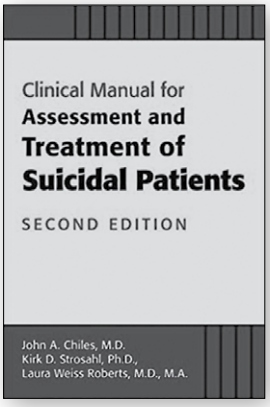
BOOK REVIEWS

Clinical Manual for Assessment and Treatment of Suicidal Patients. Second Edition



By John A. Chiles, Kirk D. Strosahl, and Laura Weiss Roberts; Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-137-2; pp 370; $65 (paperback).

Managing patient suicidality and suicide is probably a major stressor for all clinicians. With suicide rates climbing (suicide is now the 2nd leading cause of death among young people in the United States), clinicians are probably going to treat more suicidal patients. Thus, interest in some guidance on how to approach suicidal patients has been rising, and with it several new books have focused on proper and "malpractice-prevention aimed" assessment and treatment of these patients. Being aware of a number of these books, I started to read the 2nd edition of *Clinical Manual for Assessment and Treatment of Suicidal Patients* hesitantly, thinking, "Ah, yet another book, another boring manual." However, after a couple of chapters, I was fully drawn in, enjoyed reading it, and, surprisingly, learned new things.

The 11 chapters of this book focus on the dimensions of suicidal behavior; the clinician's emotions, values, legal exposure, and ethics in the treatment of suicidal patients; a basic model of suicidal behavior—a learning-based, problem-solving approach; assessment and case conceptualization; outpatient intervention with suicidal patients; suicidal behavior and use of psychotropic medications; the repetitiously suicidal patients (an interventional approach for high-risk patients); managing suicidal emergencies while using a crisis to create positive change; hospitals and suicidal behavior; suicidality and special populations; and suicidal patients in primary care.

The chapters are well written and organized. Each chapter includes "Tips for Success" and ends with great summary points called "The Essentials."

I will use a number of quotations from this volume to allow the readers to understand my enthusiasm for this text, and to help them understand how reading the book could allay their discomfort and fears of treating suicidal patients.

Let's start with some of the following essentials of Chapter 1: "Suicidality is surprisingly common in the general population, with an upward range of all forms in the vicinity of 50% lifetime prevalence"; "Nonfatal suicidal behavior is the norm in clinical practice"; "The genetic markers and biochemical bases of suicidal behavior are still largely unknown. Much more is known about the personality characteristics and environmental factors that are linked to suicidality"; "It is not possible to predict suicide on a case-by-case basis. Any determination of 'imminent risk' is going to be wrong much of the time"; "Our recommended approach is to treat suicidality as a method of problem solving based on a desire to establish emotional control"; "Suicidality may not be reduced by treatments targeting underlying mental disorders, when they are present" (all quoted from p 21). This chapter also emphasizes that suicide is not necessarily a pathognomonic sign of mental illness and should be thought of and managed as a separate problem.

Similarly, I appreciated the statements regarding malpractice claims in Chapter 2: "*It is important to know that many lawsuits never make it to trial because most insurance companies believe it is in their best interest to reach an out-of-court settlement.* …. The civil litigation industry is a multibillion-dollar enterprise involving the transfer of great sums of money between the legal and insurance communities. Unfortunately, an out-of-court settlement is viewed by many state licensing authorities and behavioral health credentialing systems as a successfully prosecuted action against the licensed provider" (p 43). This chapter provides numerous pieces of sound advice on

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how to protect oneself from lawsuits in the area of suicide.

Along the same line is the discussion of assessment and case conceptualization, which starts by addressing the pressure clinicians face from various sources to predict and prevent suicide. The authors write: "There are two implicit and widely accepted assumptions that create this pressure for clinicians: 1) there are specific factors that foretell a fatal form of suicidal behavior in a given individual (i.e., risk factors), and 2) there is a correct intervention (medication, psychotherapy, crisis intervention, or a combination of these) that will prevent suicide from occurring. Unfortunately, very few research findings support the accuracy of these assumptions. For the most part, their validity is an unsubstantiated part of clinical lore rather than a product of scientific research. … most malpractice and negligence lawsuits hinge on the implicit truth of these assumptions. Without these assumptions, civil litigations after a suicide would become, thankfully, a thing of the past" (pp 87-88). The text further emphasizes that suicide "is so infrequent that the statistical and clinical accuracy of a prediction is nonexistent. Practically speaking, this means that thinking or talking about suicide is not really an accurate predictor of completing suicide within the next 24-48 hours because there will be several thousand such patients for every complete suicide" (p 89).

So, after reading about the impossibility of predicting and preventing suicide, the reader may ask what to do and how to asses suicidal behavior. The authors suggest a new approach for assessing suicidal behavior and using this assessment to reframe suicidal behavior. They recommend that one should realize that (a) there are many forms of suicidal behavior that may vary in frequency, intensity, and duration; (b) asking a patient about suicide will not cause the patient to attempt suicide; (c) a patient's willingness to disclose suicidality does not place her/him at lesser risk, (d) "suicidal ideation is not primarily an emotional feeling. It is more accurately described as a thought how to solve a particular set of problems" (p 92); and (e) there is a need to collect all information in support of your clinical purpose. They also emphasize the use of self-monitoring to study suicidal behavior and to decrease reactivity. It is clear that assessment of suicidality is a complex issue and does not just involve filling a clinical scale, no matter how complex the scale is (interestingly, the entire text does not at all mention the Columbia Suicide Severity Rating Scale).

The book is clear: Working with a suicidal patient is hard and complex work that does not always end successfully. Many measures we use are not truly effective. For instance, there is "little evidence to suggest that being placed on a psychiatric unit reduces a person's chance of dying by suicide in either the short or the long term" (p 261). Nevertheless, "more and more, hospitalization in response to suicidality is driven by legal concerns predicated on a rather vague notion of what one must do to prevent both a suicide and the likely subsequent malpractice lawsuit" (p 260). This is not to say that hospitalization is not important, but rather that hospitalization is not the only measure to be used, and that hospitalization does not prevent a lawsuit.

The chapter on suicidality and special populations makes some important comments on substance abuse and suicidality, emphasizing that substance abuse in all its forms "can produce almost every psychiatric symptom, including suicidality" and that "substance abuse and suicidality cannot be treated as completely separate entities" (p 307).

As emphasized in the Preface, this is not an academic text; it is a clinical guide. Nevertheless, it is well-referenced and provides a list of selected readings at the end of each chapter. I touched on only some aspects to illustrate areas of importance and because I was inspired mainly by a pervasive fear of malpractice among the residents I teach. The book is more complex and addresses a myriad of clinical issues and provides good clinical guidance. I recommend it highly, a definite buy.

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DISCLOSURE: Dr. Balon is a member of the American Psychiatric Association Publishing Editorial Board.

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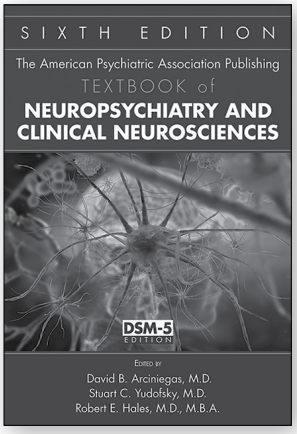
Textbook of Neuropsychiatry and Clinical Neurosciences. Sixth Edition



Edited by David B. Arciniegas, Stuart C. Yudofsky, and Robert E. Hales; Washington, DC; American Psychiatric Association Publishing; 2018; ISBN 978-1-58562-487-4; pp 653; $259 (hardcover).

The scientific specialty of clinical neuroscience has developed into the rational branch of psychiatry. It represents the intersection of neurology and psychiatry that is based at the level of molecular and anatomical models. This is an area that too many clinicians are complacent about and glad to ignore. The editors of this book are knowledgeable experts in the fields of neuropsychiatry and behavioral neurology. They have gathered more than 30 leading authors in the arena of neurobehavioral medicine to assemble a book worthy of publication by the American Psychiatric Association.

The text begins with a chapter on cognition, emotion, and behavior based on sound biological principles. This is largely a review of neuroanatomy and functional connections. This early portion of the text is well illustrated and clearly written by David B. Arciniegas, MD, C. Edward Coffey, MD, and Jeffrey L. Cummings, MD, ScD, in a straightforward, easy-to-read manner, and they review the topic well enough to form the introduction of the subsequent clinical material. I found this chapter to be much less "circuit-oriented" and more of a general guide to the clinical basics of neuropathology and behavior than some of Dr. Arciniegas's previous writings.

After the initial reviews of anatomy and function, the next 100 pages or so discuss assessment. This is broken down into the arenas of neuropsychiatric evaluation and psychological and medical testing in the forms of neuroimaging and diagnostic neurophysiology. The utilization of CT, MRI, and positron emission tomography are briefly described. These chapters are well written, but may be too brief for some specialists and too dense in detail for the novice student. The portions on imaging carry numerous illustrations. The presentation of these illustrations comprises more than 20 pages worth of diagrams and images. Although this large grouping of illustrations is awkwardly sandwiched into the book, it contains enough quality material to make up for the location.

The neuropsychiatric exam is described in fine detail. It contains references to its origins and the diagnostic significance of various signs, symptoms, and terminology. The correlation of clinical signs to symptoms and anatomical aberrations is well done and constitutes a reasonable reference guide for teaching and clinical use.

The effects of various cortical insults upon behavior are well covered. The explanation about the effects of injuries to subcortical locations and afferent pathways is also quite good. I found the material covering infectious disease in the nervous system to be both historically and clinically interesting. In this area, topics of infectious neuropathology ranging from the psychiatric syndromes associated with syphilis to those found with human immunodeficiency virus are well described. The neuropathology, clinical presentations, and treatment of underlying disease entities are all appropriately described. This methodology reflects the organizational style of the textbook. The division of psychiatric symptoms into syndromic descriptions is valuable, as are the reviews of the organic causes of psychosis, mood disorders, and anxiety.

This text brings rational medicine back to the field of psychiatry. It is a much-needed reference for all clinicians and medical educators. I enjoyed this book and found it a refreshing break from the softer genres of behavioral theories and self-help books that one could find in any bookstore. I highly recommend it.

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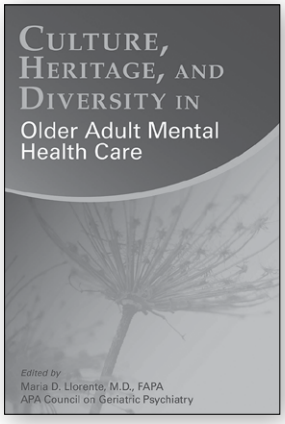
DISCLOSURE: The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

Culture, Heritage, and Diversity in Older Adult Mental Health Care



Maria D. Llorente and APA Council on Geriatric Psychiatry (eds); Washington, DC; American Psychiatric Association Publishing; 2019; ISBN 978-1-61537-205-8; pp 291; $57 (paperback).

Culture and diversity issues have finally been getting more attention. However, because the United States population is graying, it is becoming obvious that we need to pay more attention to culture and diversity in older patients. This applies to all psychiatrists, because we do not have and do not train enough geriatric psychiatrists to take care of our older patients with mental illness. In the meantime, more substantial changes are coming. As noted in the Foreword to *Culture, Heritage, and Diversity in Older Adult Mental Health Care*, by 2035, "For the first time ever, older adults will outnumber children. Another major demographic change relates to race and ethnicity. In 1965, 85% of the U.S. population was white. By 2050, the various racial and ethnic minorities will collectively represent a majority of the U.S. population. The older American population is also becoming racially and ethnically more diverse. Today, 78% of Americans older than age 65 are white. That proportion will drop to 57% by 2060. From 2015 to 2060, the number of black older adults in the United States will nearly triple, and that of older Hispanics or Latinos and Latinas ... will more than quadruple, whereas the number of older white adults will less than double. More racial and ethnic minority older adults live in poverty and receive worse health care compared with older whites. Similarly, there are estimated to be between 1.4 and 3.8 million lesbian, gay, bisexual, and transgender (LGBT) Americans older than age 65.... With aging of the Baby Boomers, this population will increase to 3.6–7.2 million by 2030" (p xv). These facts point to a monumental task ahead of us. In my opinion, we are not well prepared (if prepared at all) for these enormous demographic changes and necessary restructuring of health care in general, and mental health care in particular.

Under the leadership of Maria D. Llorente, MD, FAPA, (an experienced geriatric and Veterans Affairs psychiatrist), the American Psychiatric Association Council on Geriatric Psychiatry put together an edited book addressing many mental health issues and the management of elderly minority populations. The book includes 11 chapters. The first 3 chapters—(1) Why Is Cultural Competency Important When Working With Older Adults?; (2) Cultural Competence in Geriatric Psychiatry Teaching and Evaluative Methods; and (3) Migration, Acculturation, and Mental Health—focus on general issues, while the remaining 8 chapters focus on specific elderly minority populations, including Asian Americans and Pacific Islanders, Indigenous Peoples (American Indians, Alaska Natives, First Nations, and Native Hawaiians), African Americans, Latinos, LGBT, rural elderly, the Seventh Age (centenarians), and veterans.

The book points out serious disparities in the mental health care of minority geriatric populations and the need for designing health care systems that are culturally

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competent. It emphasizes the need for teaching clinicians cultural competence in all minority groups. The chapters provide a lot of important and interesting information, much of which will be especially revealing for novices in this area.

The chapter on migration notes that there are "nearly 6 million elderly immigrants in the United States who are virtually invisible to the broader society" (p 53). The mental health of these immigrants is impacted by numerous factors, such as sociodemographic; biographical and societal variables; acculturative stress; distance from immigration and level of assimilation; language difficulties; collectivism vs individualism (East Asian immigrants come from more collectivistic societies and may have difficulties adjusting to an egocentric, individualistic society such as that of the United States); and incongruence between new culture and traditional ethnic responses.

The chapter on Asian Americans and Pacific Islanders (the fastest-growing population in the United States) brings a classic example of the collectivism vs individualism issue. "Asian families place a high value on the family and community. In most Asian families, there is a mutual interdependence among generations. Parents care for their children with the expectation that when they become old, their children will take care of them. This is a very different view from that of most American elders, who take pride in their independence and insist on not being a burden to their children" (p 83). Asian-American views of mental illness are also rooted in various philosophies (based on country/religion of origin), such as Confucianism and Taoism (which have an emphasis on ailment as imbalance in life energy) or Ayurveda. This chapter (and some others) also reviews culture-bound syndromes such as Dhat, Khyal Cap, Shenjing Shuairuo, and Taijin Kyofusko.

The chapter on competent care for geriatric Indigenous People is interesting, but a bit short. The chapter on African American older adults reminds the reader that religious beliefs and spiritual practices are very important to African Americans and strongly influence their participation in mental health treatment. It also discusses a bit of an unsettled issue of whether African Americans have limited trust in treatments for mental illness, especially psychotherapy.

The chapter on geriatric Latino individuals discusses the communication barriers within this community that may lead to numerous disparities. "Most elderly Latino migrants speak Spanish as their primary or native language and once situated in a predominantly Latino community have no need to learn English" (p 165). As a result, half or more Spanish speakers have problems communicating with or understanding their health care providers. While this issue may be typical for this community, it is not unique because I have noticed a similar "language isolation" in the local Russian Jewish community in Detroit.

The remaining chapters describe important issues encountered by these geriatric minority communities, such as an extremely high percentage of older LGBT individuals reporting at least one lifetime episode of victimization, or the fact that the percentage of Medicare beneficiaries age ≥65 who live in rural areas and suffer from chronic illnesses is much higher than the national average (p 215).

The chapter on centenarians is interesting, but again a bit short (probably because there is not much research in this population and mental illness). The chapter on veterans is informative and discusses some prominent issues such as posttraumatic stress disorder and suicide, and also some lesser known ones (eg, moral injury).

Each chapter includes a solid bibliography, suggested reading and further resources, and questions for future thoughts (with answers provided).

This is, in a way, a standard text that focuses mostly on "usual" minorities and the elderly of these populations. It is clear that more information, education, and especially health care services for geriatric minorities are needed. I would welcome a text that would include specific problems across all geriatric groups, including poor geriatric white individuals (not just those who live in rural areas) and geriatric women and men. This would be more inclusive. Maybe the authors could follow with a comprehensive textbook on culture, heritage, and diversity in older adult mental health care. Nevertheless, this is a very good start and good read for all involved in addressing the needs of mental health care for geriatric minority patients.

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BOOKS RECEIVED

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

The American Psychiatric Association Publishing Textbook of Suicide Risk Assessment and Management. Third Edition. Edited by Lisa H. Gold and Richard L. Frierson; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1-61537-223-2; pp 453; $120 (hardcover).

Psychotherapeutic Approaches to Sexual Problems: An Essential Guide for Mental Health Professionals. By Stephen B. Levine; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1615372836; pp 160; $39 (paperback).

Physician Well-being: Cases and Solutions. By Peter Yellowlees; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1615372409; pp 243; $55 (paperback).

Obsessive-Compulsive Personality Disorder. Edited by Jon E. Grant, Anthony Pinto, and Samuel R. Chamberlain; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1615372249; pp 259; $54 (paperback).

Learning Supportive Psychotherapy: An Illustrated Guide (Core Competencies in Psychotherapy). Second Edition. By Arnold Winston, Richard N. Rosenthal, and Laura Weiss Roberts; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1615372348; pp 218; $70 (paperback).

Combating Physician Burnout: A Guide for Psychiatrists. Edited by Sheila LoboPrabhu, Richard F. Summers, and H. Steven Moffic; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 973-1-61537-227-0; pp 325; $60 (paperback).

Clinical Manual of Youth Addictive Disorders. Edited by Yifrah Kaminer and Ken C. Winters; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1-61537-236-2; pp 604; $75 (paperback).

Roberts Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty. Second Edition. Edited by Laura W. Roberts; Cham, Switzerland; Springer Nature; 2020; ISBN 978-3-030-31956-4; pp 621; $139 (paperback).

Anxiety Disorders. Rethinking and Understanding Recent Discoveries. Edited by Yong-Ku Kim; Cham, Singapore; Springer Nature Switzerland; 2020; ISBN 978-981-329-705-0; pp 576; $139 (hardcover).

The American Psychiatric Association Publishing Textbook of Schizophrenia. Second Edition. Edited by Jeffrey A. Lieberman, T. Scott Stroup, Diana O. Perkins, and Lisa B. Dixon; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1615371723; pp 306; $140 (hard cover).

Textbook of Medical Psychiatry. Edited by Paul Summergrad, David A. Silbersweig, Philip R. Muskin, and John Querques; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 9781615370801; pp 736; $140 (hardcover).

Handbook of Medicine in Psychiatry. Third Edition. Edited by Peter Manu, Corey Karlin-Zysman, and Eugene Grudnikoff; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-1615372287; pp 523; $85 (paperback).

Pocket Guide to Medications: Anxiolytics, Mood Stabilizers, and ADHD. By Robert H. Chew; Washington, DC; American Psychiatric Association Publishing; 2020; ISBN 978-0-89042-468-1; pp 24; $9.95 (spiralbound).

Pharm: Greed, Lies, and the Poisoning of America. By Gerald Posner; New York, New York; Avid reader Press (an Imprint of Simon & Schuster, Inc.); 2020; ISBN 978-1501151897; pp 816; $35 (hardcover).