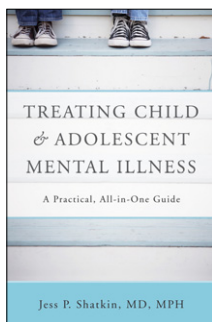


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Assistant Editor's Note

Last month, the Book Forum presented the breadth of child psychiatry, with reviews of *Rutter's Child and Adolescent Psychiatry*, and then some of the depth, with reviews of books devoted to a specific problem, e.g., firesetting, and an individual perspective, a father's experience of his daughter's illness. This month that trend continues with inclusion of a review of a comprehensive "primer" on child psychiatry, *Treating Child and Adolescent Mental Illness: A Practical, All-in-One Guide*, billed as instructive for child psychiatrists and for those without specialized training who find themselves forced to manage similar problems. Reviews of two other books, *Diagnosing Learning Disabilities: A Neuropsychological Framework* and *Adolescent Substance Abuse: Psychiatric Comorbidity and High Risk Behaviors*, address more focused questions: How does this child learn? Why can't this child just stop using substances? Our field is vast and there are so few of us. We are expected to understand, address, and sometimes fix an enormous range of problems, from adolescent substance use/abuse to an elementary school child's inability to learn. All three of these books will help us do our job more effectively.



Treating Child and Adolescent Mental Illness: A Practical, All-in-One Guide. By Jess P. Shatkin. New York: W.W. Norton & Company; 2009; 320 pp, \$35.00 (hardcover).

It is indisputable that children with psychiatric issues are best served by those who have received specialized training. In truth, many individuals—pediatricians and family practitioners, social workers, variously trained therapists, and school counselors, to name a few—receive

scant formal training in child psychiatry, yet find themselves, due to a shortage of specialists or simply by dint of being on the front-line of service, in a position to dispense care. They may approach this role with unease or, in some cases, in an offhanded manner stemming from a misperception that, as a field, child and adolescent psychiatry lacks the rigor of other medical specialties. With the intent of distilling the core lessons of the field into a "digestible and useful format" (p xi), Jess P. Shatkin, a child psychiatrist, attempts to provide a source for these myriad practitioners who, despite lack of expertise, have occasion to work with mentally ill children.

The book contains 14 chapters, each describing a common disorder, and is divided by sections: presentation, etiology, epidemiology, course, and treatment. The first disorder discussed is attention-deficit/hyperactivity disorder (ADHD), a problem familiar to primary care providers, and attempts to explain what accounts for its notably high prevalence. A relatively recent emphasis on standardized testing may lead to "increased parental anxiety about school performance" (p.24) and a greater likelihood children will be referred for evaluation. Due to the No Child Left Behind Act (NCLB) of 2002, teachers and principals are held accountable for their students' academic performance. Physicians, consciously or not, may be inclined to favor a diagnosis for which an abundance of Food and Drug Administration–approved medications exist, yet they tend to have less time for evaluation due to the pressures of managed care. Although the true cause is unclear, and increased recognition likely plays a role, the discussion urges vigilance about the labeling of potentially normal behavior as abnormal. This is a recurrent theme in later chapters.

Nevertheless, with a focus primarily on pathology, the centerpiece of each chapter is a discussion of diagnostic issues. A chapter on mental retardation describes the physical and cognitive features of each syndrome, in a format common to any introductory psychiatric textbook. The chapter on anxiety describes the multiple disorders that fall within this category, including generalized anxiety disorder, social phobia, and posttraumatic

stress disorder, among others. There is discussion of how clinicians, if hoping to identify anxiety problems in children, need to adhere less rigorously to *DSM* criteria that may be more applicable to adults. Many chapters explicitly discuss the unique ways in which psychiatric problems manifest in children. Unlike adults, children with depression present in an inconstant manner, at times appearing to enjoy themselves, as “their negative mood may not entirely consume them” (p. 165). In the chapter on childhood schizophrenia, the author points out that “behavioral observations are often more useful than direct interview questions” (p. 224), with reckless behavior, in particular, being a clue to psychosis.

Beyond providing clinical insights, this book offers an impressive synopsis of research in the field, particularly noted in the sections on etiology. The chapter on disruptive behavior disorders presents research on social cognition, describing children who have difficulty interpreting cues as “more likely to misinterpret an awkward glance from a peer as an aggressive message” (p. 45), which is a problem exacerbated by being the victim of abuse. Mention is made of ways in which the media may also contribute to or exacerbate childhood illnesses. Films tend to downplay the consequences of substance abuse, whereas the virtually unobtainable body images portrayed in advertising and toys may engender eating disorders. The chapter on autism presents a comprehensive description of possible biological determinants. Although some credence is given to a theory suggesting that dietary metabolites damage central nervous system opioid receptors, thereby explaining a tolerance to self-inflicted pain, studies on visual tracking identify deficiencies in the fusiform gyrus, a brain region implicated in facial recognition. These sections may present challenges for those lacking a neuroscience background.

The sections on pharmacology provide up-to-date and technical information intended for use by the prescribing clinician. The extent to which this book goes beyond material appropriate for the lay reader is illustrated by its discussion of refractory enuresis, for which the antispasmodic bladder agents oxybutynin and tolterodine, in addition to atomoxetine, might prove effective as suggested by data with which many child psychiatrists may be unfamiliar. (One area that seemed a bit outdated was the somewhat lengthy descriptions of tricyclics and monoamine oxidase inhibitors—medicines that are used infrequently

in this age group.) Several of the chapters include focused psychopharmacologic recommendations. For conduct problems, an α_2 agonist is suggested, followed by a mood stabilizer or antipsychotic. Although these basic algorithms may be less applicable in complex cases, they provide a starting point for less experienced clinicians. Most chapters, however, although less instructive and exhaustive, present a sampling of clinical trials, dosing recommendations, and side effect profiles that are representative of data a psychiatrist will sift through when formulating a medication decision.

Most modalities of psychotherapy commonly used in this age group are mentioned, with cognitive behavioral therapy described most prominently. Although Freud and other psychoanalytic theorists are briefly mentioned in an introductory chapter, psychodynamic psychotherapies, characterized as “labor intensive, time-consuming and highly idiosyncratic” (p. 152), are generally overlooked. The emphasis on cognitive behavioral therapy is perhaps not unexpected given the broad scope of the book. Space limitations permit mention of only a few examples of how a particular therapy is done or a few references to positive clinical trials. Circumscribed interventions that can be passed along to parents are particularly useful. The material on learning disorders offers guidance on how to navigate the education system that parents (and many clinicians) often find byzantine. The final chapter on sleep disorders describes a simple technique in which parents progressively withdraw attention at bedtime, to be used with children who refuse to sleep in their own room.

One notable gap is the lack of information on the management of suicidal behaviors. Although there is mention of the suggested increase in suicides that corresponded to the placement of Black Box Warning antidepressant labels, this is a superficial discussion of the topic and does not address how to assess suicidal children on a case-by-case basis. The absence is surprising because those who work in many of the allied fields function as gatekeepers to child psychiatry for this problem. If there is any real weakness to this book, though, it is one of excess, not of omission. At times, data and references are packed a bit too densely and the practical quality emphasized in the book’s subtitle is diminished. Although writing for such a diverse audience will leave some dissatisfied, this book does succeed as a well-written and relatively succinct overview of the

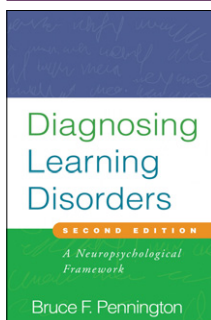
field of child and adolescent psychiatry. Perhaps only a fully trained child psychiatrist would truly appreciate the expanse and depth of this book, but such clinicians are decidedly not the target audience. Someone at the beginning of training, such as a child psychiatry fellow, might learn a lot from this book, but it is highly unlikely a fellow would choose it over one of the stalwart texts that are generally a required part of a standard curriculum.

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Diagnosing Learning Disabilities: A Neuropsychological Framework. 2nd Edition.

By Bruce F. Pennington. New York: Guilford Press; 2009; 355 pp, \$40.00 (hardcover).

Every child navigating from infancy to adulthood must learn new skills every day. Every physician, therapist, and educator works daily with some children who struggle to learn. This volume provides a conceptual format and practical tools to understand specific obstacles to learning that many of our children must surmount. If we do not know the neuropsychological and psychoeducational terrain, we cannot guide those children who have learning disabilities across the painful obstacle course they face in the ordinary classroom.

Pennington propounds a medical model approach to diagnosis that incorporates the individuality of each child. He quotes Robin Morris (1984)—“Every child is like all other children, like some other children and like no other children” (p. 36)—to frame the rationale for his rigorous and systematic clinical exploration of how each child learns.

The first edition of this book (1991) approached learning disabilities using a modular, single-deficit model. The current edition re-conceptualizes learn-

ing disabilities with a multiple-cognitive-deficit model; it incorporates multiple developmental pathways, recognizes bidirectional causality, is probabilistic rather than deterministic, and points to richer possibilities for intervention. This volume is divided into three sections, covering theory, clinical diagnosis, and implications for practice and policy. Three appendices are also included: resources for parents and teachers, useful Web sites, and frequently used tests for learning disorders.

Part 1, Basic Concepts, begins with a chapter on how learning disabilities develop. It presents a complex model of etiologic risk and protective factors (e.g., gene-by-environment interactions), neural systems, and cognitive processes (implying interactive development) leading to complex behavioral disorders (necessarily incorporating comorbidity). Readers without medical training are provided with clear explanations of genetic tests and terms, neuroanatomy, and neuroimaging.

The second chapter sets forth neuropsychological constructs, embracing a connectionist view of how specific areas of the developing brain learn and process information. At the top of the hierarchy is general psychometric intelligence as measured, e.g., by the WISC-IV. Next presented are four broad constructs: fluid intelligence (novel problem-solving), crystallized intelligence (accumulated knowledge), working memory, and processing speed. This theoretical presentation, anchored with solid references to cognitive psychology, lays a foundation for the testing approach that the author employs to arrive at a diagnosis. The broad cognitive constructs essential for understanding the eight learning disorders covered in the book are language, executive functions, and social cognition. The third chapter briefly addresses issues in syndrome validation to justify the taxonomy, or nosology, presented in the main section of the book, and the fourth chapter explains why two less well-validated disorder categories, central auditory processing disorder and sensory modulation disorder, fail to meet the author's standard. He makes the case that neither has undergone sufficient empirical research to produce a specific enough definition that distinguishes it from other disorders, and therefore that appropriate treatment is difficult to define.

Having made the case that accurate diagnosis is essential to provide any child with a learning disability with the treatment he needs, Pennington demonstrates how examining patterns of