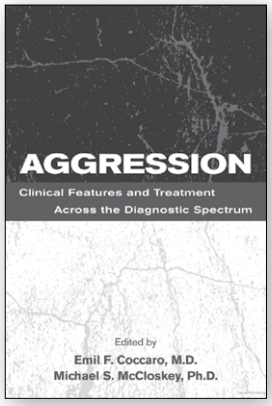
BOOK REVIEWS

Aggression. Clinical Features and Treatment Across the Diagnostic Spectrum



Edited by Emil F. Coccaro and Michael S. McCloskey; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-153-2; pp 354; $59 (paperback).

In the Preface to their book, editors Emil F. Coccaro, MD, and Michael S. McCloskey, PhD, point out that "Aggression is one of our basic drives—a drive that is adaptive in the context that it enables us to secure the resources we need to live and to protect ourselves and our loved ones. However, as human civilization has advanced, aggression has become an increasingly ineffective strategy for productive living in social groups. For the most part, aggressive behavior is not needed to obtain the things we need to live and thrive.... That said, civilizing processes do not negate our basic biological drives, and the instinct to turn to aggressive behavior when we feel threatened remains" (p xv). This edited volume explores various aspects of human aggression, either as an individual phenomenon of impulsive aggressive behavior framed as the only disorder for which aggression is pathognomonic—the intermittent explosive disorder (IED)—or as aggression that takes place in the context of other psychiatric disorders. For the purpose of this volume, Drs. Coccaro and McCloskey define human aggression as "behavior by one individual directed at another person or object in which either verbal force or physical force is used to injure, to coerce, or to express anger" (p xv).

The book is divided into 2 parts: Part I. Primary Aggression: Intermittent Explosive Disorder; and Part II. Aggression in Other Psychiatric Disorders.

The 2 chapters of Part I focus on phenomenology and psychobiology of aggression and intermittent explosive behavior and on the assessment and treatment of IED. The chapter on phenomenology and psychobiology notes that aggression can vary in both form (including verbal, physical, direct, indirect, relational) and type (including socially sanctioned, medically related, premeditated, impulsive). Aggression "is under both genetic and environmental influence, with up to 50% of the variability in measures of aggression accounted for by genetic factors" (p 5). Interestingly, genetic influence varies according to the type of aggression: It is 28% for verbal aggression, 35% for aggression against objects, and 45% for aggression against other individuals. Aggression is significantly influenced by serotonin deficit and dysregulation of the frontolimbic brain circuits.

The discussion on IED reveals that it has 2 types: the "broad" one with only 3 aggressive outbursts during a lifetime, and the "narrow" one with at least 3 aggressive outbursts in a single year. Interestingly, the lifetime prevalence of IED may be higher in the United States (3% to 5%) than in other countries. Individuals with IED have "an increased risk of coronary heart disease, hypertension, stroke, diabetes, arthritis, back and neck pain, ulcer, headaches and other chronic pain"—all possibly tied together by abnormalities of immune function.

The chapter on assessment and treatment of IED starts with its definition: "Intermittent explosive disorders (IED) is the diagnosis used to classify engagements in repeated acts of affective and/or impulsive aggression that are disproportionate to any provocation and not better accounted for by the effects of a substance, medical condition, or other psychological disorders" (p 31). The assessment part suggests that the most reliable means of diagnostic assessment of IED are structured clinical interviews, yet there is no gold standard for assessing this disorder. As far as treatment goes, selective serotonin reuptake inhibitors (SSRIs) seem to be the best medications to reduce aggression. Other medications, such as beta-blockers, possibly mood stabilizers (eg, carbamazepine), and phenytoin may be

BOOK REVIEWS

also useful. Psychotherapy (mostly cognitive-behavioral therapy) can be useful, too.

In 13 chapters, Part II addresses aggression in mental illness, including autism spectrum disorders and other neurodevelopmental disorders; disruptive behavioral disorders beginning in childhood; primary psychotic disorders; bipolar disorders; depressive disorders; anxiety disorders; obsessive-compulsive disorder (OCD); posttraumatic stress disorders; eating disorders; alcohol use disorders and alcohol's role in aggression; substance use disorders; personality disorders; and, finally, legal and forensic aspects of aggression. The chapters are similarly structured, reviewing phenomenology, epidemiology, psychobiology, neuroimaging, molecular genetics, and clinical approach and treatment. Each chapter also includes discussion on clinical vignettes and key points.

The chapters are filled with a lot of information, which seems comprehensive, yet overwhelming at times and not always clinically useful. The chapter on autism spectrum disorder emphasizes the importance of functional behavioral analysis, applied behavioral analysis, and nonpharmacologic treatments such as functional communication training. The mainstay pharmacologic treatments of this disorder include second-generation antipsychotics, haloperidol, possibly antiepileptic medications (valproate), and *N*-acetylcysteine. The treatment part of the chapter on disruptive behavioral disorders beginning in childhood notes that while stimulant treatment of aggression in attention-deficit/hyperactivity disorder (ADHD) could be useful, it is limited by stimulant medications' relatively short duration of action. Thus, "Because aggression can be present at any time of the day, treatments that last all day are highly desirable. Nonstimulant medications, such as atomoxetine (ATX) and extended-release alpha$_2$-adrenergic agonists, both of which are evidence-based treatments for ADHD, generally have a longer duration of action than stimulants and can be used for treating aggression in ADHD" (p 91).

To add a few interesting, less known factoids: The chapter on aggression in primary psychotic disorders points out the superior efficacy of clozapine for this indication. The chapter on OCD notes that IED and OCD could frequently co-occur (p 199). Less known is probably aggression in eating disorders, which could be expressed as anger and/or aggression toward others. The role of alcohol in aggression is well known, but not many may realize its extent—60% to 70% of violent men are reported to have assaulted their partners after drinking alcohol!

The chapter on forensic aspects of aggression focuses on the complexity of the legal and forensic aspects and on risk assessment, pointing out the limitations of current assessments of violence risk and duty to warn (the review of *Tarasoff v Regents of the University of California* is disappointingly superficial).

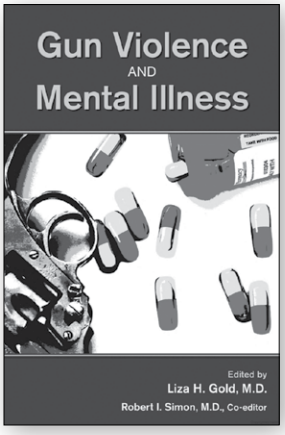
I ended up reading this volume with mixed feelings. There is a large amount of information that isn't always useful to general readers, namely most of the psychobiology reviews. The assessment and treatment parts of all chapters could also be more concise, as the information is mostly limited, and there are not many treatment options (with some exceptions) available. Maybe this could be a reference book. However, the editors also admit that their volume is not comprehensive, as it does not include aggressive behavior in late life and aggression within the context of medical disorders. Thus, I remain unclear about the intended goal and readership of this book.

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

DISCLOSURE: Dr. Balon is a member of the American Psychiatric Association Publishing editorial board.

BOOK REVIEWS

Gun Violence and Mental Illness



Edited by Liza H. Gold and Robert I. Simon; Washington, DC; American Psychiatric Association Publishing; ISBN 978-1-58562-498-0; 2016; pp 434; $65 (paperback).

This book is illuminating. The editors have assembled the facts regarding gun violence and mental illness in a very clear, coherent way. This is a remarkable departure from highly opinionated articles or editorials. One cannot argue against the logic set forward in the chapters of this text. Every statement the authors make is backed up with an abundance of references and appropriate studies. Even the research and references are explained. The statistics are made clear for any reader to comprehend. It dismisses misconceptions about violence and makes well-referenced statements about the facts. This book is not a series of opinions; it deals with difficult topics in an evidence-based method. It is easy reading and well worth the time needed to examine it.

The lawful ownership of a gun is a constitutional right in the United States. At the same time, gun violence has become a public health crisis in this country. It is important that researchers conducted and published an analysis on the relationship between gun violence and mental illness. Editors Liza H. Gold, MD, and Robert I. Simon, MD, have published the evidence on this relationship in an eloquent way.

Some of the facts put forward in the book may surprise the reader and thus contribute to the illuminating and educational nature of the data. When we hear of mass shootings, it is understandable to assume only an "insane" person would commit such an act. When we see that such shootings comprise only an extremely small amount of the gun violence in the United States, the perspective comes into a sharper focus. The authors point out that most homicides are carried out by individuals with no diagnosis of a mental disorder. They clearly state that the vast majority of gun-related homicides are not mass shootings carried out by mentally ill people; these types of homicides usually involve issues of personal conflict or are crimes committed by supposedly sane people who momentarily lack the judgment to control themselves instead of committing acts of violence.

When covering gun-related mortality, the press often ignores the losses attributed to suicide. On an average day, more than 100 Americans complete suicide. More than half of completed suicides involve firearms. The authors state that most gun-related deaths are suicides. A large number of these individuals suffer from mental illness—often depression or post-traumatic stress disorder. The editors lay out the statistics of and discuss the suicide epidemic in a clear and articulate manner. Most physicians who treat mental illness should be aware that suicide attempts with firearms are the most likely to be lethal, and the figures provided in this book use data that document this fact for the readers.

Guns are often involved in morbidity and mortality of persons with mental illness. The growing rates of gun-related injuries and the suicide epidemic in the United States are real dangers to citizens. The authors make a case that any changes in society's approach to morbidity and mortality attributed to firearms should be based on well-documented evidence, which seems very reasonable. As a minor criticism, the book has enough graphs and statistics that might discourage some readers, but this should not be a problem for most clinicians.

Firearm-related deaths and injuries have become a serious public health issue. As physicians, we must work to reduce this problem among our patients and the general public. Gun ownership is not a disease; however, the dangerous use of firearms has become a vector for illness in our society. Almost any death or injury by way of a gun is a preventable tragedy.

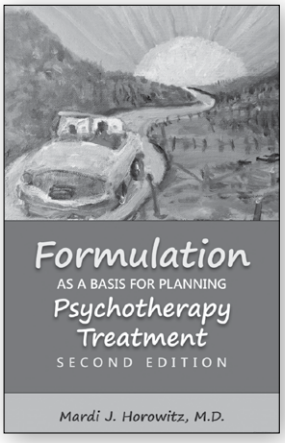
BOOK REVIEWS

As guardians of public health, physicians and mental health professionals need to educate their patients about harm reduction as it relates to guns. There is no vaccination for this problem. Education from trained professionals may reduce the aforementioned dangers. I recommend this book to all mental health practitioners. It is well worth reading.

James Allen Wilcox, MD, PhD
Seattle, Washington, USA

DISCLOSURE: The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

Formulation as a Basis for Planning Psychotherapy Treatment, Second Edition



By Mardi J. Horowitz; Washington, DC; American Psychiatric Association Publishing; 2018; ISBN 978-1-61537-218-8; pp 106; $49 (paperback).

As author of this short book, Mardi J. Horowitz, MD, points out, "Personalized formulation fills a gap between diagnosis and planning treatment" (p ix). However, as he continues, "We don't treat a diagnosis, we treat a patient. In every clinical encounter, we observe our situation, share some aspect of formulation with a patient, and decide whether to and how to act at that moment" (p ix). Formulation in Dr. Horowitz's configurational analysis is basically a continuous process, and not the mostly static biopsychosocial formulation that's familiar to clinicians. He explains that, "Formulation helps a clinician in any clinical encounter because it aids choices of action. After responding to a patient, the clinician observes the patient's reaction. When these new observations are added to selected previous observations, the clinician revises the formulation and makes choices for the next action. Formulating is the continuous reduction of ambiguity in understanding complex interactions and enduring patterns of mind, brain, body, culture, community and current stressors. Formulation is a process that improves the outcome of psychotherapy as compared with therapies done without formulation" (p 1). Finally, "Formulation helps to guide a therapist in the responses that will be most appropriate for each moment in therapy, enabling more fluid, in-the-moment responses to guide the patient to the next focus area" (p 77). Dr. Horowitz believes that a systematic approach to formulation should be based on an integrative effort, and not on one theoretical or ideological model. His system of Configurative Analysis, which is used in this book, "combines concepts derived from psychodynamic, interpersonal, cognitive-behavioral, and family system approaches. The system goes from surface to depth, including unconscious configurations of self-in-relationship schemas, which are also called *role-relationship models*" (p ix). Just to explain, the Configurative Analysis is "A system that describes 1) phenomena to be explained, 2) states in which the phenomena do and do not occur, 3) themes that lead to state changes and defensive controls that are used to regulate the emotions of these themes, and 4) configuration of self-other attitudes" (p 85).

Dr. Horowitz explains his concept of personalized formulation in great detail and provides guidance to personalized formulation in the psychotherapy process. As noted, Dr. Horowitz's personalized formulation is based in Configurational Analysis, and the chapters of the book reflect, in part, elements of this analysis. Thus, the 7 chapters cover formulations (including strategies and tactics), phenomena, states of mind, topics and obstacles, self and relationship, personality functioning and technique, and focusing attention. I

BOOK REVIEWS

briefly summarize the chapters to illustrate their content and high degree of technicality.

The first chapter reviews the therapy phases and the 5 steps of configurational analysis—Step 1: Phenomena; Step 2: States of Mind; Step 3: Topics and Obstacles; Step 4: Self and Relationship; and Step 5: Integration and Therapy Technique Planning. The second chapter discusses phenomena, which are "like the facts of experience that a patient might become motivated to change" (p 19). The list of phenomena helps clarify the aims of treatment. The following chapter focuses on states of mind—"A state of mind is a pattern of conscious experiences and behavioral style" (p 27). States of mind could be well modulated, under modulated, over-modulated, and shimmering. As Dr. Horowitz notes, "actions in therapy often aim at stabilizing working states" (p 37). The fourth chapter deals with topics on attention in therapy, control of ideational flow, and dealing with defenses, especially the characterological.

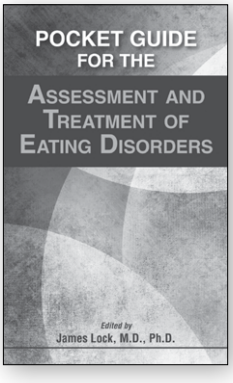
Chapter 5 presents, among others, a cognitive map—the role of self, roles of others, intention and action scripts, and critical evaluation of actions. Personality functioning and technique are the focus of Chapter 6. It also includes 5 levels of personality functioning: harmonious, conflicted, vulnerable, very disturbed, and fragmented. It is noted that "Patients at lower levels of personality functioning may require simpler, slower, and more repetitive actions from a therapist" (p 62). The final part of this chapter recommends adding a developmental formulation to the current states. The conclusion again emphasizes that formulation is a dynamic and progressive process. The last chapter guides the therapist to help the patient focus his or her attention toward change.

The book also includes a highly needed and useful Glossary of Terms.

This is a highly technical and difficult-to-digest book (the Glossary of Terms helps). It could be quite useful to a beginning or early therapist, as it will help them structure psychotherapy and move from step-to-step and session-to-session.

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

Pocket Guide for the Assessment and Treatment of Eating Disorders



Edited by James Lock; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-156-3; pp 241; $60 (paperback).

As pointed out in this book, "eating disorder evaluation and treatment [are] often sequestered in specialty clinics and programs despite the fact that these disorders are among the most common mental health problems, with a combined prevalence rate of approximately 10%.... Most people with eating disorders do not have access to specialty services, and the majority of eating disorders go undiagnosed and untreated. Without treatment, eating disorders can lead to serious psychiatric, medical, and social disabilities" (p xv). There is a definite need to educate clinicians in the field, outside of the specialty clinics and programs, about the entire spectrum of eating disorders and available treatments for these disorders, including information about their efficacy. This slim volume is clearly intended to address this need in a comprehensive and concise way.

In addition to the Foreword and Preface, the book includes a few pages on how to use its material and 7 chapters addressing particular eating disorders.

In the discussion on how to use this book, editor James Lock, MD, PhD, points out that the book is "squarely aimed at the big picture while highlighting the most important additional details" (p xv). Dr. Lock continues to describe the structure

BOOK REVIEWS

and format of each chapter with a brief introduction, key diagnostic checklist, diagnostic rule-outs, epidemiology and risk factors, common comorbidities (medical and psychiatric), clinical presentation(s), evidence-based treatments, treatment settings and level of care, treatments, treatments illustrated, clinical decision-making flowchart, common outcomes and complications, resources and further reading, and references. Finally, Dr. Lock describes the main categories of evidence for the evaluation of treatment efficacy and their criteria used in this book: Level 1: established treatment; Level 2: probably efficacious treatment; Level 3: possibly efficacious treatment; and Level 4: experimental treatment.

The first chapter, "Eating Disorders: The Basics," starts with a brief overview of all eating disorders, and is filled with a lot of interesting and important facts and observations. Examples include the prognosis of anorexia nervosa related to the timing of its treatment—if anorexia nervosa is treated early, "the prognosis is reasonably good, with full recovery rates in the range of 40%-50%, and another 30%-35% substantially improved," (p 5) or the notion that anorexia nervosa is always ego-syntonic, while bulimia nervosa is almost always ego-dystonic. (Does that play any role in treatment and its outcome?) The larger part of this chapter is devoted to eating disorders in ethnic and cultural minorities, males, and sexual and gender minorities—topics not always fully addressed in various texts. It seems that some ethnic minorities are particularly vulnerable to developing eating disorders, while they may be buffered from the development of others. The authors emphasize that "members of ethnic minority groups are less likely to seek and receive treatment as well as less likely to be referred to services specific to eating disorders than their white counterparts" (p 17). The part on eating disorders in males is also quite interesting. Here the authors point out that DSM-5 criteria for eating disorders do not fully capture clinical features that may be unique to males. Males frequently have a later age of onset and a greater gap between the age of onset and the age when they receive the first treatment for an episode of an eating disorder. Another important fact noted is that in males, medical management of eating disorders should include assessment of testosterone levels, as "this is an indicator of severity of malnutrition and a risk factor for bone density loss" (p 21). Similarly interesting is the discussion of eating disorders in sexual and gender minorities, as these minorities are at increased risk for eating disorders, particularly single gay men.

The remaining 6 chapters review specific eating disorders, including anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant/restrictive food intake disorder (ARFID) (newly added in DSM-5), atypical eating disorders, and eating disorders in the context of obesity. The chapters are structured as described in the introduction and are full of clinically useful facts without the usual fluff of many guides and textbooks. The chapter on anorexia nervosa includes good tables of medical admission criteria for adolescents and adults with anorexia nervosa. The treatments for anorexia nervosa—family-based treatment, systemic family therapy, adolescent-focused therapy, cognitive-behavioral therapy (CBT), and the role of adjunctive psychotropic medication (although no medication really works for treating anorexia nervosa)—are described in a concise manner. The treatment illustrations (medical hospitalization, residential treatment for persistent anorexia nervosa, family-based treatment for anorexia nervosa, and adolescent-focused treatment for anorexia nervosa) are excellent.

The chapter on bulimia nervosa is written similarly well, again with attention to some detail (risk factors such as dieting, tendency toward overeating, fasting, stress and negative mood, high reward of eating and impulsivity), yet with conciseness and clarity. Treatments again include various therapies such as CBT (pure self-help, and guided self-help), interpersonal therapy, dialectical behavior therapy, family-based therapy, and pharmacotherapy (mainly with fluoxetine). An interesting note on the outcomes in bulimia nervosa: "Even after remission, some individuals with BN are unsure how to use the time they have been using for binge eating and purging for more productive activities, so this may be an additional therapeutic target" (p 101). The chapter on binge-eating disorder includes a review of some lesser known or unconventional treatments, such as anti-obesity medications and transcranial magnetic stimulation.

Avoidant/restrictive food intake disorder includes symptoms that might be considered restrictive eating but without co-occurring body-image

BOOK REVIEWS

distress. As pointed out, "Although dietary restriction is a key feature of ARFID, the rejection of foods is driven more by specific fears around the food itself instead of unwanted side effects of eating, such as weight gain or growth, distinguishing it from classic eating disorders" (p 151). Unfortunately, there are no evidence-based treatments for ARFID, although various therapies are used.

The chapter on atypical eating disorders emphasizes that "Frequently, atypical eating disorders presentations go unnoticed because providers do not think about these behaviors or are quick to attribute symptoms to other medical or psychological conditions" (p 181). Atypical disorders include pica, rumination disorder, atypical anorexia nervosa, bulimia nervosa of low frequency and/or limited duration, binge-eating disorder of low frequency and/or limited duration, purging disorder, and night eating syndrome.

The final chapter on eating disorders in the context of obesity states that "Despite common misperceptions, eating disorders occur in patients with comorbid medical obesity. Importantly, the intersection between obesity and eating disorders is not limited to binge-eating disorder (BED). Patients with obesity may also struggle with bulimia nervosa (BN), atypical anorexia nervosa (AN), or other eating disorders" (p 205). One wonders why obesity is not included among eating disorders. There is very little research on the incidence of eating disorders in the context of obesity. As noted here, about 35% of Americans are obese, including 43% of Hispanics and 48% of non-Hispanic blacks; and in general, lower socioeconomic status groups have higher rates of obesity.

This slim pocket book is truly a great primer on eating disorders that each clinician can carry in his or her coat or have handy at the office. It is remarkably well organized and referenced (each chapter), and not to forget, filled with great clinical presentations. As already noted, the text is concise and clearly written. Last interesting tidbit of information: Maybe it should have been called the Stanford Pocket Guide to Eating Disorders, as all authors are from Stanford University, all served as treating clinicians and/or investigators on trials of various treatments, and the authors combined have more than 200 years of experience treating and conducting research in this area. That is a lot of expertise. It is a "definite buy" recommendation.

Richard Balon, MD
Wayne State University
Detroit, Michigan, 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.

Applied Mindfulness. Approaches in Mental Health for Children and Adolescents. Edited by Victor G. Carrión and John Rettger; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-212-6; pp 373; $59 (paperback).

The American Opioid Epidemic: From Patient Care to Public Health. Edited by Michael T. Compton and Marc W. Manseau; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-157-0; pp 437; $65 (paperback).

Statistical Methods in Psychiatry Research and SPSS. Second edition. By M. Venkataswamy Reddy; Waretown, New Jersey; Apple Academic Press (CRC Press/Taylor & Francis Group); 2019; ISBN 978-1-77188-781-6; pp 425; $159.95 (hardcover).