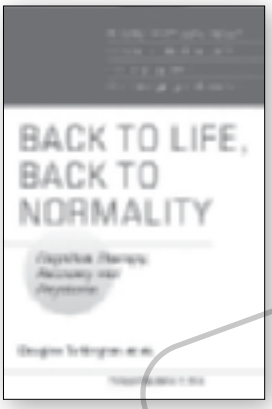
BOOK REVIEWS

Back to Life, Back to Normality. Cognitive Therapy, Recovery and Psychosis



By Douglas Turkington, David Kingdon, Shanaya Rathod, Sarah K. J. Wilcock, Alison Brabban, Paul Cromarty, Robert Dudley, Richard Gray, Jeremy Pelton, Ron Siddle, and Peter Weiden; Cambridge University Press; New York, New York; 2009; ISBN: 978-0-521-69956-3; pp 186; $24.99 (paperback).

Cognitive-behavioral therapy (CBT) seems to be a treatment *du jour* lately. It almost reached the level of "psychotherapeutic aspirin." I have seen books on using CBT for almost anything. The latest addition is this small volume on using CBT in psychosis and in the process of recovery from psychosis. It was written by a group of CBT experts from the United Kingdom (with the exception of one schizophrenia expert in the Introduction). They all wrote a chapter and are listed as authors of this book. The book also includes a Foreword and a cover endorsement by the father of CBT, Aaron Beck. Dr. Beck writes that, "access to CBT by people suffering from psychosis is limited largely due to a shortage of suitably trained therapists. Now, this current volume by Turkington and colleagues attempts to bridge this gap by providing guidance on self-management of psychosis" (p vii). According to Dr. Beck and the book's authors, this volume is written for sufferers and carers, friends, families, and mental health professionals in training.

After the Foreword, Acknowledgements, and Introduction, the book consists of 9 chapters. The Introduction attempts to answer various basic questions, such as "What is psychosis?"; "What is recovery?"; "Why have we written this book?"; "Why write this book now?"; "Why CBT for severe mental disorders?"; "Who is this book for exactly?"; The authors also let us know that, "Psychiatrists are not hostile to the idea of patients and carers being guided through CBT." They suggest that by using CBT, "Nerves and sadness, which are almost always present in a severe nervous breakdown, can improve" (p 5). Another great "subliminal" message is that CBT is "a safe treatment, which does not lead to suicide or any dangerous side effects" (p 5). In spite of these statements, the Introduction is one of the better and more informative parts of this slender volume.

The first chapter, "Where do I begin? (…or so many problems, so little time)," aims "to offer the reader guidance in how to begin the process of understanding what is wrong with them" (p 11). It is a mixed bag of personal examples, instructions for using diaries to record symptoms, functioning, and creating the timeline of life events or key events surrounding a recent episode of psychosis. The following chapter, "What is normal?" is supposed to be an antidote to stigma (p 23). It attempts to explain that many psychotic symptoms can occur to anybody, and also tries to define normal thoughts and beliefs, voices, and paranoia "in the normal population." I admit that I failed to see what normal really is, even after reading this chapter twice. Chapter 3, "Understanding paranoia and unusual beliefs," discusses issues such as paranoia as a normal experience, how common paranoid thinking is, the down side of paranoia, and making sense of paranoia, and suggests that it may be useful to view paranoia in terms of phobic anxiety. The authors propose that cognitive-behavioral techniques may help to better understand paranoia and that some home exercises may reduce distress and isolation. I am not sure if a schizophrenic patient would find it useful to know how common paranoia is, and I am curious to know how many severely mentally ill will read a chapter like this. The following chapter, "Voices," focuses on helping the reader understand auditory and other hallucinations, and helping the patient cope with them. The final chapter that is focused on symptomatology,

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"Overcoming negative symptoms," aims to help the reader understand negative symptomatology and again attempts to provide strategies for coping with and lifting this symptomatology. One wonders whether these strategies were tested in solid studies (the listed references do not provide this information).

Chapter 6, "Tablets and injections," offers "an understanding of the role of antipsychotic medicines in facilitating recovery and preventing relapse." The list of antipsychotics is incomplete for a reader in the United States, as it reflects the United Kingdom armamentarium—eg, it lists flupenthixol decanoate and zuclopenthixol decanoate, but not haloperidol decanoate. I am also not sure whether it makes sense to explain to patients how these medications work when we do not know. The chapter also contains a table rating the effectiveness of various antipsychotics. As in the other instances, the source of this rating is not apparent, and the rating seems a bit subjective.

The last 3 chapters discuss issues such as understanding vulnerability from a cognitive perspective (chapter 7), helping carers help themselves using a cognitive approach (chapter 8), and preventing relapse and staying well (chapter 9). The chapter on relapse prevention is probably the most useful in the entire book. It discusses how common setbacks are and what causes them (eg, stopping medication, abusing substances, missing sleep, or meals). It provides a list of "high-risk times," early warning signs, and a plan for "how to stay well."

I am a bit skeptical about this book's utility. First, I am not clear on the book's goal and audience. Dr. Beck and the authors suggest that almost everybody is the intended audience. Yet I have a hard time imagining that patients suffering from a psychotic disorder would buy and use this book. Second, many of the assertions presented in this volume do not seem to be backed by solid data. Third, the writing and editing of this text is rather poor (I provided some examples). The authors could have considered using one solid, common case presentation throughout the book, meaning discussing the same patient in the chapter focused on paranoia, voices, negative symptoms, treatment, and prevention of relapse. Fourth, the book is written with a United Kingdom perspective. There is nothing wrong with that perspective, however, it may not be applicable to US clinicians. Last but not least, Dr. Beck's Foreword and endorsement is nice, yet almost borders on a conflict of interest.

I represent the psychiatrists mentioned in the Introduction to this book—I am not hostile to the idea of patients with severe mental illness and their carers being guided through CBT. I believe that CBT could be useful for severely mentally ill patients, and anything that can help and not harm our patients should be used and applied. I do not believe that this book provides readers with the best guidance for CBT in the severely mentally ill. Unfortunately, this book fails to meet its goals.

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BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals. This listing acknowledges the courtesy of the sender.

Doing couple therapy. Craft and creativity in work with intimate partners. By Robert Taibbi; The Guilford Press; New York, New York; 2009; pp 276; $35.00 (hardcover).

Proust was a neuroscientist. By Jonah Lehrer; A Mariner Book—Houghton Mifflin Company; New York, New York; 2008; pp 242; $14.95 (paperback).

When someone you love is bipolar. Help and support for you and your partner. By Cynthia G. Last; The Guilford Press; New York, New York; 2009; pp 305; $15.95 (paperback) or $38.00 (tradecloth).

The mindful path to self-compassion. Freeing yourself from destructive thoughts and emotions. By Christopher K. Germer; The Guilford Press; New York, New York; 2009; pp 305; $15.95 (paperback) or $38.00 (tradecloth).

Chronotherapeutics for affective disorders. A clinician's manual for light and wake therapy. By Anna Wirz-Justice, Francesco Benedetti, and Michael Terman; Karger AG; Basel, Switzerland; 2009; pp 116; $48.00 (paperback).

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Clinical Manual of Women's Mental Health

Vivien K. Burt and Victoria C. Hendrick; American Psychiatric Publishing, Inc.; Arlington, Virginia; 2005; ISBN: 1-58562-186-2; pp 192; $58.00 (paperback).

Gender differences significantly contribute to presentation and treatment of many psychiatric disorders and therefore clinicians need to recognize them. This comprehensive yet concise manual examines how hormonal fluctuations—such as menstruation, contraceptive usage, pregnancy, and menopause—infertility, abortion, and pregnancy loss affect women's mental health. The book also discusses potential differences in response to psychotropic medications and psychiatric comorbidity associated with breast and gynecologic cancers.

This manual is an update of the second edition of the authors' *Concise Guide to Women's Mental Health*. The authors note that the entire book has been revised, with "particularly extensive" revisions regarding contraception, psychotropic use in pregnancy and breast-feeding, abortion, and hormone replacement. The book consists of 10 chapters and an appendix, which lists women's health resources and contact information for support groups.

The Introduction examines broad gender differences in psychiatric disorders, and includes a comprehensive table comparing lifetime prevalence rates of major psychiatric diagnoses in women and men. Specific considerations related to pharmacokinetics, pharmacodynamics, and laboratory assessment for women are discussed. The chapter ends by addressing psychiatric assessment of female patients and includes an excellent table summarizing this information.

The second chapter discusses diagnosis of premenstrual dysphoric disorder and reviews hormonal fluctuations during the menstrual cycle. Diagnosis—including a prospective daily rating chart of symptoms—etiology, risk factors, evaluation, and treatment also are presented. The authors thoroughly review psychiatric and nonpsychiatric treatment options, such as vitamins and minerals, herbal preparations, and hormonal agents.

Chapter 3, "Hormonal contraception and effects on mood," begins by describing hormonal contraceptive methods, including failure rates, benefits and risks, and absolute contraindications. A detailed chart lists the estrogenic, progestogenic, and androgenic activities of 26 oral contraceptives. Despite the chapter's title, the bulk of this section is focused on the aforementioned topics. The authors briefly conclude the chapter with a discussion of hormonal contraception's effects on mood.

The fourth chapter, "Psychiatric disorders in pregnancy," is one of the lengthiest. It begins with issues related to pre-pregnancy and pregnancy counseling for women with psychiatric histories. A schematic drawing illustrates critical periods in human development. Although nonpharmacologic interventions are touched upon, most of the chapter focuses on psychopharmacology. The authors discuss the teratogenic and potential perinatal effects of commonly used antidepressants, mood stabilizers, antipsychotics, and anxiolytic medications. The chapter also includes procedural considerations for electroconvulsive therapy during pregnancy. The authors continue with information on the course and management of psychiatric disorders during pregnancy, including depression, bipolar disorder, schizophrenia, anxiety, and eating disorders. Chapter 4 ends with a discussion of substance abuse and pregnancy. A chart reviews the teratogenic potential of multiple substances and the principle features of fetal alcohol syndrome. A brief review of substance abuse treatment options concludes the chapter.

Chapter 5 covers postpartum psychiatric illness and begins with

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a thorough comparison of "blues," depression, and psychosis. The authors review incidence, course, clinical features, risk factors, and treatment of all 3 conditions and discuss biological and psychological theories related to etiology. Postpartum anxiety disorders are mentioned briefly. The last section of this chapter reviews psychotropic medications and breast-feeding. A chart presents broad comments on antidepressant, anxiolytic, antipsychotic, and mood stabilizer use during lactation, with references to pertinent journal articles.

Chapter 6 addresses induced abortion and pregnancy loss, and summarizes prenatal diagnostic tools and abortion techniques. The authors also discuss the psychological effects of elective abortion and counseling techniques. The chapter concludes with a discussion of pregnancy loss, including miscarriage (before 20 weeks' gestation), preterm birth (between 20 and 37 weeks), and stillbirth (after 37 weeks). In addition, the authors present perceptions and dynamic aspects of pregnancy loss and treatment recommendations.

Chapter 7 covers the psychological implications of infertility. Several pages address current infertility treatment protocols and discusses psychological reactions to these treatments. The chapter finally concludes with how to treat psychiatric problems arising from infertility procedures.

Chapter 8 begins with a review of the hormonal and physical changes that occur during the menopausal transition. The authors compare development of depression in a "natural" menopause with depression after surgically induced menopause, and they address potential changes in sexual function in both groups. The results of the Women's Health Initiative (WHI) and Women's Health Initiative Memory Study (WHIMS) are thoroughly covered. The authors explain the rationale for using androgen and testosterone to increase libido in menopausal women. The chapter includes a discussion of depression evaluation and treatment in menopausal women and concludes with a limited examination of cognitive changes associated with menopause. It also addresses the quandary of treating this condition, because the WHIMS has indicated hormone therapy as a potential risk factor for developing dementia.

Chapter 9, "Gender issues in the treatment of mental illness," discusses epidemiology and special considerations for treating women who have schizophrenia, depression, bipolar disorder, seasonal affective disorder, or anxiety disorders. The authors present the epidemiology of substance abuse in women and the factors predisposing women to developing these disorders. In addition, the authors suggest screening tools, including the CAGE questionnaire and laboratory assessments, and make basic treatment recommendations. The chapter continues with a discussion of eating and sleep disorders. Finally, the epidemiology of sexual assault and domestic violence is examined, and related specific considerations for treatment are mentioned.

The last chapter of the book is quite short and reviews "female-specific" cancers. The chapter includes a table summarizing risk factors for developing breast cancer and a very brief summary of basic treatment. Gynecologic cancers are then discussed. The chapter concludes with an examination of potential psychiatric and psychological comorbidities related to a cancer diagnosis, including depression and anxiety, interpersonal issues, and common fears and concerns.

Drs. Burt and Hendrick have written an extensive, comprehensive, and well-referenced text. Despite the scope of this manual, it is written in a concise, easy-to-read manner. The many well-designed tables summarize information effectively and contribute significantly to the text. The breadth of detail about medical procedures and medications not typically part of the psychiatric armamentarium is helpful for those who don't usually provide or prescribe them. This book would be beneficial to psychiatrists, obstetrician/gynecologists, internists, and family practice physicians who are responsible for the overall health of their female patients. Although the book covers a broad spectrum of topics, some areas are covered superficially. In addition, the relatively recent demotion of paroxetine to category D status in pregnancy is absent, which is understandable given the manual's publication date. Despite these limitations, I plan to use this book as I prepare to teach women's mental health to psychiatric residents.

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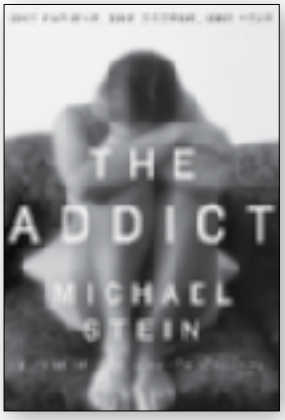
BOOK REVIEWS

The Addict. One Patient, One Doctor, One Year



By Michael Stein; William Morrow (An Imprint of HarperCollins Publishers); New York, New York; 2009; ISBN: 978-0-06-136813-4; pp 275; $25.99 (hardcover).

Personal accounts of serious illness—written by patients, their families, or treating physicians—are attractive reading. They may provide a wealth of information about the illness and give inspiration for other sufferers, hope that the illness could be conquered, and some insight. Personal accounts of substance abuse seem to be appearing more frequently, although it is difficult to figure out why. Possible reasons include the difficulties conquering substance abuse, widespread consequences, or because as a society we finally realize the seriousness of the problem. Or maybe, as the author of this book notes, it is because "We live in the age of addiction. Addiction to chocolate and exercise and shoes and love" (p 25).

Dr. Michael Stein, an internist treating opiate addicts, tells the story of one addict from his viewpoint as her treating physician. Also of interest, this patient abused an illegally obtained prescription medication—Vicodin, a combination of opiate hydrocodone and acetaminophen—and was treated with buprenorphine, a relatively new pharmacologic treatment for opiate dependence.

The book is divided into 3 parts and 10 chapters, and follows a year of encounters between Dr. Stein and his patient, Lucy Fields (a fictional name). After briefly introducing Lucy, Dr. Stein discusses Vicodin, the "most prescribed medication in the Unites States—far surpassing penicillin, Lipitor, and Prozac" (p 6). He reminds the reader that "11 million Americans take opiates for nonmedical, recreational purposes" (p 7). As with other substances, we see a spectrum of use—"enjoying the Vicodin, having a little fun with it; using it more often, spacing their doses evenly across a weekend day, then evenly across an entire week; then doing anything to get it, having some physical need for it and finding themselves in search for an ever-increasing need for a pile of pills, or moving to heroin for a bigger, faster feeling" (p 7). Dr. Stein notes that by the time most Vicodin addicts enter his buprenorphine program, "they are typically using 40, 60, or 80 pills a day (needing higher doses to achieve the same effect over time), often spending a few hundred dollars daily on their drug use" (p 10). He explains how his buprenorphine program is structured and how the medication works in the brain. Finally, Dr. Stein notes that he works 2 days a week as an internist and the rest of the week he treats addicts and conducts research.

Lucy's story evolves gradually. She comes from a middle-class family, attended a good college, but has never held a stable job reflecting her education. She has abused Vicodin for years and cannot remember what normal feels like, but she says, "…for some reason I still believe that I could have a meaningful life, maybe do something valuable." She started using substances at age 13, first alcohol, then Robitussin—which contains dextromethorphan—and finally Vicodin. Although she felt sick the first time she took Vicodin, by age 29 she has been using the drug for 15 years. After all those "wasted" years of living on the fringe, she finally wants to quit. Dr. Stein examines her, sends her urine for drug screening, and schedules an appointment for 5 days after Lucy stops Vicodin, when she would be in the early stage of withdrawal and the best time to start buprenorphine.

Lucy's story is intertwined with those of other opiate addicts and more information about opiates. Dr. Stein compares opiates—as opposed to fast-acting cocaine—with eating a big meal because "…afterward you are satisfied, sleepy, full, warm next to a fire, and that feeling doesn't wear off for hours. But when it does, it is as if you are starving, each cold cell is hungry, and you haven't eaten in days" (p

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69). To describe some users' strong attraction to opiates, he cites one addict who states, "If God made anything better, He kept it for himself."

After starting buprenorphine, Lucy is doing well and is not using Vicodin. Dr. Stein felt that Lucy was bound to him because she had to visit frequently to get her buprenorphine. He hopes that he can "help her change a life she had been unsuccessful at changing on her own." However, it is not easy. As Lucy plans to visit her parents in South Carolina—which is a huge task for her—it is becoming more obvious that she has some unresolved trauma in her past. Dr. Stein suspects molestation but does not explore it. Lucy also is depressed. Right or wrong, Dr. Stein does not treat her depression. As a psychiatrist, the untreated depression and Dr. Stein's feelings about other opiate addiction treatments poses some problems for me. It seems that Dr. Stein favors buprenorphine over methadone and Narcotics Anonymous based on his personal feelings rather than any solid data. I am more troubled by other issues. Dr. Stein writes that he was not sure if Lucy suffered from depression, but he knew that if she saw a psychiatrist he would be told, "I can't tell you if your patient is depressed until she stops using Vicodin. Have her get clean for at least 3 months and then come to see me" (p 127-128). True, at one time this was the mantra, but today we do not wait 3 months to treat depressed addicts with antidepressants. Dr. Stein correctly notes that most addiction counselors are former addicts with little training and less than half are licensed (p 109-110). He makes an eloquent comparison, saying, "Imagine if depression counseling in America was offered only by people recently depressed, none of whom had been to graduate school to learn the well-studied dos and don'ts of skillful psychological treatment and specific protocols that might work best" (p 110). Yet he admits that medical school did not prepare him to care for narcotic-dependent patients. Also, it is not clear if Lucy received any formal psychotherapy. Finally, I was a bit surprised by the statement that "Drugs, like sex, are literally self-annihilation, a form of controlled madness" (p 177).

Nevertheless, Lucy struggles successfully with her treatment until she attends her sister's wedding and relapses. As noted earlier, it is obvious that Lucy's family life is involved with her addiction. She has had relationship problems with her sister, parents, cousins, and other relatives. After her first year of buprenorphine treatment, she reveals that she suffered a profound trauma at age 8, although she was not molested. Nevertheless, with help from Dr. Stein and buprenorphine, Lucy stops using again, continues her job, enrolls in a school, and buys a car. In the book's final pages, Dr. Stein notes that he had been seeing Lucy for 3 years and she is halfway through graduate school and doing fairly well. However, he notes there always is a risk of false dreams and false confidence (p 275), relapse is always a possibility, and holding off the submersion into relapse must be improvised (p 275).

The Addict is a moving story of an individual's struggle with addiction. This book helps us understand the emotions and feelings of persons suffering from addiction. In addition, Dr. Stein's openness about some of his issues and struggles combined with his compassion and profound interest in his patients is moving. Any reader would agree that we need to treat addiction with the same seriousness and investment as any other mental or physical illnesses. Regardless of my criticism of the author's approach to psychiatric treatment of addiction and mental illness, this book provides insight into the mind of an addict. It is great, worthwhile reading.

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BOOKS RECEIVED

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Advanced techniques for counseling and psychotherapy. By Christian Conte; Springer Publishing Company; New York, New York; 2009; pp 243; $50.00 (paperback).

The international encyclopedia of depression. Edited by Rick E. Ingram; Springer Publishing Company; New York, New York; 2009; pp 613; $150.00 (hardcover).

Dialectical behavior therapy for binge eating and bulimia. By Debra L. Safer, Christy F. Telch, and Eunice Y. Chen; The Guilford Press; New York, New York; 2009; pp 244; $35.00 (hardcover).

Getting over OCD. A 10-step workbook for taking back your life. By Jonathan S. Abramowitz; The Guilford Press; New York, New York; 2009; pp 307; $19.95 (paperback).

Making minds and madness. From hysteria to depression. By Mikkel Borch-Jacobsen; Cambridge University Press; Cambridge, United Kingdom; 2009; pp 266; $45.00 (paperback) or $108.00 (hardcover).

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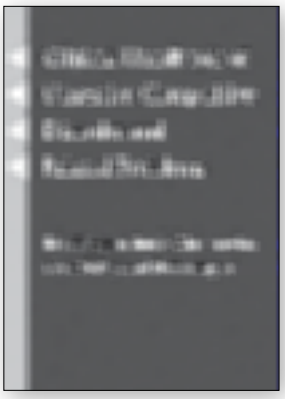
Clinical Handbook of Obsessive-Compulsive Disorder and Related Problems



Edited by Jonathan S. Abramowitz, Dean McKay, and Steven Taylor; The Johns Hopkins University Press; Baltimore, Maryland; ISBN: 978-0-8018-8697-3; pp 343; $60.00 (hardcover).

I remember when one of my teachers in medical school stated that obsessive-compulsive disorder (OCD) is one of the most difficult mental disorders. He was correct, whether he was speaking in general or specific terms. The disorder is difficult to live with—whether you are a patient with OCD or are close to a patient with OCD—difficult to treat, and even difficult to classify. OCD traditionally has been classified as an anxiety disorder—or neurosis in the earlier classifications—although many felt that this was because it was not clear where to put it. Many also felt that OCD should be placed elsewhere within the classification system, either alone or with another group of similar disorders. The Preface to the *Clinical Handbook of Obsessive-Compulsive Disorder and Related Problems* suggests 2 approaches to classifying OCD and related disorders: (1) subtyping OCD, and (2) creating a spectrum of OCD and disorders with similar symptomatology. Subtyping has been suggested because OCD is heterogeneous and possibly composed of many different subtypes (p xi), and knowing them may help us better understand the disorder. Subtypes are defined by "differences among patterns of obsessive-compulsive symptoms" (p xii). Delineating the "spectrum" of obsessive-compulsive (OC) disorders groups disorders classified elsewhere that have similar symptomatology and respond to similar treatments. "Spectrum conditions are defined by some similarities to OCD" (p xii). The editors of this volume bring together a group of 40 authors to present the latest research on subtyping OCD and spectrum OC disorders in the hope that with a "more robust classification within OCD, it will become possible to validate theories and treatments empirically for these specific symptom presentations and better match each OCD patient to the most appropriate intervention" (p 3).

The book is divided into 2 parts: "Part I. Subtyping obsessive-compulsive disorder," and "Part II. Problems related to obsessive-compulsive disorder" (basically OC spectrum).

Part I consists of 11 chapters. The first chapter, "Making sense of obsessive-compulsive disorder: Do subtypes exist?" discusses the core issue of whether or not to subtype this disorder. The authors conclude that although clinical observations and studies suggest that symptomatology-based subtypes of OCD exist, how to conceptualize them has not been resolved. The following 10 chapters review the possible subtypes: fears of contamination; compulsive checking; ordering, incompleteness, and arranging; unacceptable obsessional thoughts and covert rituals; compulsive hoarding; the PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections) subgroup of OCD; OCD with poor insight; OCD and schizotypy; postpartum OCD; and scrupulosity. Each chapter "examines a particular clinical presentation of OCD that is often encountered in clinical practice" (p xiii) and "addresses the following aspects of each presentation: (a) symptomatology, (b) a review of the empirical support for the subtype(s), (c) a review of the etiological theories, and (d) treatment issues" (p xiii). Some chapters include clinical vignettes. The treatment discussions are usually fairly comprehensive and include psychological/behavioral treatments and pharmacotherapy. Each chapter ends with a summary and conclusion.

Part II includes 10 chapters. The first chapter discusses the empirical basis of the OC spectrum (eg, neurocircuitry and neurotransmitters in OCD; reward processing in OCD and OC spectrum disorders; action

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chunking in OCD and OC spectrum disorders). The remaining 9 chapters focus on "lumping with OCD a number of disorders from entirely different diagnostic categories" (p 173): eating disorders; trichotillomania; impulse-control disorders; autistic syndromes; nonparaphilic sexual disorders (including ego-dystonic compulsive masturbation; persistent, ego-dystonic promiscuity; compulsive cruising for sex; compulsive demands of unwanted sexual activity from a partner whose sexual drive is not hyposexual; compulsive fixation on an unobtainable partner; dependence for sexual arousal on pornography, drugs, and sexual accessories); Tourette syndrome and chronic tic disorders; body dysmorphic disorder; hypochondriasis; and obsessive-compulsive personality disorder (OCPD). The authors present good arguments for including these disorders in the OC disorders spectrum. Placing some of these disorders into this spectrum has been proposed for a long time and may not be surprising. Including some others—eg, eating disorders, hypochondriasis, or autistic syndromes—may be a bit more surprising but makes sense after reading this book. As argued in the text (p 174), we may need only a few broad constructs to account for how symptoms co-occur in large, population-wide samples. This empirical lumping also helps explain the comorbidity of various disorders (eg, mood and anxiety disorders). The discussions of disorders not usually thought of as part of this spectrum (eating disorders, hypochondriasis, autistic disorders) and OCPD are interesting. I was a bit surprised by the statement that "The ego-syntonic nature of the symptoms and a lack of occupational impairment often contribute to a lack of motivation to seek treatment in individuals with OCPD" (p 328). My experience—with patients and even some of my colleagues—is that ego-syntonicity is the main contributor. However, I have seen some severe occupational impairment in otherwise intelligent OCPD persons. I would argue that beside ego-syntonicity, the lack of insight is the main component in the lack of motivation to seek treatment, as the authors also suggest.

This is an interesting and comprehensive volume. The more interesting part for me was Part II, with its focus on the OC disorders spectrum. The part focused on subtyping was a bit boring for me. I do not believe that it provides many clinically useful arguments for subtyping. Maybe the arguments presented are good enough for the specialists in treatment and research of OCD, but not for a general clinician. I also do not think one would change his/her clinical practice based on this text, yet. I would recommend this book to OCD researchers, but the rest of us should borrow it.

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BOOKS RECEIVED

Continued from page 253

Memory rehabilitation. Integrating theory and practice. By Barbara A. Wilson; The Guilford Press; New York, New York; 2009; pp 284; $48.00 (hardcover).

Best practices for medical educators. By Stephen M. Stahl and Richard L. Davis; NEI Press (Imprint of the Neuroscience Education Institute); Carlsbad, California; 2009; pp 287; $49.95 (paperback).

Principles and practice of trial consultation. By Stanley L. Brodsky; The Guilford Press; New York, New York; 2009; pp 226; $35.00 (hardcover).

Psychological science in the courtroom. Edited by Jennifer L. Skeem, Kevin S. Douglas, and Scott O. Lilienfeld; The Guilford Press; New York, New York; 2009; pp 418; $50.00 (hardcover).

Stahl's illustrated mood stabilizers. By Stephen M Stahl; Cambridge University Press; New York, New York; 2009; pp 150; $39.99 (paperback).

The prescriber's guide. Stahl's essential psychopharmacology. Third edition. By Stephen M. Stahl; Cambridge University Press; New York, New York; 2009; pp 645; $65.00 (paperback).

Stahl's illustrated antidepressants. By Stephen M. Stahl; Cambridge University Press; New York, New York; 2009; pp 186; $39.99 (paperback).

The prescriber's guide. Antidepressants—Stahl's essential psychopharmacology. Third edition. By Stephen M. Stahl; Cambridge University Press; New York, New York; 2009; pp 241; $35.00 (paperback).

Stahl's illustrated antipsychotics. By Stephen M. Stahl; Cambridge University Press; New York, New York; 2009; pp 154; $39.99 (paperback).

Clinical manual of sexual disorders. Edited by Richard Balon and Robert Taylor Segraves; American Psychiatric Publishing, Inc.; Arlington, Virginia; 2009; pp 443; $55.00 (paperback).

An EMDR primer. From practicum to practice. By Barbara J. Hensley; Springer Publishing Company; New York, New York; 2009; pp 305; $50.00 (hardcover).

The prescriber's guide. Antipsychotics and mood stabilizers—Stahl's essential psychopharmacology. Third edition. By Stephen M. Stahl; Cambridge University Press; New York, New York; 2009; pp 135; $35.00 (paperback).