambridge University Press; 2009; ISBN 978-0-521-70958-3; pp 151; \$50 (paperback).

All statistics, as the author of this slender volume Dr. S. Nassir Ghaemi points out, is “an act of interpretation and the result of statistics is more interpretation” (p 3). Most clinicians (including myself) wrestle with understanding and, at times, doing statistics all through their career. Part of the difficulty is our understanding of this seemingly “different language of interpretation” (mine). Part of the difficulty is that we do not perform statistics on a daily basis (which reminds me of many other tasks, eg, ECG—unless one reads and interprets it daily, one does not do it well). Nevertheless, statistics should be and is a

part of clinical practice. If one wants to understand the latest developments in medicine and psychiatry, he/she has to be able to understand the latest articles in medical journals and their statistical analyses. Also, as Dr. Ghaemi suggests, “It is thus not an option to avoid statistics, if one cares about science” (p 2). He also reminds us that statistics is not new: “Statistics were developed in the eighteenth century because scientists and mathematicians began to recognize the inherent role of uncertainty in all scientific work” (p 1). Yet, in spite of this, most of us keep having difficulty understanding statistical methods and interpretations. Dr. Ghaemi decided to write this book for those who have difficulty understanding statistics (not performing it!). “This is a book by a clinical researcher in psychiatry for clinicians and researchers in the mental health professions” (p xii).

The book, besides the Preface and Acknowledgements, is divided into 6 sections: 1. Basic concepts; 2. Bias; 3. Chance; 4. Causation; 5. The limits of statistics; and 6. The politics of statistics. The first section consists of 3 chapters—“Why data never speak for themselves,” “Why you cannot believe your eyes: The 3 C’s,” and “Levels of evidence.” In the first chapter the author points out that numbers do not stand alone and that facts always need to be

interpreted; “...it is the job of statistics: not to tell us the truth, but to help us get closer to the truth by understanding how to interpret the facts” (p 4). The second chapter alludes to the fact that evaluation of any study needs to pass 3 hurdles—confounding bias, chance, and causation—before one considers accepting its results.

The second section includes another 3 brief chapters—“Types of bias,” “Randomization,” and “Regression.” The chapter on types of bias (confounding and measurement biases) emphasizes that “confounding bias is handled either by *preventing* it, through randomization in *study design*, or by *removing* it though regression models in *data analysis*” (p 13). This chapter includes several examples of confounding bias in published studies discussed in detail. In the next chapter on randomization Dr. Ghaemi states that randomization is the most revolutionary and profound discovery of modern medicine. It allows us, usually, to differentiate the true from the false, a real breakthrough from a false claim (p 21). The chapter on regression explains that another good way to reduce confounding bias in observational studies is stratification and regression, and discusses both these concepts. The titles of the 3 chapters of the third section—“Hypothesis-testing: the dreaded *P*-value and statistical significance,” “The use of hypothesis-testing statistics in clinical trials,” and “The better alternative: Effect estimation” pretty much explain what these chapters are about. The author again emphasizes the importance of randomization and tells us that it is the most important aspect of clinical trials, more important than placebo (the rationale for using

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placebo is to control for the natural history of the illness [p 58]). The fourth section (2 chapters) focuses on “What does causation mean?” and “A philosophy of statistics.”

The next section includes 3 chapters addressing “Evidence-based medicine: Defense and criticism,” “The alchemy of meta-analysis,” and “Bayesian statistics: Why your opinion counts.” The most interesting and practical is the chapter on meta-analysis. Interestingly, as Dr. Ghaemi points out, meta-analysis is the product of psychiatry and was developed to refute the criticism of Hans Eysenck that psychotherapies were ineffective. Meta-analysis can help clarify many things and provide some systematic way of putting together all data on a specific topic and interpreting them. Nevertheless, as the author points out, “meta-analysis is never more valid than an equally large single randomized controlled trial” (p 98). The chapter on Bayesian statistics is interesting and important, but also quite difficult to comprehend.

The final part is not so much about statistics as about some contemporary issues related to publishing and financing research. It consists of 4 chapters, “How journal articles get

published,” “How scientific research impacts practice,” “Dollars, data, and drugs,” and “Bioethics and the clinician/researcher divide.” The chapter on how articles get published is mostly a criticism of the peer review process. The author suggests, among others, that “the most prestigious journals usually do not publish the most original or novel articles; this is because the peer review process is inherently conservative” (p 115). The following chapter is an astute criticism of the impact factor and intangibles of coauthorship of various large pharmaceutically funded trials. The criticism continues in the “Dollars, data, and drugs” chapter. The author discusses important issues such as ghost authorship, unpublished negative studies, and disease mongering. The final chapter focuses on some ethical issues of modern research and publishing. I think most readers would appreciate the summary statement of this chapter, “one cannot be a good clinician unless one is a good researcher, and one cannot be a good researcher unless one is a good clinician. Good clinical practice shares all the features of good research: careful observation, attention to bias and chance, replication, reasoned inference of causation” (p 130).

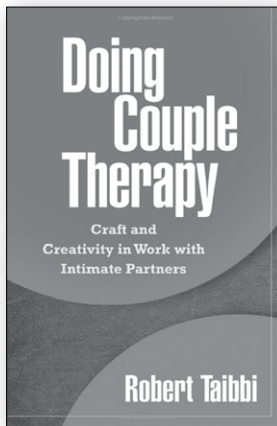
The book also contains an Appendix, “Regression models and multivariable analysis,” that provides some instruction on how to conduct regression analysis.

As the author points out in the Preface, “This book does not seek to teach you how to do statistics; it seeks to teach you how to understand statistics. It is for the clinician or researcher who wants to understand what he or she is doing or seeing; not for a statistician who wants to run a specific test” (p xii). The book mostly fulfills this goal (though, as I pointed out, the Bayesian statistics is difficult to understand in spite of all the author’s efforts). It is well written, straight to the point, thoughtful. The last part is mostly an opinionated view of various problems of contemporary science and scientific publishing, but it is mostly right on target. The book could be used as a complementary text (in addition to a text reviewing how to do some basic statistical analyses) to teach residents and others to understand statistics and its merits. Even busy clinicians may find this book useful reading, applicable to their reading of scientific literature.

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BOOK REVIEWS

Doing Couple Therapy: Craft and Creativity in Work with Intimate Partners



By Robert Taibbi. New York, NY:
The Guilford Press; 2009;
ISBN 978-1-60623-244-6; pp 276;
\$35 (hardcover).

For a long time I have felt that psychiatry has given up on or abandoned 2 important areas of mental health care—human sexuality and relationship issues, either family or couple ones. Whatever the reason for this trend, it is unfortunate. Any experienced clinician knows that harmony in both of these areas contributes to patients' well-being, and disharmony can contribute to worsening of symptoms of mental illness, trigger relapse, or even trigger serious problems, such as depression. We still officially subscribe to the *biopsychosocial* model and teach our students to examine all aspects of their patients' lives, including their relationships. However, we do not teach our students what to do

with pathology within a relationship. Most of the time we do not know what to do ourselves. Should one be dealing just with the patient or should the patient's partner who is depressed over the couple's problems be brought in? Should one be proactive when listening to a family's or a couple's problems or should one just listen and let the couple/family attempt to resolve the issues themselves? Many would argue that these are issues to be addressed by therapists, not by psychiatrists. Maybe. However: (a) We should be able to answer questions about relationships posed by our patients; (b) We should be able to consult therapists; and (c) We are supposed to be able to supervise therapists and judge their work with a family or couple. We would not be able to do so without training and/or practice. Arguing otherwise is patronizing and paternalistic. There are various ways of learning about this area, either by practicing under supervision or by studying practical, rather than theoretical, texts.

Robert Taibbi, an experienced therapist, wrote a basic, beginner's guide for couple therapy. He points out that couple therapy is more complicated and complex than individual therapy. It "can seem more like a two-ring circus, with each of the partners doing his or her own act for the therapist. Instead of the one voice and one side you have two. While one is enthusiastically

motivated for therapy, the other is likely to be as enthusiastically ambivalent" (p 2). As he points out, one needs confidence in oneself and one's clinical skills. The author states that he wrote this book to help new clinicians, as well as experienced ones, who are new to couple therapy to know the terrain and not feel lost and to offer a clinical map for treating couples.

In the first chapter, "Into the fray. Theoretical foundation and overview," the author outlines the rest of the book. In the first section (chapters 2 to 8: "The basics: Clinical goals and tasks," "Beginnings: Presentations, assessments, and goals," "Beginnings in actions," "Clearing the clutter: Improving communications skills," "Drilling down: Core issues," "Termination," and "Of money, sex, and children: Handling the power issues"), the author looks "at the fundamental structure of couple therapy, the basic skills and concepts that you need to successfully navigate doing couple therapy—managing opening sessions, doing assessments, developing initial goals and treatment plans for the most common presenting problems" (p 12). In the second section of this volume (chapters 9 to 13: "Challenges of the early years," "Re-creating the vision," "Battle and loss: Managing the teenage years," "One big happy family: Working with stepfamilies" and "The challenges of old age"), the author focuses on "specific challenges that couples face as they move through the adult life cycle—newlyweds, couples with young children, and then teenagers, the empty nest, the remarried and elderly couple" (p 12). Finally, the last section (chapters 14 and 15: "One helping two, two helping one: Working with individuals in relationship" and

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“Life in the details: The nuts and bolts of couple therapy”), the author discusses “ways of repairing relationships when only working with one partner,” looks “at how the couple can help the individual,” and concludes with the “nuts and bolts of practice and good self care” (pp 12-13). The chapters are illustrated by a number of scenarios or vignettes. Each chapter also concludes with various exercises and questions to help the reader increase his/her skills and clarify his/her style.

The book is written in “you style” in which the author tells the reader what “you are going to do, experience, face.” The text is full of simple, practical advice about the most common or complicated aspects of therapy. The author emphasizes that “Couple therapy is not couple mediation” (a common misconception about couple therapy). The author emphasizes the couple therapist’s 4 core tasks or concepts: demonstrating leadership; stopping the dysfunctional process; drawing out and labeling emotions; and being honest. The chapter on the beginnings of couple therapy is especially useful. Taibbi presents the 6 most

common couple patterns—the crisis couple, the stale couple, the fix-my-partner couple, the fine-tuning couple, the problem-with-children couple, and the no-problem couple. He also outlines initial goals, such as establishing rapport, determining what is and who has the problem, clarifying expectations, and creating something new. The following chapter on beginnings in action also contains a lot of useful detailed information about the initial contact and first several sessions. The chapter on core issues discusses, among others, the advantages and disadvantages of seeing the couple together vs doing couple therapy by working with individuals separately.

The chapters in the book’s second section provide relevant information on handling special situations mentioned previously. The last chapter discusses some important issues usually omitted in various practical guides. It focuses on supervision (individual, group, and self-supervision for which the better term may be, as the author suggests, “self-reflection”), training, personal therapy, cotherapy, and everyday strategies for self-care (be in

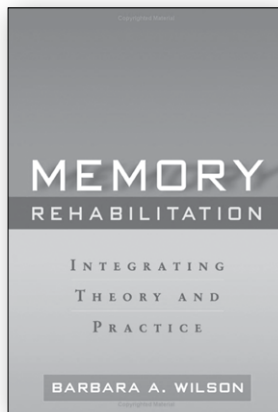
charge of your caseload, your schedule, the time; relax; create a comfortable workspace; dress for success). The book ends with a brief Epilogue.

This book definitely is what it intends to be—the beginner’s guide to couple therapy. It is simple, easy to read, and filled with a wealth of clinical information. It is almost too simple at times. Nevertheless, I think that this volume would be appreciated by most therapists interested in starting to do couple therapy and by those teaching couple therapy and looking for an easy-to-read text for students. Unfortunately, only a few psychiatrists probably will be interested in reading this text and will find the book useful. The field of clinical psychiatry is still waiting for a good text addressing the issues I outlined at the beginning—how couple strife contributes to other pathology and what to do about it, how to appropriately consult and supervise couple therapists, and how to answer/how to react to patients inquiring about or reporting their couple’s problems when talking to their psychiatrists.

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BOOK REVIEWS

Memory Rehabilitation. Integrating Theory and Practice



By Barbara A. Wilson. New York, NY:
The Guilford Press; 2009;
ISBN 978-1-60623-287-3; pp 284;
\$48 (hardcover).

Rehabilitation of memory impairment is a timely and important area, especially with our aging population and increasing numbers of patients surviving serious brain injuries or illnesses. Like many, I was attracted by the title of this book, erroneously thinking that it would address rehabilitation of all causes of memory impairment, including dementia. However, as Barbara Wilson, the author of this book, points out, “*Memory Rehabilitation* is about the condition and treatment of people with nonprogressive brain damage and does not, for the most part, consider work that is being conducted with patients suffering from dementia” (pp xi-xii). This volume addresses memory rehabilitation in patients with conditions such as multiple scler-

osis (34% of whom have moderate to severe memory problems), survivors of nonprogressive brain injury (36% have significant memory impairment for the rest of their lives), survivors of encephalitis (70% have some memory impairment), patients with temporal lobe epilepsy (10% experience significant memory impairment), and survivors of stroke, myocardial infarction, cerebral tumors, carbon monoxide poisoning, meningitis, and other conditions, all of whom may also experience memory problems (p xii). According to its author, this book tries to offer help not only to these patients, but also their families. The author also emphasizes that another reason for writing this book is because “the prevailing view of many neurologists and neurosurgeons, some psychiatrists, and a few neuropsychologists is that little can be done to alleviate problems faced by memory-impaired people” yet, “they can be helped to cope with, bypass, or compensate for their memory problems; they can learn how to come to terms with their condition.”

The book consists of 11 chapters, an Appendix, and References. Chapter 1, “Understanding memory and memory impairment,” is a solid introduction to the topic of memory. It explains and discusses various categories of memory such as time-dependent memory, semantic memory, procedural memory, modality-specific memory, explicit memory, implicit memory, retrospective mem-

ory, prospective memory, retrograde, and anterograde memory. The following chapter, “Recovery of memory functions after brain injuries,” focuses on what is meant by memory recovery and mechanism of recovery. There seem to be 3 types of brain injury patients—those who will recover without help, those who show no significant change even with help, and those who do reasonably well provided they receive assistance (p 22). Numerous factors, such as age at insult, diagnosis, number of insults sustained, and pre-morbid status of the brain, influence recovery. Some people may show less impairment after the injury as they may have some cognitive reserve (mostly people with more education and higher intelligence). The author proposes that we can help natural recovery through rehabilitation.

Chapter 3, “Assessment for rehabilitation,” explains that, “*assessment* is concerned with judgment, estimation, appraisal, analysis, and evaluation.” Good assessment is quite important before starting rehabilitation. The assessor needs to know about cognitive functioning in general, the level of premorbid functioning, emotional and psychosocial problems, and the patient’s main concerns. The chapter also reviews which aspects of memory should be evaluated in memory assessment for rehabilitation and which tests of memory should be used. Chapter 4, “Compensating for memory deficits with memory aids,” written with Narinder Kapur, is probably the most practical and important of the entire book. The authors emphasize that “The ultimate goal of rehabilitation is to enable people to function as independently as possible in their most

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appropriate environment" (p 52). External memory aids are the most efficient strategies for memory-impaired people. They include, among others, wall calendars, notebooks, appointment diaries, asking others to remind, alarm clocks, notes in special places, writing on hand, repetitive practice, electronic organizers, pill boxes, "First-Letter" mnemonics, pagers, mobile phones, and many others. Many of us use these devices in routine life anyway, yet some memory-impaired people need to be taught and reminded how and when to use them alone or in a combination. It is not always easy for memory-impaired people to use these devices. "Efficient use of many external memory aids involves a degree of motivation, patience, planning, problem solving, concentration, learning, and, indeed, memory, so the people who need them most often have the greatest difficulty in learning how to use them" (p 53). The most widely used aids are not necessarily the most effective ones. Interestingly, following a weekly or daily routine, making lists, and asking others for reminders usually receives high ratings for effectiveness. This chapter also describes setting up a memory aids clinic (only a few are available in the United Kingdom, though). The final part of this chapter discusses how advances in technology will impact memory aids in the future (smart homes, mobile phones, cameras, location detection devices, virtual reality, and advanced

brain imaging). The following chapter, "Mnemonics and rehearsal strategies in rehabilitation," reviews in detail mnemonics—systems that enable us to remember things easily. The author discusses verbal mnemonics, visual mnemonics, and motor movements as memory aids. The second part of this chapter deals with rehearsal, which simply means to practice or repeat something until it is remembered (p 82).

Chapter 6, "New learning in rehabilitation. Errorless learning, spaced retrieval (expanded rehearsal), and vanishing cues," continues presenting readers with various techniques of memory rehabilitation. Errorless learning "is a teaching technique whereby people are prevented, as far as possible, from making mistakes, while they are learning a new skill or acquiring new information" (p 89). Chapter 7, "Memory groups," advocates establishing groups for persons with memory impairment and discusses how to run them. Chapter 8, "Treating the emotional and mood disorders associated with memory problems," brings to our attention the fact that people with memory impairment could suffer from associated anxiety, depression, and other problems that should be properly treated (although the proposed treatment is not comprehensive). The following 2 chapters discuss "Goal setting to plan and evaluate memory rehabilitation" (chapter 9) and a framework for

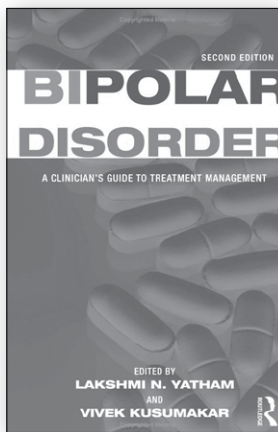
memory rehabilitation (chapter 10, called "Putting it all together"). The very last chapter, "Final thoughts and a general summary," summarizes the previous chapters. The Appendix is a comprehensive list of resources, such as Web sites, societies, etc, in countries around the world.

This book is an interesting introduction to a less known area of memory impairment and memory rehabilitation in various brain non-dementia injuries and disorders. Its attractiveness is in the relative novelty of this area and the author's scholarship and intimate knowledge of and familiarity with the topic. The book could help clinicians taking care of patients with similar memory impairments. However, busy clinicians probably would appreciate even more concrete and specific advice and guidance. This book's greatest weakness is that it is a classic example of the schism of the present era care for our patients. It is written from a psychology or neuropsychology point of view. The book does not mention psychiatric or neurology care or medications (many memory-impaired patients are on medications and these can impact memory; the book discusses managing emotional problems associated with memory impairment, not medication). This fragmented care certainly is not anything we wish for our patients.

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BOOK REVIEWS

Bipolar Disorder: A Clinician's Guide to Treatment Management, Second Edition



Edited by Lakshmi N. Yatham and Vivek Kusumakar. New York, NY: Routledge; (Taylor & Francis Group); 2009; ISBN 978-0-415-96136-3; pp 628; \$74.95 (Web price \$67.46) (hardcover).

Bipolar disorder is one of the most researched topics in psychiatry. Any new text or innovative research finding on bipolar disorder invites inquisitiveness from clinicians, researchers, patients, and the general public. The second edition of *Bipolar Disorder: A Clinician's Guide to Treatment Management*, edited by Dr. Yatham and the late Dr. Kusumakar, sets out with the objective "to provide an up-to-date synthesis of all new information in a manner that can be readily applied in clinical situations to manage patients with bipolar disorder" (p xi).

This book includes contribu-

tions from 38 authors from Australia, Europe, and North America. The main body consists of a Preface and 18 chapters. The book begins with a tribute to Dr. Kusumakar, who died in January 2009. It introduces the readers to many of his accomplishments and contributions to psychiatry. This leaves us wondering how much more Dr. Kusumakar could have contributed to advancement of psychiatry and alleviation of mental illness if his life had not been cut short by sudden death.

The first 5 chapters include "Diagnosis and treatment of hypomania and mania," "Bipolar depression: Diagnosis and treatment," "Diagnosis and treatment of rapid cycling bipolar disorder," "Bipolar II disorder: Assessment and treatment," and "Maintenance treatment in bipolar I disorder." All 5 chapters are written to include comprehensive diagnostic and assessment strategies. Treatment strategies are discussed at length and recommendations based on up-to-date data are provided. The chapters on hypomania, mania, and rapid cycling include treatment algorithms, which readers will find valuable in practice. The discussion is informative, eg, the chapter on hypomania and mania states "the principles that guide the management of mania and hypomania include choosing a setting for treatment which will assure the safety

of the patient and adherence with the treatment plan; prescribing medications which will rapidly reduce manic symptoms, protect against mania and depression during long-term treatment; and cause minimal side effects; and promoting a return to full psychosocial functioning" (p 5). The recommendations are specific, eg, in the chapter on bipolar depression the authors write that "the treatment of acute bipolar depression should initially be undertaken with one of the first-line, evidence-favored options: olanzapine-fluoxetine combination, quetiapine, lithium, or lamotrigine" (p 35). In the chapter on bipolar II disorder, the authors acknowledge the paucity of evidence, stating that "extrapolation from the evidence base for bipolar I disorder treatments may provide the best available, albeit suboptimal, guidance" (p 97) and state that "an open-minded and vigilant approach to clinical management of bipolar II disorder patients may be the most realistic option" (p 97).

The next 4 chapters "deal with the management of bipolar disorder in women at various stages of reproductive cycle, young people, the elderly, and those with psychiatric comorbidity" (p xi). In the chapter on bipolar disorder in women, the authors remind readers that "The treatment of bipolar disorder in women is complicated by a myriad of hormonal factors that are specific to this population, adding a degree of complexity to its biological management" (p 170). The chapter on bipolar disorder in children and adolescents points out that "psychiatric comorbidity seems to be a rule rather than an exception in bipolar disorder" (p 189) and recom-

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mend that “treatment for bipolar disorder should only be instituted after establishing the diagnosis by longitudinal observation” (p 190) and “when there is a question whether the young person has attention deficit hyperactivity disorder or bipolar disorder, it is more pragmatic to institute a trial of medications for ADHD” (p 190). The chapter on comorbidities presents an informative review of psychiatric and medical comorbidities. This chapter also discusses a set of clinically useful diagnostic assessment and treatment strategies for managing patients with bipolar disorder and comorbidities.

Chapters 10 through 14 review the efficacy of various psychotropic and somatic treatments commonly used for treatment of bipolar disorder. Chapter 15 focuses on psychotropic medication adverse effects, drug interactions, and their management. In the Preface, the editors point out that “the division of chapters necessitated some overlap in content between the chapters” (p xii). In this section the overlap is apparent, compared with the rest of the chapters. For example, evidence and recommendations on the use of medications are discussed in the earlier section on treatment of different phases and types of bipolar disorder and are repeated separately in this section with every class of medications. Inclusion of evidence dating back to the 1950s in the chapter on lithium and detailed discussion of most of the cited studies, although informative, might put a time strain on the target audience (clinicians). Nev-

ertheless this segment provides readers with a comprehensive review of psychotropic and somatic treatment modalities for bipolar disorder.

The next 2 chapters focus on psychosocial treatment. The authors of the chapter “Practical issues in psychological approaches to individuals with bipolar disorders” set the tone for an interesting discussion on this important aspect by reaffirming that “it is impossible for clinicians not to be psychologically important to clients with bipolar” (p 551). This chapter uses reader-friendly boxes to discuss various salient patient management strategies, such as “developing a positive therapeutic alliance,” “questions to establish the client’s views of their problems,” “exploring coping strategies,” “exploring the benefits and barriers for adherence,” and “behavioral techniques for increasing medication adherence.” The chapter on psychosocial interventions reviews evidence of effectiveness of adjunctive psychotherapeutic modalities and concludes with supportive evidence for “group psychoeducation, family-focused therapy, interpersonal and social rhythm therapy, and cognitive-behavioral therapy” (p 586).

The last chapter, “Novel treatments in bipolar disorder: Future directions,” discusses various therapeutic strategies such as “neurotrophic cascades,” “intracellular signaling cascades,” “neuropeptides, stress, and the HPA axis,” and “heavy metals.” The discussion is informative and emphasizes the need for relentless investigation of novel modalities that could

mitigate suffering associated with bipolar disorder. The authors conclude by stating, “recurrent unipolar and bipolar mood disorders can be associated with a progressive and downhill course if not adequately treated with appropriate and timely interventions” (p 609).

The authors, for the most part, meet the editors’ goal of providing a comprehensive review of up-to-date information on bipolar disorder. The editors encourage clinicians to “mould their practice around the long-term symptomatic and functional needs of their patients with bipolar disorder” (p xii) and suggest that “optimal treatment of bipolar disorder includes a combination of psychoeducation, life style management, psychotherapy, and rehabilitative techniques with medications in the context of an empathic and longitudinal therapeutic relationship to improve symptoms, functioning and quality of life” (p xii). This book presents readers with the information necessary to provide comprehensive care to the patients suffering from bipolar disorder.

In summary, I found this book a clinically practical and useful text. Readers will find the treatment strategies and recommendations valuable and those interested in this field would be able to update their knowledge base and use this book as a reference text. Residents will find this book especially useful in updating their knowledge base in accordance with current evidence.

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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.

The treatment of eating disorders. A clinical handbook. Edited by Carlos M. Grilo and James E. Mitchell. New York, NY: The Guilford Press; 2010; pp 606; \$75 (hardcover).

Personal identity and fractured selves. Perspectives from philosophy, ethics, and neuroscience. Edited by Debra J.H. Mathews, Hilary Bok, and Peter V. Rabins. Baltimore, MD: The Johns Hopkins University Press; 2009; pp 203; \$55 (hardcover).

Lewis's child and adolescent psychiatry review. 1,400 questions to help you pass the boards. By Yann B. Poncin and Prakash K. Thomas. Philadelphia, PA: Lippincott William Wilkins (Division of Wolters Kluwer); 2010; pp 261; \$59.95 (paperback).

Self-management of depression. A manual for mental health and primary care professionals. By Albert Yeung, Greg Feldman, and Maurizio Fava. New York, NY: Cambridge University Press; 2010; pp 206; \$55 (paperback).

Bipolar disorder in young people. A psychological intervention manual. By Craig A. Macneil, Melissa K. Halty, Philippe Conus, Michael Berk, and Jan Scott. New York, NY: Cambridge University Press; 2009; pp 186; \$55 (paperback).

Language lateralization and psychosis. Edited by Iris E.C. Sommer and Rene S. Kahn. New York, NY: Cambridge University Press; 2009; pp 204; \$110 (hardcover).

Neuroimaging in developmental clinical neuroscience. Edited by Judith M. Rumsey and Monique Ernst. New York, NY: Cambridge University Press; 2009; pp 453; \$190 (hardcover).

Stahl's illustrated chronic pain and fibromyalgia. By Stephen M. Stahl. New York: Cambridge University Press; 2009; pp 146; \$39.99 (paperback).

Stahl's illustrated attention deficit hyperactivity disorder. By Stephen M. Stahl and Laurence Mignon. New York, NY: Cambridge University Press; 2009; pp 150; \$39.99 (paperback).

Community treatment of drug misuse. More than methadone. Second edition. By Nicholas Seivewright assisted by Mark Parry. New York, NY: Cambridge University Press; 2009; pp 179; \$65 (paperback).

Religion and spirituality in psychiatry. By Philippe Huguélet and Harold G. Koenig. New York, NY: Cambridge University Press; 2009; pp 376; \$99 (hardcover).

A clinician's guide to using light therapy. By Raymond W. Lam and Edwin M. Tam. New York, NY: Cambridge University Press; 2009; pp 157; \$50 (paperback).

Global perspectives in mental-physical comorbidity in the WHO World Mental Health Surveys. Edited by Michael R. Von Korff, Kate M. Scott, and Oye Gureje. New York, NY: Cambridge University Press; 2009; pp 322; \$120 (hardcover).

Mental health and disasters. Edited by Yuval Neria, Sandro Gales, and Fran H. Norris. New York, NY: Cambridge University Press; 2009; pp 624; \$135 (hardcover).

The recognition and management of early psychosis. A preventive approach. Second edition. Edited by Henry J. Jackson and Patrick D. McGorry. New York, NY: Cambridge University Press; 2009; pp 424; \$72 (paperback).

Depersonalization. A new look at a neglected syndrome. By Mauricio Sierra. New York, NY: Cambridge University Press; 2009; pp 174; \$90 (hardcover).

Electroconvulsive and neuromodulation therapies. Edited by Conrad M. Swartz. New York, NY: Cambridge University Press; 2009; pp 609; \$99 (hardcover).

Comprehensive psychiatry review. By William Weigi Wang. New York, NY: Cambridge University Press; 2010; pp 468; \$69 (paperback).

Anxiety disorders in adults. A clinical guide. Second edition. By Vladan Starcevic. New York, NY: Cambridge University Press; 2010; pp 460; \$59.95 (hardcover).

Handbook of integrative clinical psychology, psychiatry, and behavioral medicine. Perspective, practices, and research. Edited by Roland A. Carlstedt. New York, NY: Springer Publishing Company; 2010; pp 887; \$125 (hardcover).

Handbook of cognitive-behavioral approaches in primary care. Edited by Robert A. DiTomasso, Barbara A. Golden, and Harry J. Morris. New York, NY: Springer Publishing Company; 2010; pp 753; \$95 (hardcover).

Neuropsychology of everyday functioning. Edited by Thomas D. Marcotte and Igor Grant. New York, NY: The Guilford Press; 2010; pp 477; \$65 (hardcover).