

chapters can stand on its own as a review of the current understanding of the topic in its specific area. Several of these chapters have practical sections on differential diagnoses, treatment, and the interaction of the comorbidities, yet some chapters have extensive pathophysiology sections discussing how each comorbidity affects the other. These pathophysiology sections, generally speaking, are extensive (sometimes running over 13 pages as in chapter 10), theoretical, and purely academic. They may be of little interest for today's busy clinician. On the other hand, these sections can be used as a nice quick reference for the current academic medical literature in the areas covered.

Two extensive chapters on osteoporosis and reproductive endocrinology discuss the literature on the still-evolving links between these areas and mood disorders. Section VI starts with a chapter on "Chronic Pain Syndromes and Comorbid Mood Disorders." The authors efficiently address this common issue in our practice, which is often felt to be obscure to many of us. They cover conditions that not only pertain to the common pain (chronic back pain), but also to other pains such as those due to abuse, headache, fibromyalgia, irritable bowel syndrome, and even chronic pelvic pain. I was also intrigued by the summary of different hypotheses for the correlation between pain and depression.

In summary, this book is a useful update for primary care physicians, psychiatrists, residents, and fellows, especially fellows in psychosomatic medicine and consultation services. There are many tables that summarize different studies; the references at the end of each chapter are particularly valuable. The first section is more geared toward primary care medicine and talks about the basics. The latter sections, though, are more in-depth discussions that broaden our understanding of the dual relationship of the mind-body link of various chronic illnesses. They help us to differentiate between mood and physical symptoms, which is not always an easy job.

## REFERENCE

1. Feighner JP, Robins E, Guze SB, Woodruff RA Jr., Winokur G, Munoz R: Diagnostic criteria for use in psychiatric research. *Arch Gen Psychiatry* 1972 Jan; 26(1):57-63

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***Law and Mental Health: A Case-Based Approach.*** By Robert G. Meyer and Christopher M. Weaver; The Guilford Press, New York, New York; 2005; ISBN 1-59385-221-5; \$45 (hardcover); 394 pp.

This book is divided into 22 chapters with seven major headings: Basic Court Proceedings, Legal Precedence, Forensic Evaluations, Civil Law, Specific Mental Diagnosis in the Law, Violent Crime and Criminals, and Juveniles in the Legal System.

The chapters address major themes that any study of the interface of law and mental health has to include, namely confidentiality, duty to warn, competency, and informed consent. Each chapter presents landmark cases that set precedence for applying the law. Civil and criminal court proceedings are explained along with jury selection, sex offender laws, and the application of laws in cases involving juveniles.

It introduces the reader to some of the lingo relevant to understanding the practice of law, such as "Frye Standards" and "Batson Objection" and the origins of it. Widely known laws such as Megan's Law are included as illustration to some of the difficulties of applying the law in some cases without creating situations that could be challenged by appeals to a Supreme Court review. All this is achieved while keeping an objective view in presenting both sides of any argument.

The reader will benefit from special chapters on criminal psychological profiling, the death penalty, and whether addiction should be addressed as a mental health issue vs. a legal issue, or both.

The book is well written and readers will find it easy to read with a natural flow of information and an abundance of examples that solidify and clarify the points and arguments made. I particularly appreciate the authors' style of presenting information in an interesting format that grabs the reader's attention rather than just list one fact after another, and I found myself reading every chapter without skimming, skipping, or taking breaks.

I would recommend "Law and Mental Health" to anyone interested in mental health in general and forensics in particular, as well as those who intend to embark on a practice of the law. With the criminalization of the mentally ill and the medicalization of criminals and their offenses, this book enriches the ongoing exchange of information between the fields of law and mental health.

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***Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians.*** By James Morrison; The Guilford Press, New York; 2006; ISBN 10: 1-59385-331-9; \$36 (hardcover); 316 pp.

Dr. Morrison has written other books on similar topics—*DSM-IV Made Easy*, *The First Interview*, etc. This gives him a lot of familiarity with the concepts involved, and it shows in the relaxed, almost conversational style of his writing. The book is divided into three parts: the basics, building blocks, and applications. The first section begins with a case description, to which the author refers from time to time as the book progresses. In fact there are multiple brief case vignettes throughout the book. Dr. Morrison offers a "roadmap" for mental health diagnosis—an algorithm for managing diagnostic data in blocks. He talks about decision trees, managing conflicting information, dealing with the uncertainty of too little

data, and the “multiple diagnoses” we have had a greater tendency to give our patients since DSM-III was published.

His “building blocks” segment discusses understanding the patient as a whole person with a developmental focus. It goes on to stress the importance of considering general health, drugs, and medication effects on patient symptom presentation, concluding with a chapter on the role of the mental status examination itself in the diagnostic process. Dr. Morrison emphasizes the “slice” or “cross-sectional” view of the patient that one sees in this type of exam—and therefore, again brings up the importance of historical information for proper interpretation of the information gleaned using the mental status.

The final portion of the book looks at several specific diagnoses and how they manifest themselves—mood disorders, anxiety, psychoses, cognitive disorders, addictions, and personality disorders along with relationship problems. He includes a chapter on issues of compliance and safety—suicide and violence—and concludes with a collection of additional case vignettes to demonstrate the elements of diagnosis and how the author would approach diagnosis.

The book closes with a listing of references and additional readings, followed by a subject index. There are tables throughout. The front endpaper of the book has a reproduction of the diagnostic “roadmap” and the rear endpaper lists 24 principles of diagnosis with page numbers to refer back to the more complete discussion of each.

As I began reading through Dr. Morrison’s book, I thought to myself, “How simple – how elementary.” However, the longer I read, the more I realized that, although his principles might seem simplistic, they were much more detailed as a whole than today’s usual diagnostic work ups—and his method gives promise of providing a clearer understanding of patients if used carefully and completely. After all, he promised to make diagnosis “easier” in the title! In short, this is a book from which both experienced and beginning clinicians could benefit—perhaps entry-level clinicians more, simply because they would not have to “un-learn” so many bad habits and they would find every paragraph informative. I would include any mental health provider group as a possible audience—psychiatrists, psychologists, social workers, mental health nurses, and perhaps even marriage and family therapists. This is a book about the *process* of diagnosis, and it covers its subject matter thoroughly and thoughtfully.

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***Juvenile-onset Schizophrenia: Assessment, Neurobiology, and Treatment.*** Edited by Robert L. Findling and S. Charles Schultz; Johns Hopkins University Press, Baltimore, Maryland; 2005; ISBN 0-8018-8018-1; \$49.95 (hardcover); 311 pp.

In the past century, the scientific study of schizophrenia has swung back and forth between explanatory models that favored

both nature and nurture. While it was always assumed that the illness had a biological substrate, the initial approach, based in psychoanalytic theory, was heavily slanted towards nurture rather than nature. In the second half of the 20<sup>th</sup> century, as an improved understanding of the role of neurotransmitters and advances in the world of genetics seemed to offer hope of cure, the pendulum swung toward favoring a biological theory of schizophrenia. Today, we suspect that the development of schizophrenia is a prime example of the interaction between nature and nurture and that within that paradigm, more than one pathway may be implicated in its genesis.

*Juvenile-Onset Schizophrenia* offers an intriguing insight into current thinking about schizophrenia and applies it to the population that remains most mysterious and most unexplored—youngsters who develop schizophrenia in childhood and adolescence. As a sub-group, these patients are of greatest concern because the illness deals a far-reaching blow to their functioning and capacity to recover.

An edited text with contributions from experts in the field, this volume presents clearly and fully most recent research and theory about the neurobiological, neuropsychological, and genetic factors that might be predictive of the illness. Most of the authors take a developmental view, and thus even though we know less about youths than we know about adults with schizophrenia, the models presented offer a roadmap that may accommodate newer discoveries when they are made.

The vulnerability-stress model is emphasized throughout the text, but the writing on the psychological, social, and environmental factors (stressors) and their effect on the brain and symptoms of the illness is less complete. There is more information about evidence-based psychosocial treatment than there is about the risk factors in the social environment. Large areas of inquiry are missing, such as research on the role of childhood physical and sexual abuse or neglect (1–3), and substance misuse (4), which are a well-documented part of the schizophrenia literature. These factors are especially relevant to young persons because trauma and substance misuse interfere with development and are known to affect the functioning of the brain.

We are introduced to the field of juvenile-onset schizophrenia in the first chapter which gives a very complete literature review on the epidemiology, premorbid characteristics, and co-occurring difficulties present in adolescents with schizophrenia. A careful differentiation from other conditions such as bipolar disorder, major depressive disorder, substance or illness induced psychosis is made in order to demarcate adolescent schizophrenia in its own right. What follows in chapters two through seven are up-to-date research-informed chapters on possible biological, neurodevelopmental, and genetic explanations of the way in which normal development might go astray and result in a serious psychiatric disorder which primarily affects the prefrontal cortex, but other areas of the brain as well. These chapters describe complex phenomena with such clarity and simplicity that a non-neuroscientific clinician can follow and understand the basic premises of the proposed theories. Particularly well written is a chapter which suggests that