

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 20th 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

glutamate deficiency at different points in development may provide a unitary hypothesis of schizophrenia, and a chapter on neurobiological development with an emphasis on the vulnerability of the prefrontal cortex during the long formation of its structure and functions. Chapters on brain imaging, neuropsychological factors, and neurophysiology in the course of development raise the reader's awareness of the many ways in which students of schizophrenia can approach the disorder in hopes of providing an explanatory model.

Chapters eight through thirteen are focused on the precursors of schizophrenia in childhood and adolescence, the prodromal period and medical as well as psychosocial treatments. A chapter on "Development during Childhood and Adolescence: The Manifestations of Impending Schizophrenia" provides a comprehensive overview of neurobehavioral, cognitive, and psychosocial difficulties of children who later develop schizophrenia. The authors point out that existing 'follow-back' studies show similar results to those of high-risk prospective studies in tracing adolescents' earlier difficulties. The follow-back studies provide evidence for an accelerated decline in functioning in early adolescence. A chapter on the prodrome describes its characteristics, assessments, and interventions aimed at prevention of psychosis. Several case examples illustrate successful treatment outcomes.

A chapter on other psychotic disorders is followed by chapters on pharmacological, psychotherapeutic, school and group psychosocial interventions. In their review of studies on the use of typical and atypical antipsychotic medications with children and adolescents, the authors remain cautious. The concern with typical antipsychotics is their sub-optimal therapeutic value, tardive dyskinesia, and significant extrapyramidal side-effects. Atypical antipsychotics have side effects such as weight gain and metabolic syndrome, and to a much lesser degree, tardive dyskinesia. In general, there is not enough information about the long-term effects of the use of these medications, and the authors call for prospective studies, which would help steer medication treatment for young people with early-onset of schizophrenia.

The final two chapters touch on all the up-to-date psychosocial treatment research and outline a compendium of tools proven valuable in the treatment of schizophrenia. The authors emphasize that interventions have been developed primarily for adults and that they would have to be adapted to the needs of younger patients. Interventions included are evidence-based or under study and include individual and family psychoeducation, social skills training, cognitive therapy, and adherence coping therapy. They point to the need to arrange treatment in a phase specific fashion. It is a concept developed in Hogarty's cognitive enhancement therapy (highlighted by the authors), which is based on the recognition of differing cognitive and psychological capacities of patients during particular phases of recovery. Hogarty's cognitive enhancement therapy may be especially well suited for work with youngsters because it is based on developmental theory and compares cognitive and

emotional deficits of schizophrenic patients to early adolescents' view of themselves and the world.

Juvenile-Onset Schizophrenia would enhance the working knowledge of any clinician who works with severely mentally impaired youth. In order to arrive at an accurate diagnosis and provide appropriate care, both medical and non-medical professionals should be familiar with the neurobiological as well as psychosocial aspects of schizophrenia. The developmental approach of all the contributors to this text will be particularly valuable and pleasing to clinicians who work with youth. As mentioned above, a more balanced view that would include research on the psychosocial stressors associated with greater prevalence of psychosis would have been worthwhile. Perhaps the pendulum is still in motion.

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Treating Self-injury: A Practical Guide. By Barent W. Walsh, PhD; The Guilford Press, New York, New York; 2005; ISBN 978-1-59385-216-0; \$35 (hardcover); 317 pp.

"Self-injury is separate and distinct from suicide, is not about ending life but about reducing psychological stress, and is often a strangely effective coping behavior, albeit a self-destructive one." So begins this short but comprehensive textbook on self-injury by Barent W. Walsh, Ph.D., Executive director of the Bridge of Central Massachusetts, a center for treating the mentally disturbed of all ages. Dr. Walsh has been involved with evaluating, treating, and investigating self-injured individuals for over thirty years. The incidence of such behavior has been increasing as 18% of Massachusetts high school students report trying it during the past year. According to Dr. Walsh, this rise is not confined to those with severe psychiatric illness (e.g., eating and mood disorders, post traumatic stress, personality disorders or psychotic disorders) but is seen