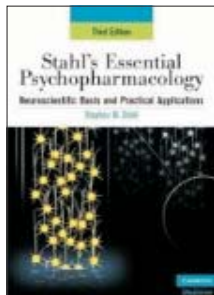


Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications, Third Edition

Stephen M. Stahl. Cambridge University Press: New York, NY, 2008. 1132 pages. \$95 (US).



When I first started working as a clinical pharmacist in psychiatry, I was at a loss as to where to start in terms of expanding my knowledge of psychopharmacology. A wise colleague recommended that I pick up a copy of *Essential Psychopharmacology* by Stephen Stahl. Immediately I knew this was a different book; one that made abstract concepts practical and understandable, and dare I say, enjoyable to read.

The first two editions of *Essential Psychopharmacology* were about establishing a new teaching style. The books employed vibrant, intuitive diagrams, colloquial mentions of drug combinations such as “California Rocket Fuel” that were memorable and tapped into existing schemata, and this writer’s personal favourite: long-haired, tie-dyed T-shirt-wearing, placard-waving hippies in a diagram representing “free radicals”. Medical students, residents and allied professionals new to working with psychiatric medications have found this resource invaluable. Experienced teachers of psychopharmacology have benefitted from adopting some of the analogies Stahl used in these earlier editions to make concepts concrete and simple to understand (*e.g.* in explaining the actions of mirtazapine on serotonin and norepinephrine neurotransmission, he refers to this as simultaneously “stepping on the accelerator and cutting the brake cables”).

Thirteen years, and two editions later, this text has become the reference for a generation of health care professionals that work with psychiatric medications. Some precision and fine detail has been purposely sacrificed to make concepts and rules easier to understand. This book is purposefully written on a conceptual level, with hardly a sighting of a table of receptor dissociation constants or milligram dosages anywhere to be found. For those seeking this

information, a companion book, *Essential Psychopharmacology Prescriber’s Guide* is available, and for the first time, a fully searchable companion website, essentialpsych.org has been launched (content available by subscription fee).

This third edition weighs in at a hefty 1117 pages (an 86% increase from the second edition) and builds on the teaching methods of the earlier versions, making the rapidly expanding body of psychopharmacology knowledge as easily understandable as possible. Added chapters in this edition include treatment of fibromyalgia and pain syndromes, and greatly expanded sections on fundamentals such as signal transduction and targets of psychopharmacological drug action. Additionally, the cognitive enhancers section from the second edition has been split into separate chapters (treatment of dementia, and treatment of ADHD) and the anxiolytics and sedative-hypnotics section has been split into respective chapters for each drug class.

The most noticeable change from the second edition is the shift towards focusing on brain circuits, neuroimaging, genetics, and signal transduction cascades rather than drugs and receptors in isolation. This is deliberate on the author’s part, and appropriately reflects the rapid advancement of knowledge about the brain, mental illness and its treatment. Clearly the expansion of the fundamental sections at the start of the book is needed to lay the groundwork for this shift in later chapters. Compared to previous editions, it may be of greater importance to read this book from start to finish in a linear fashion. Unfortunately, if you are familiar with the previous editions, you can’t help but get the sense that what was made relatively simple in past editions, has become somewhat more complicated again.

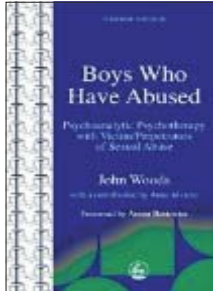
Another criticism which the author acknowledges, is that the material in the book is not referenced on a statement-by-statement basis, and often relies on tertiary sources such as textbooks. A suggested readings bibliography for each chapter is presented at the end of the book, but one would have trouble attributing a particular statement in the book to any one source. To be fair though, there is more primary literature cited than in previous editions.

Despite some minor issues, *Stahl’s Essential Psychopharmacology* is still one of the best resources available for learning about and understanding this complex field. Ownership of this text is highly recommended for those who prescribe, recommend, monitor, and work with psychiatric medications.

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Boys Who Have Abused: Psychoanalytic Psychotherapy with Victim / Perpetrators of Sexual Abuse

John Woods, with a contribution by Anne Alvarez. Jessica Kingsley Publishers: New York, NY, 2003. 240 pages. \$39.95 (US).



In the foreword to this book, Arnon Bentovim points out that John Woods has described the impact of violence on a child victim's self-esteem, using, in part, Winnicott's concept of the false self. Exposure to repeated violence results in never knowing when to expect it to return, and aggression is used as a defense. Abuse of another in turn becomes a way of relieving pain. Female identification is not uncommon, used in order to avoid identification with the aggressor.

In chapter one, Woods describes the hopelessness and outrage of therapists treating victims who enjoy becoming abusers, with particular concern about therapists who become abusers to their patients. Woods reports that these aggressors need violence for emotional survival — out of feeling victimized and condemned by society, the abuser internalizes the abuse he endured. Woods concludes that interactional psychoanalytic psychotherapy is the most flexible treatment available in such cases, combined with appropriate residential placement.

In chapter two, Woods compares psychoanalytic psychotherapy to other therapies. Modern shifts toward case management and behaviour control at the expense of psychotherapy can re-enact family dynamics, with therapists being identified with the victim and agencies taking on an authoritarian role. The best treatment is described as being that which addresses multiple needs: social, educational, behavioural and psychological.

Chapter three describes common themes in treatment: denial, abandonment, feelings of inadequacy, aggressive defensiveness, powerlessness, the struggle for control, and interpretations being perceived as abuse. Case reports exemplify bullying and being bullied, the boundary of the therapeutic relationship, sexualization of the therapeutic relationship, the re-enactment of trauma, and the emergence of creativity.

Chapter four, "Regression, Trauma and False Self in the Treatment of an Adolescent – Abused or Abuser", illustrates the need for containment, nurturance and a facilitating environment in analytic treatment. The necessary regression, which may

otherwise be frightening, takes place in a safe environment. Thoughts, fantasies, and feelings are handled within the therapy; impulses, desires, and intentions meant to hurt others must be reported to the treatment team to contain them and avoid trauma to others.

Chapter five illustrates the interplay between individual therapy, residential setting, and staff group dynamics. Open communication is key for staff to overcome the atmosphere of secrecy which enclosed the abuse. Instead of control by punishment or pressure, ideal treatment provides self-expression, which eventually brings acceptance of responsibility for one's own actions. A case here illustrates the projection of anxiety on residential staff by a client, with staff anxiety rising and devaluation of their roles to being "just caretakers".

Chapter six illustrates the process of group therapy with boys who have abused. Because the co-therapists represent the need to confront painful and traumatic events, the group can strive to overpower them. Therapists can attempt to exert too much authority, or become too permissive. Reacting too quickly removes the incentive of self-regulation for the group; permissiveness allows acting out. A gang mentality can develop, as a refuge from the adult world, to avoid responsibility, and to let loose destructive fantasies.

Chapter seven discusses the dynamics of street sex offenders, who attack women arbitrarily, often in daytime and in public places. The chapter concludes that attacks are more like a failed attempt to find a solution to feelings of inadequacy. It is as if "the body of any woman on the street was available for him to touch, pull or grab, perhaps in order to refute a terrible sense of prohibition against such access to the woman. In this way he could evacuate feelings of humiliation and vulnerability into his victims. . ."

Chapter eight discusses disturbances of gender identity in the young abuser / victim. Abused boys tend to identify with the aggressor, and in turn to be male is equated with being powerful. During his socialization a boy accepts authority with the view that he will grow to be an adequate male. He needs to avoid being destroyed by authority figures, and to relinquish his first love (mother) to resolve the Oedipal complex. Neither of these requisites are present in an abusive environment, causing a break in the boundaries defining gender identity.

Chapter nine, "Paedophilia as a perverse Solution to Adolescent Conflicts", presents a case of a man with paedophilia, Mr. D, who presented with panic attacks and fear of breakdown. Mr. D seduced early adolescent boys, and with time his perversion required that the boy victims be sadistic to him. His fear of being caught caused his panic attacks. Over the course of therapy, Mr. D relinquished young boys and initiated a satisfying homosexual relationship.

The last chapter, written by Anne Alvarez, discusses the role of the supervisor, who is removed from the heat of the therapy,

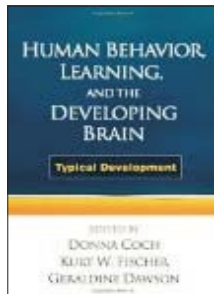
available for the sharing and the projection of disturbance aroused in the therapist, and able to more easily see the healthy part of the patient. Alvarez elaborated on the timeliness of interpretations, two types of aggression, delay and deficits in deviant persons, symbolization, and therapy as a transitional area.

Woods gave case histories in all chapters to illustrate his material. I enjoyed this book very much.

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Human Behavior, Learning, and the Developing Brain: Atypical Development

Donna Coch, Geraldine Dawson & Kurt W. Fischer (editors).
The Guilford Press: New York, NY, 2007. 378 pages. \$50 (US).



This collaborative book contains research reviews describing various aspects of brain functioning and their relationship to behaviour and cognitive processes. The authors summarize a variety of investigative methods, including evoked potentials and functional neuroimaging studies, used by researchers from several disciplines, mainly cognitive neuroscientists and psychologists. The focus of this book is on atypical development, as a companion volume on typical development has also been published. The relevance of the described findings to treatment or educational initiatives is often discussed explicitly here.

One contributor (Nelson) describes event-related potentials and their use in studying cognitive development. Using a longitudinal perspective, he studied infants of diabetic mothers who are at risk for developmental brain abnormalities because of their adverse biochemical environment. Cognitive processes studied included recognition of mother's voice or face as well as a unique way of studying recognition memory. Infants of diabetic mothers were at risk for memory problems, possibly due to perturbations in development of the hippocampus. An interesting question that arises is whether or not these memory problems persist and can be documented when children are school aged.

Dawson and Bernier review the social impairments in autism: social orienting, joint attention, attention to others' emotions, motor imitation, and face processing. The authors speculate about the neural and genetic basis of social impairments, and the

brain regions thought to be involved in social perception deficits in autism are further discussed by Pelphrey and Carter.

Information on the functioning of individuals with Williams syndrome has provided useful insights into brain-behaviour relationships. Tager-Flusberg and Skwerer describe the visual-spatial and social cognitive deficits including brain imaging findings in this fascinating condition. The importance of this model system in elucidating the effects of a genetic deletion on behaviour and brain development is clearly laid out.

Grigorenko describes hypotheses of the etiological bases of developmental dyslexia, especially genetic hypotheses. A speculative discussion follows on the genetic influences on developmental dyslexia. Particularly useful in understanding the influence of genetic factors is the illustrative examples of the genetic bases of Alzheimer's disease.

Goswami provides a section on cross-cultural examples of trajectories of reading acquisition and developmental dyslexia across different languages, focusing on the important processes of phonological awareness and phonological-orthographic mapping. This chapter seems anomalous in this volume, given its lack of emphasis on brain-behaviour relationships.

Liegeois, Morgan, and Vargha-Khadem provide a very interesting chapter on a kindred with verbal and orofacial dyspraxia with a known genetic basis. The phenotype is compared with developmental verbal dyspraxia and aphasia in adults, with the neural basis and hypotheses about pathophysiology described.

The Molfese family provides a description of a very useful programmatic series of research studies demonstrating that event-related potentials found in response to speech sounds recorded at birth were predictive of language and reading performance in young children.

A core deficit in number sense or impaired connections between symbolic and nonsymbolic representations is hypothesized by Wilson and Dehaene to be the cause of dyscalculia. The characteristics and possible subtypes of this neglected condition are described, and the limited neural evidence reviewed.

Gatzke-Kopp and Beauchaine review here the dopaminergic systems, and structural and imaging studies, and their relevance to Attention Deficit-Hyperactivity Disorder, and to a lesser extent comorbid externalizing behaviour disorders.

The physiology and ontogenesis of the hypothalamic-pituitary-adrenal (HPA) axis is described by Adam, Klimes-Dougan, and Gunnar, and social influences on the HPA axis in different stages of development are described. HPA axis activity in children exposed to abnormal social environments and in individuals with internalizing or externalizing psychopathology is discussed, along with a complex model of social and nonsocial influences on HPA axis functioning.

The important concept of alternative developmental pathways taken by maltreated children was presented by Ayoub and

Rappolt-Schlichtmann. They offer hypotheses about memory and behavioural inhibition in relation to hippocampal functioning, negative behaviour, and alterations in the amygdala and cerebellum, and aspects of maltreated children's behaviour in relation to brain changes.

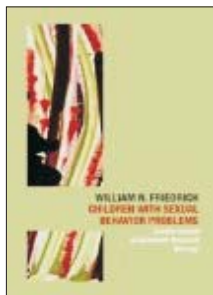
The last chapter by Benes is a review of corticolimbic circuitry and anatomy, including its ontogenesis, highlighting the role of the cingulate cortex and other brain regions in the integration of emotion, attention, and motivation. The material didn't seem to fit thematically with previous topics.

This book would have benefitted from chapters on limitations and advantages of the various brain research methods that were reviewed. The theme of the book might have been better illustrated by including discussions of further examples of atypical development (*e.g.*, Tourette syndrome) while eliminating some chapters. A series of colour plates are included but are not immediately apparent when first mentioned. Overall, this book provides a useful description of research describing brain-behaviour relationships in individuals with certain specific developmental disorders.

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Children with Sexual Behavior Problems: Family-Based, Attachment-Focused Therapy

William N. Friedrich. *WW Norton & Company: New York, NY, 2007.*
336 pages. \$38 (US).



This posthumously published work is an excellent book for the clinician starting to work with children under the age of 12 years who have sexual behaviour problems. The first part of the book is an overview of theory and therapeutic strategies and the second half is a manual for assessment and treatment when working with these youth and includes many of the instruments that William Friedrich developed.

The first chapter reviews the literature, reminding us that sexual behaviour is on a continuum from normative to pathological, that concerning sexual behaviour can be exhibited for many reasons, and that children with concerning sexual behaviours tend to come from troubled families and to experience more adversity than their peers. The next two chapters explain the role of the

family in the development or sexual behaviour problems, and treatment for them based on attachment theory and the family's approach to sexuality. The last three chapters in this section describe Friedrich's approach to assessment and treatment. They are well written and have numerous case examples. The author directly addresses two major issues that are front and centre when working with children who have sexual behaviour problems: their families are generally very troubled and hence more difficult to work with, and they generally have a greater than average complexity. Therefore, assessment must continue throughout treatment and treatment must start with the first assessment appointment. The use of parent-child interaction therapy is promoted as an effective way to enlist the necessary parental involvement in treatment especially when the parent is ambivalent about the child. The final chapter in this section deals with individual therapy for youth with sexual behaviour problems. This permits the therapist to keep a focus on the referral problems while providing maximal support and engaging the parents whenever possible.

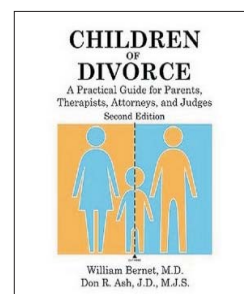
The second part of the book provides a manual outlining the aim of each session, detailing who should attend, specific questions to ask, and specific activities to use during each session. The sequence appears very reasonable. The final chapter contains all of the assessment and treatment forms that are mentioned in the book.

This book is easy to read, well organized, and thoughtfully laid out. I recommend it to any psychiatrist, psychologist, or social worker involved in assessment and treatment of youth under 12 years old with sexual behaviour problems.

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Children of Divorce: A Practical Guide for Parents, Therapists, Attorneys and Judges, Second Edition

William Bernet & Don R. Ash. *Krieger Publishing Company: Malabar, Florida, 2007.* 189 pages. \$31.50 (US).



This impressive little book truly lives up to its title. Dr. Bernet is a child and adolescent psychiatrist who is a professor at Vanderbilt University School of Medicine. His co-author Judge Ash has extensive family court involvement and has pioneered the use of "parenting plans" in Tennessee courts. The authors bring

together a thoughtful, pragmatic and well-integrated overview of the impact of divorce, with a solution-focused emphasis. They acknowledge that their primary audience is “parents who are divorcing or already divorced and are hoping to rear their children in a healthy manner” (page 1). As such, this is a concise and easily read work, but the depth of the authors’ experience and wisdom means that this is also a very useful book for the various professionals addressed in their title. Others, such as extended family members and educators, might also find this book helpful.

Most chapters commence with an interesting case scenario or two to highlight issues relevant to the specific topic. They also briefly cite and review relevant precedent-setting or widely-known case examples in well-placed inserts. Early chapters address core issues related to separation and divorce, custodial and access arrangements and the needs and rights of children. Later on they move through a series of practical issues such as planning for holidays and holy days, moving, stepfamilies, grandparents and dealing with school and mental health professionals. Concise statements regarding “Children’s Rights in Divorce” (page 59) and “Ten Steps for Raising Children in Divorced Families” (page 174) are thoughtfully constructed and should be in wide circulation. The authors also provide a useful collection of additional internet-based resources that address core and related issues.

In this book, there is a strong push towards creative solutions and customized “parenting plans”, and championing of the value of divorce mediation and counseling. Indeed, there are clear statements about the various kinds of contributions clinicians can provide throughout the often-extended process of divorce, with an emphasis placed upon the need for clinicians to be clear and transparent regarding their role. The level of discussion does not require one to have a special career focus in this area to find this useful and relevant to most practices.

The authors do not side-step difficult issues such as hostile separation and extended litigation, parental alienation and legal approaches that place undue emphasis on parental rights over the child’s rights and needs. Here too, their frank identification of

these issues may help clarify these matters for parents, and their practical recommendations might be useful to legal and clinical professionals.

It is difficult to identify areas to improve upon in this book. Prior to reading it, I had worried that their use of American case precedents and examples might be problematic from a Canadian point of view. However, there is a clear universality to these issues and surprising parallels in how these legal matters have evolved in both jurisdictions. Certainly the clinical issues have a strong concordance with those that arise in this country. Even statistical references suggest that the realities south of the border are not much different than those we deal with in Canada.

This book contains some linguistic awkwardness. The authors utilize gender-neutral language throughout, which is to be applauded, however they recommend use of the terms “primary residential parent” and “nonprimary residential parent” over the more commonplace and historical “custodial parent” and “noncustodial parent”. They acknowledge that these terms are cumbersome, but feel that this language supports more readily an emphasis on “parenting plans” and shared parenting. While the principle here is admirable, I still find these terms difficult at times, and certainly they have not gained much foothold in common parlance.

Overall, this volume is highly recommended. It is an interesting and easily read, up-to-date, and very practical review. Its emphasis on creative solutions and generally optimistic tone is most welcome. Clearly these authors bring experienced and credible points of view, which are integrated seamlessly. Particular readers might wish to access relevant topical chapters rather than read the entire book. These overviews of often difficult matters could well be a help to stimulate the thinking of both legal and clinical professionals, and might often be very helpful reading for clients dealing with these matters.

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