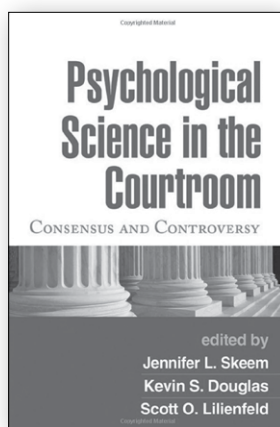


BOOK REVIEWS

Psychological Science in the Courtroom: Consensus and Controversy



Edited by Jennifer L. Skeem, Kevin S. Douglas, and Scott O. Lilienfeld. New York, NY: The Guilford Press; 2009; ISBN: 978-1-60623-251-4; pp 418; \$50 (hardback).

Of the numerous books I have read regarding the interface of psychology and the legal system, *Psychological Science in the Courtroom* stands out as being uniquely informative, well written, cohesive, and of great utility to psychologists. It consistently maintains focus on the scientific approach to mental health issues in the legal arena and thoroughly cites current knowledge and its limitations, error rates, controversies, and areas of required future research. Strengths, weaknesses, myths, and misconceptions are systematically evaluated in each chapter.

The first section starts with the cases of *Frye* and *Daubert* to evaluate

how much of what we as psychologists know would be admissible in courtroom proceedings. The authors examine in depth the issue of what testimony should be validly included or excluded, and presents data—which are frankly shocking—about the perceptions of judges, attorneys, and jurors on expert evidence and testimony.

The second section deals with intrinsically difficult psycho-legal issues, such as repressed memories, hypnosis, and eyewitness identification, in an easily understood manner. The book never loses focus on the scientific aspect of research in these areas and how legally required standards of evidence acceptance are or are not met. Critical factors, such as error rates and evidence-based techniques, are thoroughly discussed in each chapter.

The third section investigates specific psychological tests and techniques used in forensic assessments. The section on evaluating psychopathy is exceptional and provides the most useful information in this area I have ever seen. It well separates what is a personality construct and what predicts violence. The authors discuss the generalizability of the concept of psychopathy and utility of assessment measures. The section on polygraph use is critical, but all conclusions directly stem from available scientific data.

What is acceptable when conducting forensic evaluations is the

focus of the fourth section. Here the reader will find significant scrutiny of prediction claims unsubstantiated by data in areas such as criminal profiling and child custody evaluations. However, there is a substantial gap in this section. The portion reviewing psychological injuries only presents assessment and application of general psychology measures, without any discussion of neuropsychological measures to assess cognitive functioning and potential malingering.

The fifth section, which addresses sentencing based on beliefs of risk and rehabilitation, is critical to what we as psychologists should and should not present based on scientific evidence, and the necessity to avoid bias. Both violence risk assessment and treatment of psychopaths are explored in depth.

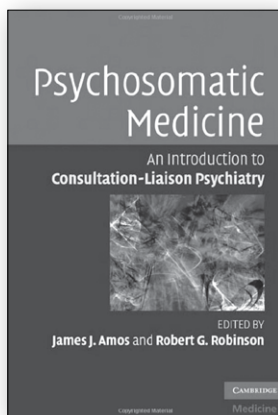
The conclusion addresses common ground between scientific knowledge and the law, and states despite the great extent of current scientific knowledge in many areas, the limits of application to individuals always needs to be considered. Areas of future research are recommended in precise ways.

Overall, *Psychological Science in the Courtroom* is an excellent book that is critical of the forensic psychology field in the most positive way by honestly distinguishing between what is and is not known scientifically and how we should use such knowledge when practicing psychology in forensic contexts. I recommend this book to every forensic psychologist.

Galit Askenazi, PhD, ABPP
Neuropsychology and Forensic Psychology
Specialty Services
Cleveland, OH, USA

BOOK REVIEWS

Psychosomatic Medicine. An Introduction to Consultation-Liaison Psychiatry



Edited by James J. Amos and Robert G. Robinson. New York, NY: Cambridge University Press; 2010; ISBN 978-0-521-10665-8; pp 275; \$60 (paperback).

The everyday interaction between psychiatry and the rest of medicine usually occurs in the area of consultation-liaison psychiatry, also called, for better or worse, psychosomatic medicine. As the authors of this volume point out, numerous good, mostly large books on psychosomatic medicine have been published since the American Board of Psychiatry and Neurology recognized psychosomatic medicine as a subspecialty of psychiatry. These textbooks frequently are trying to be the definitive texts or reference books. What is missing, according to the authors of this vol-

ume, is an introductory, portable text for novices or learners in this area, such as junior faculty, fellows, residents, and medical students. The primary goal of putting together this relatively small book was to fill this gap.

The book consists of 28 chapters written by 42 mostly North American contributors. These chapters cover almost all areas of consultation-liaison psychiatry, starting with general themes such as the consultation process; assessing capacity in the medically ill; encountering a difficult patient; assessing suicide risk; assessing and managing the violent patient; evaluating and managing delirium; and reviewing psychopharmacology in the medically ill. The book then moves to disease or condition specific areas such as management of somatoform disorders, managing factitious disorder and malingering, agitation in patients with dementia, depression and heart disease, management of post-stroke depression, psychiatric aspects of Parkinson's disease, managing depression in traumatic brain injury, managing psychiatric aspects of seizure disorders, distress and depression in cancer care, depression in patients with hepatitis C, psychiatric aspects of AIDS, managing depression in renal failure, management of psychiatric syndromes

due to endocrine and metabolic diseases, management of alcohol withdrawal and other selected substance withdrawal issues, managing depression in pregnancy, psychiatric aspects of organ transplantation, and preoperative psychiatric evaluation for bariatric surgery. The final 4 chapters deal with general issues, such as psychiatric care at the end of life (hospice and palliative medicine), demoralization in the medical setting, psychotherapy for the hospitalized medically ill, and children's reactions and consequences of illness and hospitalization and transition of care from the pediatric to the adult setting.

The chapters are mostly well written, informative, and cover topics sufficiently. They usually start with a typical consult in the area they cover. Many contain interesting facts. I will mention some of them for illustration. The chapter on the consultation process makes several important points, such as communication is the most crucial element of the consultation process (communication among all parties involved!), a routine consult should be completed within 24 hours, the consultation notes should be simple and devoid of "psycho-speak," and one is allowed to obtain information from care providers whom the patient has seen previously, as part of care coordination (this is allowed under Health Insurance Portability and Accountability Act regulations). The chapter describes in detail what the consult should look like and what interventions could/should be. The chapter on capacity assessment makes an important

BOOK REVIEWS

point about distinguishing capacity and competency. The discussion of assessing and managing the violent patient emphasizes the importance of paying attention to one's body language (eg, crossed arms or arms behind one's back can seem threatening). The discussion on somatoform disorders mentions anniversary reactions may be the underlying dynamic for some conversion symptoms. The chapter on Parkinson's disease notes low testosterone may exacerbate Parkinson's disease-related apathy and actually is the only chapter in this book that discusses sexual functioning of patients inflicted with any disease. The review of depression in cancer care mentions paroxetine should not be used in patients treated with tamoxifen, as it diminishes tamoxifen's active metabolite levels. Interestingly, the chapter on hepatitis C argues against the common practice of prophylactic use of antidepressants in patients treated with interferon-alfa, because evidence to support antidepressant use to minimize psychiatric side effects of interferon is lacking. On the other hand, this chapter advocates the use of stimulants in inter-

feron-induced fatigue. The chapter on children's reactions includes a useful table on psychotropic medications with FDA-approved uses in children and adolescents.

Some chapters present data without any critical reflection that could be useful to novices or less experienced readers. For instance, the chapter on suicide assessment mentions medical inpatients tend to commit suicide by jumping from heights, in contrast to patients on psychiatric units who tend to hang themselves, and in contrast to community-based persons, who tend to shoot themselves (p 52). It would be useful to note these modes of suicide reflect the opportunity in the environment—medical units usually are on the upper floors of hospitals and windows may be easier to open and guns are not permitted in hospitals. The chapter on AIDS has too many tables.

I mentioned the book covers almost all areas of psychosomatic medicine. Among topics I miss are sexual disorders and dysfunctions and eating disorders (obesity is covered in the chapter on psychiatric syndromes due to endocrine and

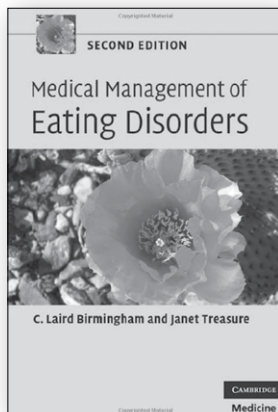
metabolic disease, but anorexia, bulimia, and bingeing are not covered). The chapter on factitious disorder and malingering presents a "poem" about Münchausen syndrome but misses anything on Münchausen syndrome by proxy. The chapter on depression in pregnancy could have been expanded to management of other mental disorders in pregnancy.

No book is perfect. The flaws of this volume are fairly minor and could be taken care of in the next edition, if there is one. The book fulfills its goal of being an introductory, yet informative and useful text for novices in the field and learners such as residents, fellows, and students. These individuals definitely will benefit from using it and should buy it. They will note the authors also realized another of their goals—they limited the length of each chapter in order to "make this the kind of book that the clinician can carry in her (*sic*) pocket." I checked; it will fit into the pocket of your lab coat.

Richard Balon, MD
Wayne State University
Detroit, MI, USA

BOOK REVIEWS

Medical Management of Eating Disorders. Second Edition



By C. Laird Birmingham and Janet Treasure;
Cambridge University Press: New York,
NY; 2010; ISBN: 978-0-521-72710-5;
pp 264; \$69 (paperback).

Eating disorders treatment underscores the importance of multidisciplinary collaborative care. The second edition of *Medical Management of Eating Disorders* by C. Laird Birmingham and Janet Treasure is intended for psychiatrists, medical practitioners, pediatricians, and general practitioners. In all this book includes contributions from 10 authors from Australia, Canada, and the United Kingdom. The text consists of preface, 26 chapters divided into 7 sections, and a section on protocols and algorithms. The authors intend this book to act partly as a reference textbook and partly as a consultation manual.

The book begins with the authors pointing towards the “orphan” nature of eating disorders with no

clinical faculty assuming “overall responsibility” for care of patients suffering from these disorders. Morbidity ensuing from eating disorders traverse through serious physical ailments such as cachexia, electrolyte abnormalities, and nutritional deficiencies; culturally congruent behaviors such as restricted eating and obligatory exercise; and psychiatric manifestations of moderate anorexia nervosa, bulimia, and binge eating disorders. The authors encourage readers to identify these facets of eating disorders in order to effectively treat these disabling conditions.

The first section deals with definitions and prevalence of eating disorders. The authors use DSM and International Classification of Diseases-10 (ICD) classifications to define subtypes of eating disorders. Section 2 has a chapter on causal and maintaining factors for eating disorders. This chapter discusses the role of cultural, environmental, and genetic factors in causality of eating disorders. The discussion is interesting; however, it lacks depth. For example “teasing” is mentioned briefly as one of these factors. Readers would benefit from a detailed perspective on bullying and negative peer pressure. The authors effectively use reader-friendly charts in explaining causal and maintenance factors of eating disorders.

Chapters on history and physical examination, complications by systems, complications of nutri-

tional therapy, and laboratory testing are pieced together in the third section. Critical aspects of history and physical examination specific to eating disorders are discussed in detail. Above all I liked the description on correct measurement of skin folds and the use of the Durmin and Womersley table. Quite often these simple but critical tools can be subject to measurement errors. In the chapter on complications by system the authors adhere to the all-inclusive theme by trying to incorporate all complications associated with eating disorders. Although this approach is informative, I would have preferred a detailed description of a few important complications and the relatively infrequent complications grouped together in a table. The chapter on “complications of nutritional therapy” is particularly informative. The authors remind readers blood levels of nutrients might not accurately reflect body stores and nutrient deficiencies may exist even when serum levels are normal. This distinction is critical in appropriate management of eating disorders. The authors draw parallels with a university student’s finances in an effort to simplify the mechanisms inherent to development of nutrient deficiencies. Readers will find the discussion on “refeeding syndrome” interesting as well as informative. The chapter on laboratory testing delineates important investigations that form the backbone of eating disorders workup.

In section 4, differential diagnoses and Münchausen’s syndrome are discussed. However, the description is relatively concise and readers

BOOK REVIEWS

with a psychiatry background might have enjoyed a detailed discussion on Münchausen's syndrome. Section 5 deals with the course and prognosis, goal weight, and risk of death in patients with eating disorders. This section underscores the relatively high standardized mortality rate of anorexia nervosa. The authors offer clinical decision analysis as a viable tool to help make critical treatment decisions. A real life example from the author's clinical experience would have enhanced the discussion. For now, readers would benefit from reading more about this tool from a resource listed in the bibliography.

The next section focuses on treatment and comprises of 14 chapters. This section includes informative discussion on evidence-based treatment, psychological therapies, and medical management. The authors also discuss challenging aspects such as managing treatment refusal and medical complications in reasonable detail. The chapters on demographic subsections such as children and adolescents, males, and geriatrics offer information discussed in the previous chapters. The chapters on pregnancy and the chronic patient

evoke interest; however, fail to offer substantial details enabling readers to develop new insights into 2 of the most challenging subgroups of patients with eating disorders. This section also includes a chapter on obesity. Given the current high prevalence of obesity, a discussion of this issue is warranted. Readers will benefit from the treatment algorithm described in this chapter.

The authors also have included discussion on family practice, nursing, and dietetics in the addendum. These chapters are written with focus on these respective fields; however, readers with other clinical backgrounds would find the discussion informative. After all, professionals from these faculties are an integral component of the team approach in effective management and accurate diagnosis of eating disorders. The book also includes protocols and algorithms addressing admission orders, treatment of anorexia nervosa, bulimia nervosa, and several complications of eating disorders. Readers also will benefit from color plates illustrating several pathognomonic abnormalities associated with eating disorders.

The authors acknowledge the "authoritarian and dogmatic for-

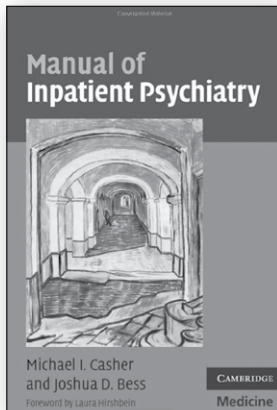
mat" (p xi) of this book in the Preface. This approach manifests in lack of appropriate referencing throughout the text. The authors choose pertinent references and compile them in the Bibliography. This proves detrimental to the stated goal of the authors for this book to serve "partly as a reference textbook" (p xi). However, the book still manages to appeal as a consultation manual with clinically relevant chapters. This book also has several chapters lacking depth and do not add to the clinical relevance of the material presented elsewhere in the book with reasonable details. Merging some of these chapters would have provided a more coherent flow to the text.

In summary, I found several chapters of this book clinically useful. Readers from varied backgrounds will find material clinically relevant to their respective fields. However, this book falls short of expectations by trying to include too many topics related to eating disorders for a diverse readership at the expense of detailed discussion.

Deepak Prabhakar, MD, MPH
Wayne State University
Detroit, MI, USA

BOOK REVIEWS

Manual of Inpatient Psychiatry



By Michael I. Casher and Joshua D. Bess.
New York, NY: Cambridge University Press;
2010; ISBN 978-0-0521-14154-3; pp 168;
\$50 (paperback).

Inpatient psychiatry is a diminishing, yet still a large part of psychiatric training and practice for many psychiatrists. It is, in a way, a first serious training ground for dealing with severely mentally ill patients. Discussions of managing severely mentally ill patients in the inpatient setting are a part of most psychiatric textbooks, and occasionally a topic of an entire book. Two inpatient psychiatrists, Drs. Michael I. Casher and Joshua D. Bess, wrote yet another contribution to the inpatient literature, *Manual of Inpatient Psychiatry*. Let's make one issue clear, this manual is just about inpatient psychiatry and not about other hospital-related services such as day hospital, consultation-liaison, or emergency psychiatry.

This little book consists of a foreword and 9 chapters. The foreword, "American inpatient psychiatry in historical perspective," is written by Dr. Laura D. Hirshbein, an historian of psy-

chiatry. Dr. Hirshbein writes "the history of inpatient psychiatry is the history of psychiatry itself" (p vii). I hope this is not the case, because (I, a practicing outpatient psychiatrist, apologize to all inpatient psychiatrists for this statement) it would mean psychiatry is slowly but surely dying! Some of us remember the "good old" days when stays were much longer, something substantial really happened during the inpatient stay, and inpatient psychiatry was the major part of psychiatric practice, training, and income (the last one still is, in some cases). That has gradually changed. The hospital stay is much, much shorter and mostly focused on only acute management of severe mental illness and frequently just on providing a safe environment for suicidal or homicidal patients for a few days. I remember the mother of one of my patients who rejected the notion of hospitalization for her son. He kept having side effects from various medications and was not improving, yet his mother called hospitalization a joke, telling me "they will change all meds and will ask you to titrate the doses after his discharge, we have been through this..." This is a sad state of affairs, not to be blamed so much on inpatient psychiatrists as rather on insurance companies and the overall attitude toward the cost of care we provide. But back to the book.

The 9 chapters review 9 topics the authors consider salient to inpatient psychiatry: 1. The inpatient with schizophrenia; 2. The inpatient with depression; 3. The inpatient with mania; 4. The inpatient with borderline person-

ality disorder; 5. The inpatient with dementia; 6. The inpatient with traumatic brain injury; 7. The inpatient with dual diagnosis; 8. The young adult on the inpatient unit; and 9. Clinical documentation on the inpatient unit. The chapters are accompanied by numerous tables, charts, case vignettes, and even an illustration. The selection of the tables and charts looks—and frequently is—practical, but is idiosyncratic and at times seems out of place. For instance, I am not sure how many inpatient psychiatrists would use the "rule of 3s" table for diagnosing bipolar spectrum disorder. The chapters are organized around questions and answers; some examples from the first chapter are:

- Why might a patient with schizophrenia be admitted to a psychiatric unit?
- How does the inpatient clinician approach an interaction with an acutely psychotic patient?
- What historical information is important with a first-break patient?
- What is the initial work-up of a psychotic patient?
- How does one distinguish psychosis in schizophrenia from mania in bipolar disorder?
- What factors are considered when a patient with known schizophrenia is admitted?
- What factors are involved in choosing an antipsychotic medication?
- What other medications are useful for inpatients with schizophrenia?
- How do you manage the acutely agitated schizophrenic inpatient?
- How do you evaluate and manage suicide risk in patients with schizophrenia on the inpatient unit?
- What is the overall treatment plan for patients with schizophrenia in

BOOK REVIEWS

the hospital?

The questions in the remaining chapters are similar and adapted to each topic.

The writing of the entire volume is simplistic, the advice frequently is an idiosyncratic hodge-podge, at times over-referenced and sometimes not referenced (like the statement on page 13 that fluphenazine decanoate's effect lasts 2 weeks). At times it is difficult to understand why some information is included—for example, the statement "...post-menopausal depression in women is more likely to be the melancholic sub-type, with particularly strong HPA alteration" (p 27). Some tables seem incomplete, eg, correlates of treatment resistance (p 34) do not

mention severe psychosocial stressors such as serious financial difficulties (bankruptcy, etc.). I also am unsure how beneficial the discussion of neurobiology and etiology of borderline personality disorder would be for inpatient management of this disorder.

I am not clear how useful this small book would be to all those mentioned on the cover (practitioners, residents, students) because I did not find it very useful. I mentioned my issues with the writing and I would also add the lack of prioritizing the information. I also missed the coverage of some areas, such as eating disorders, inpatients with severe medical illness and delirium, and geriatric inpatients (other than those with dementia). Another problem

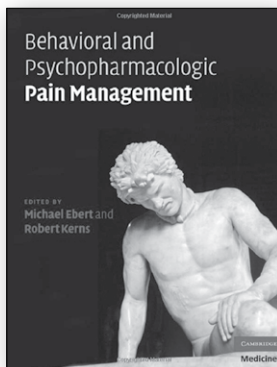
is the chapters are positioned in what I would call an "inpatient vacuum"; there is nothing mentioned about discharge planning (a serious weakness of many inpatient psychiatric institutions in my geographic area) and about the involvement of other disciplines (which, I hope, are consulted and supervised by the inpatient psychiatrists).

I hope this book's tiny size is not the symbol of the diminishing role of inpatient psychiatry and this book is not the ultimate illustration of inpatient psychiatric practice in this country. Last but not least, \$50 is truly a hefty price for what I described.

Richard Balon, MD
Wayne State University
Detroit, MI, USA

BOOK REVIEWS

Behavioral and Psychopharmacologic Pain Management



Edited by Michael H. Ebert and Robert D. Kerns. New York, NY: Cambridge University Press; 2011; ISBN 978-0-521-88434-1; pp 506; \$99 (hardcover).

According to the International Association for the Study of Pain, pain is defined as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage” (p 5). Two dimensions of pain—sensory-discriminative and affective emotional—can be distinguished (p 5), the former representing “the ability to localize a stimulus in space and time and assess its intensity, and the latter consisting of evaluation and interpretation of the meaning of the pain experience” (p 5). These statements set the stage for this book on behavioral and pharmacological management of pain and for advocates of modern, multidimensional, and multidisciplinary management of pain.

Contemporary pain management is indeed multidisciplinary and usually involves pain management physicians, psychiatrists, psychologists, physical therapists, pharmacists, in some instances podiatrists, neurosurgeons, and orthopedic surgeons, and maybe other specialists. As the make up of pain is multidimensional, “clinicians must recognize the intimate relationship between pain and factors such as mood, activity, social relations, quality of life, pain beliefs, and motivation for self-care” (p 62). This complex picture requires a complex approach by well-trained pain management specialists. New pain medicine training requirements ask faculty involved in training pain medicine specialists are board certified in anesthesiology, psychiatry, neurology, or physical medicine and rehabilitation, and training programs accept trainees from these disciplines only. Pain specialists should be well versed in behavioral and pharmacological interventions as well as procedural and invasive interventions usually performed by anesthesiologists (therefore, in my opinion, pain management training would be difficult for psychiatrists and neurologists). This volume intends to provide all pain specialists and others interested in pain management with a comprehensive review of behavioral and pharmacological strategies of pain management, but not

with any invasive or procedural interventions.

The book is divided into 5 sections. The first section, “The basis of pain management,” focuses 3 chapters on the process of pain management and the biopsychosocial model of pain and pain management. The second section, “The assessment of pain,” covers in 4 chapters various aspects of pain assessment including assessment of functioning and disabilities in pain syndromes, pain and psychiatric comorbidities, and emotional functioning in persons with pain. The chapter on comprehensive assessment of pain emphasizes key areas that should be addressed during a pain interview include the location of pain, onset and pattern, intensity, description of pain, aggravating and relieving factors, previous interventions, effects of pain, and patient’s pain goals (eg, comfortable and consistent sleep, comfortable movements). The chapters of this section also review various assessment tools and scales.

The third section, “Psychopharmacologic, behavioral, and psychotherapeutic approaches,” reviews in 9 chapters areas such as interdisciplinary pain rehabilitation programs, pharmacological approaches to pain management, chronic opioid therapy of pain, behavioral and cognitive behavioral approaches, nonpharmacologic neuromodulatory approaches to pain management (eg, cortical stimulation, transcranial magnetic stimulation, hypnotic analgesia, biofeedback), cognitive coping strategies in pain management (imagery), couple and family psychotherapeutic approaches to pain management (mostly grounded in cognitive-behavioral

BOOK REVIEWS

theory), and psychotherapeutic and psychopharmacologic approaches to pain management (here focusing on antidepressants and anticonvulsants). The last chapter of this section emphasizes the lack of evidence-based research of the effectiveness of combining psychotherapy and pharmacotherapy in pain management. One would wish the discussion on using antidepressants and anticonvulsants provided more specific information, eg, recommended dosages, rather than just a plain review of the topic.

The fourth section, "Integrative approaches to the management of painful medical conditions," discusses in 8 chapters topics such as management of spinal pain, musculoskeletal pain, pain in arthritis, neuropathic pain, headache pain, pain in palliative medicine, pain and associated disability in children and adolescents, and pain in geriatric patients. The chapter on spinal pain reminds the reader low back pain is second only to upper respiratory problems as a symptom related reason for visits to physicians (p 271) and many patients do not seek help because the pain resolves itself in a short period of time. The chapters on musculoskeletal and

neuropathic pain finally provide recommended dosages of various medications. The discussion of the role of sleep in neuropathic pain with some management suggestions is useful, although brief. The chapter on pain in geriatric patients contains a good discussion of various myths of pain and aging, eg, pain is part of getting older, pain worsens as people get older, older adults get used to living with pain, and older adults seek medical treatment as the primary way of dealing with pain.

The last section, "Practice, policy, and research," summarizes in 5 chapters policy and practice issues in pain management, diversity and disparities in pain management, directions in pain research, ethics and pain management, and—as in many other textbooks—the future.

As I noted at the beginning of this review, this book does not cover procedural and invasive interventions and therefore cannot serve as a complete textbook of pain management. I also missed a solid discussion of cultural aspects of pain and pain management. Most of opioid prescriptions for pain (about 90%) is limited to the United States. Patients

from different cultures cope with pain in different ways; some cultures use other pain management modalities, eg, acupuncture. A discussion on the use or misuse of herbal remedies in pain management did not make it into this volume, either—not that I advocate using them, but many patients use and abuse these modalities. The book also could be less wordy and avoid overlapping at times. Nevertheless, this is a useful volume for anybody involved in pain management and in teaching pain medicine. It presents a lot of useful information. It emphasizes the only way to manage pain appropriately is a multimodal interdisciplinary approach. Because psychiatrists clearly should be part of an interdisciplinary team managing pain, this book certainly will help them with what they need to know about their part in pain management. Once they get involved, they will find there are some fascinating similarities and parallels between psychiatry and pain management and the field of pain management is ready for full psychiatric involvement.

Richard Balon, MD
Wayne State University
Detroit, MI, USA

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.

Homelessness, housing and mental illness. By Russell K. Schutt with Stephen M. Goldfinger; Cambridge, MA: Harvard University Press; 2011; pp 376; \$49.95 (hardcover).

The treatment of drinking problems. A guide to helping professions. Fifth edition. By E. Jane Marshall, Keith Humphreys, and David M. Ball; New York, NY: Cambridge University Press; 2010; pp 276; \$70 (paperback).

Clinical addiction psychiatry. Edited by David Brizer and Ricardo Castaneda; New York, NY: Cambridge University Press; 2010; pp 268; \$125 (hardcover).

Guide to the psychiatry of old age. By David Ames, Edmond Chiu, James Lindsay, and Kenneth I. Shulman; New York, NY: Cambridge University Press; 2010; pp 158; \$49.99 (paperback).

Behavioral and psychopharmacologic pain management. Edited by Michael H. Ebert and Robert D. Kerns; New York, NY: Cambridge University Press; 2011; pp 506; \$99 (hardcover).

Practical management of bipolar disorder. Edited by Allan H. Young, I. Nicol Ferrier, and Erin E. Michalak; New York, NY: Cambridge University Press; 2010; pp 226; \$60 (paperback).

Depression in primary care. Evidence and practice. Edited by Simon Gilbody and Peter Bower; New York, NY: Cambridge University Press; 2011; pp 172; \$49.99 (paperback).

Outcome measurement in mental health. Theory and practice. Edited by Tom Trauer; New York, NY: Cambridge University Press; 2010; pp 266; \$95 (hardcover).

Anxiety disorders. Theory, research and clinical perspectives. Edited by Helen Blair Simpson, Yuval Neria, Roberto Lewis-Fernández, and Franklin Schneier; New York, NY: Cambridge University Press; 2010; pp 378; \$99 (hardcover).

Cognitive-behavioral therapy with adults. A guide to empirically-informed assessment and intervention. Edited Stefan G. Hofman and Mark A. Reinecke; New York, NY: Cambridge University Press; 2010; pp 202; \$50 (paperback).

Antipsychotics and their side effects. By David M. Gardner and Michael D. Teehan; New York, NY: Cambridge University Press; 2011; pp 228; \$59 (paperback).

Professionalism in mental health care. Experts, expertise and expectations. Edited Dinesh Bhugra and Amit Malik; New York, NY: Cambridge University Press; 2011; pp 208; \$50 (paperback).

The impact of early life trauma on health and disease. The hidden epidemic. Edited by Ruth A. Lanius, Eric Vermetten, and Clare Pain; New York, NY: Cambridge University Press; 2010; pp 315; \$95 (hardcover).

Manual of inpatient psychiatry. By Michael I. Casher and Joshua D. Bess; New York, NY: Cambridge University Press; 2010; pp 192; \$50 (paperback).

Psychiatry bullets. A clinical practice review. By Mimi W. Thein; Philadelphia, PA: Wolters Kluwer/Williams & Wilkins; 2011; pp 368; \$79.95 (paperback).

Heal your brain. How the new neuropsychiatry can help you go from better to well. By David J. Hellerstein; Baltimore, MD: The Johns Hopkins University Press; 2011; pp 304; \$25 (hardcover).

Standard electroencephalography in clinical psychiatry. A practical handbook. Edited by Nash Boutros, Silvana Galderisi, Oliver Pogarell, and Silvana Riggio. Hoboken, NJ: Wiley-Blackwell; 2011; pp 198; \$60 (paperback).