

Examples of psychoeducation and exposure therapy are well explained. Given the premise put forth in the beginning of the book, the exposure techniques seem quite reasonable. Strategies to use imaginal exposure and to titrate anxiety are explained and sound as though they would be effective.

The book ends with rather detailed examples of cognitive restructuring and methods to use restructuring in a variety of post-traumatic conditions. A number of helpful scales for measuring cognitive change and other supplemental tools are included near the end of the book.

This book is very helpful. It eloquently packages PTSD as a Cognitive-Behavioral Disorder and guides the reader to practical methods of managing patients with such issues. The approximately 250 pages of text do not allow space for all the details one would like to see from this book. It is, however, a very informative introduction to the topic of CBT for PTSD. I believe the general audience of mental health professionals will find it useful and pleasant.

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Gambling as an Addictive Behavior: Impaired Control, Harm Minimization, Treatment and Prevention. By Mark Dickenson and John O'Conner, Cambridge University Press, New York, New York; 2006; ISBN: 0-521-84701-X; \$95.00 (hard cover), 176 pp.

It is obvious that gambling is addictive. An observation of any Las Vegas casino will show many people engaged in self-destructive, maladaptive spending at the gambling tables. One may reasonably ask why this book is necessary when the topic is already well known. A quick look in the text will provide the answer.

This book describes theoretical mechanisms of re-enforcement for gambling behaviors. It gives interesting information about risk factors for this kind of addiction. The authors cite research on various models for this behavior and also provide interesting statistics about which kind of people are likely to engage in different types of gambling activity. A good case is made for a model of vulnerability involving biological diathesis and psychological patterns leading to poor impulse control in compulsive gamblers. This is then linked to stimulus-response activity, which they hypothesize, causes great difficulty terminating the gambling habit. When one stands back and considers this type of addiction, the ideas of the authors make sense.

Various methods for treatment and harm minimization are discussed in the latter half of the book. The authors address the question of whether any treatment is effective for gambling addiction. They look at old treatment methods and explain how epidemiology indicates a need for vigilance. Issues of education, prevention and models for treatment are well handled.

The end of the text includes considerable data on outcome and on trends among gamblers in Australia.

This is a timely book. While gambling has existed for centuries, the depth of the problem has never approached current levels in terms of availability, variety and potential risk. These days we have gambling of all types as well as both state and national lotteries. Perhaps most dangerous is the acquisition of internet gambling on a continuous basis with electronic losses via on-line credit cards and balance transfers, current technology that allows continuous modest betting to liquidate one's savings overnight. As many individuals fall prey to addiction to gambling, this book is welcome. It is a good addition to any clinician's library.

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Psychotic Symptoms in Children and Adolescents: Assessment, Differential Diagnosis, and Treatment. By Claudio Cepeda; New York, Routledge (Taylor & Francis Group, LLC); 2006; ISBN: 10: 0-415-95364-2, retail price: \$75.00 (hardcover), 552 pp.

At first glance, this would seem to be a very long book about a relatively rare set of symptoms. However, once you begin reading, it becomes clear very quickly that Dr. Cepeda has produced a detailed compendium of how to assess, categorize, and treat psychotic symptoms in youth, and that the length of the book is due to the fact that Dr. Cepeda discusses each step and, indeed, each question in the assessment process for thought, mood, and affect, and in most chapters has a clinical vignette illustrating each point.

He devotes the first chapter to an overview of psychosis in the lives of children. In this chapter he states that illusions, hallucinations, and delusions are common in children, and that reports of these psychotic events are fairly common in the clinical setting. However, he goes on to note that clinically *relevant* psychotic disorders are not so common and that schizophrenia itself in children is quite rare, a finding with which most child psychiatrists would, I think, agree. The next segment of the book is a grouping of six chapters on assessment and diagnosis. This is followed by a chapter on etiology and pathogenesis and then another six chapters dealing with treatment.

The tables in the assessment chapters are helpful, but they are really adjuncts to the text which describes everything found in the tables in greater detail. The treatment chapters are very detailed as well, and include discussions of psychosocial interventions as well as anti-psychotic and mood stabilizing pharmacotherapies. These chapters also make use of tables to summarize information for quick reference, but again one could skip the tables and read only the main body of the text and miss no information. Side effects and approaches to treat

them take up the final two chapters. There are two appendices: one on medication interactions and the other on the individual effects of the various psychotropics. The book also includes an extensive set of notes on the text, as well as a listing of references and a subject index. While many of the citations are from studies on adults, especially when schizophrenia is specified, this is understandable since it is the only data available because schizophrenia in children is such a rare phenomenon.

This is an extremely complete review of psychosis in childhood. It is easy to read and highly internally consistent since it is the work of a single author. It is a text that would be useful for child and adolescent psychiatry fellows, clinical psychology interns on child rotations, and even experienced practicing child and adolescent clinicians. The author refers to many childhood experiences that I would term “normal” as being within the realm of “psychosis.” But when carefully considered this is, of course, correct and is the basis for his statement early in the book that psychotic phenomena are “common” in children.

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The Abusive Personality: Violence and Control in Intimate Relationships, Second Edition. By Donald G. Dutton, The Guildford Press, New York, 2006; ISBN: 1-59385-371-8; \$35.00 (trade cloth binding), 272 pp.

Dr. Dutton had his first edition of this book published in 1998 and in 2003 revised and expanded the chapter on treatment for a paperback edition. This second edition has further revisions plus two new chapters: “The Sociopsychoneurobiology of Attachment,” and “Longitudinal Development and Female Abusive Personalities.” It is divided into a preface, eleven chapters, and a subject index. The first chapter is an introduction to the topic and the history of its study discussing, among other things, when—about 1977, by the way—the social sciences took notice of intimate partner violence (IPV) and how such behaviors were viewed and studied over the course of the late twentieth and early twenty-first centuries. Nine chapters follow which are interconnected by the author’s continuing review of theories and experimental studies into the possible antecedents, modifiers, and perpetrators of IPV and how each assists toward, or detracts from, our ultimate ability to understand and treat it. These explanations begin with modeling and learning theory, and move among psychoanalytic and other psychological approaches, feminist writings, attachment theory, and finally functional brain imaging studies. All of the major theorists in the field are represented in these chapters, from “Bowlby to Walker,” so to speak. There are several notable statements, such as Erich Fromm’s observation that, “Anger converts a feeling of impotence into a feeling of omnipotence.” Another pithy comment notes that, “Both

aggression and achievement start from the perception that circumstances are controllable . . . [but] aggression is designed to control and change *people*.” But in the end each of the theoretical constructs has problems explaining at least some of the differing aspects of IPV. Throughout the book, Dr. Dutton touches on his own synthesis, which involves an abusive, more or less borderline and cyclical, personality organization developed in early and imperfect interactions with the mother and father and perpetuated by subsequent trauma. The eleventh and final chapter focuses on treatment.

This book’s central theme is presented compellingly. The middle nine chapters are constructed much like directions to an ultimate destination. Helpful figures, diagrams, and results tables are included as necessary. Most chapters have notes about the details of the text, and each chapter ends with a lengthy listing of references. The findings from the other chapters are utilized to describe the underpinnings of the treatment program that Dr. Dutton has been working on since the late seventies. He mentions in several places the differences between his ideal for a treatment program and the fairly well-known “Duluth model” for the treatment of batterers. His approach differs in several ways, including its use of cognitive behavioral techniques and its focus on the key role of the therapeutic bond. He states that it is important not to confront the abuser too quickly due to the shame the abuser already feels, lest a good therapeutic bond not be formed, and yet acknowledges that confrontation of some nature must occur before too long. He includes discussions of female to female violence in lesbian relationships and reciprocal (or “both partners”) violence that occurs in a measurable sub-segment of heterosexual violence, topics that many past books on abuse and battering have glossed over quickly or skipped entirely.

This is a book that anyone who deals with partner-related violence might find helpful, whether they already know a lot or a little about the subject matter. Psychiatrists, emergency department or family physicians, nurses, psychologists, social workers, and trainees for any of the helping professions will each find that portions of this text speak to them and to the needs of their patients or clients. I found it very helpful in preparing for my own lecture on “Domestic Violence” for our third-year psychiatry residents.

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Bipolar Disorders: Mixed States, Rapid Cycling and Atypical Forms. Edited by Andreas Marneros and Frederick Goodwin, Cambridge University Press, Cambridge, United Kingdom; 2005; ISBN: 0-521-83517-8; \$120 (hardcover), 395 pp.

Bipolar disorder (BPD) is probably one of the most fascinating and most confusing psychiatric disorders at the same time. It is fascinating because of the multiplicity of