

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

in otherwise healthy individuals who utilize this technique to relieve stress.

Dr. Walsh clearly distinguishes self-injury from suicidality and body altering (e.g., tattooing and ear piercing). He defines self-injury as intentional, self-inflicted, low-lethality bodily harm of a socially unacceptable nature performed to reduce psychological stress. He uses the term self-injury instead of self-mutilation to avoid the prejudicial connotations of the latter term.

The book is divided into three parts—definition and contexts, assessment and treatment, and specialized topics. Starting with the above definition of self-injury as distinct from suicide, Dr. Walsh expands this to include both direct and indirect self-harm (e.g., medication non-adherence, risk-taking behavior, and substance abuse) and provides a useful checklist of items to be considered when evaluating patients. Vignettes clearly illustrate the points he is making. I found the case presentations at the beginning of this section quite helpful in illustrating the spectrum of self-injury patients from those with complex psychological backgrounds to “ordinary” adolescents from stable environments.

Part II is the core of the book. Dr. Walsh uses the bio-cognitive-social model to describe five dimensions of self-injury—environmental, biological, cognitive, affective, and behavioral. He assesses each patient in each dimension and integrates them to provide the foundation of treatment. His initial approach avoids suicidal language or confrontation since he views the patient as neither attention-seeking nor manipulative. Instead, he takes a low-key, calm and non-judgmental, compassionate approach emphasizing respectful curiosity and avoiding intense reaction, fear, shock, or condemnation (frequent therapist reactions to this disturbing behavior). Dr. Walsh then details a cognitive-behavioral evaluation that addresses the five dimensions and provides guidance for detailed assessment of each. Each dimension is explored as to antecedents, the actual event and its aftermath or consequences of the use of the self-injury act. This behavior analysis forms the basis for specific therapies including contingency management, contracting for safety, teaching replacement skills, and relaxation techniques. Subsequent chapters describe cognitive therapies to target thoughts, assumptions, and basic beliefs that led to the act and challenges them. Charts and case illustrations serve to demonstrate the author’s techniques to modify the patient’s cognitive distortions. Other chapters focus on the patient’s negative body image and exposure techniques for post traumatic stress and how to integrate them with other techniques described. Management

of family, therapist, and other caregiver feelings and reactions to the patient are explored. Becoming aware of negative counter-transference of the therapist helps to demonstrate difficulties encountered while dealing with these patients and improves the therapeutic relationship.

The final section discusses various topics, e.g., contagion in self-injury, managing self-injury in the school setting (which includes a protocol that can be implemented by school authorities), and dealing with patients who resort to more serious forms of self-harm (e.g., genital amputation or eye enucleation), yet who still do not intend to die. Such patients frequently suffer from co-morbid psychotic or severe personality disorders. A brief but pertinent chapter on pharmacologic treatment by Gordon Harper, M.D., echoes the biological origins of self-injury described by Dr. Walsh and provides current knowledge about medication augmentation of therapy. In keeping with the theme of the book, Dr. Harper is quite circumspect as to the usefulness of drugs, emphasizing that there is no magic bullet for a cure.

The book concludes with a short summary of breathing techniques, body attitude scales, useful websites on the subject, and a bill of rights for patients outlining the treatment they deserve and should expect to receive. An extensive list of references completes this text.

Dr. Walsh has written an extensive, easily-read guide for understanding, evaluating, and treating individuals who deliberately harm themselves. Since he has devoted most of his professional career to these patients, he presents a practical, detailed guide based on his seasoned exposure. He emphasizes the problems involved for the patients, their families, acquaintances, and the therapists who treat them. This is enhanced by pertinent vignettes as well as charts and diagrams to assist in planning for and treating these complex patients. It is written in an easy-flowing, non-technical style that can prove to be immediately useful during the therapy. Although written primarily for therapists, the book will be helpful to all who come in contact with individuals whose behavior involves inflicting injury on themselves—family, friends, teachers. It provides an understanding and appreciation of their suffering as well as a means to help them. I recommend this volume to anyone who has contact with this growing group of patients.

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