diagnosis and treatment of secondary mania. Chapters 6 to 10 address the aspects of psychosocial intervention, adherence to treatment, substance abuse, medical comorbidities, and cultural factors that can affect the diagnosis and treatment. Chapters 11–13 focus on specialized care delivery, evidence based treatment, legal and ethical issues in research; addressing issues like advanced directives for research and surrogate consent.

There is overlap and repetition of information between different chapters of the book. On the other hand, the useful side is that the book is drawing attention to the incidence of new onset BD in late life and the fact that it is not as rare as previously thought. Research in this area is important, not only because there is limited data, but also because it provides several unique advantages. After all, studying this population allows for studying a life-long course that has unfolded. It also gives a more complete genetic picture of inheritance, as there will be more data on first degree relatives such as children and siblings.

**REFERENCE**


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Dialectical behavior therapy (DBT) sprouted from Marsha Linehan’s way of applying cognitive-behavior therapy to individuals with suicidal and self-injurious behavior. Not only has DBT demonstrated efficacy in randomized clinical trials for reducing suicidal behavior and hospitalizations of suicidal patients with borderline personality disorder (BPD), but also there is no other treatment that has such strong data of efficacy in this group of patients.

This book, by Drs. Miller, Rathus and Linehan, developed from Miller and Rathus’ application of a modified version of Linehan’s DBT for adolescents with suicidal behavior. They used their work to implement a pilot study with inspiring results. This is a very important area since suicides in adolescents have become the third leading cause of death in this population. Whether this modality decreases suicides remains to be determined.

Throughout the book (and in Linehan’s own work), sometimes these patients are referred to as “multi-problem suicidal adolescents.” It is not intended that they are “problematic” to the therapist, but rather that the risk of suicidality increases with the number of risky behaviors or “problems” these adolescents exhibit.

The book is divided into 12 chapters. The first chapter describes some definitions, specifies the problem behaviors as violence, drinking, illicit drugs, smoking, high risk sexual behavior, disturbed eating, etc. They discuss that suicide risk doubles for one problem behavior, becomes 8.8 for two, and up to 277 for six of these behaviors. They discuss also other risk factors for suicide and the overlap between suicidal behavior and BPD.

Chapter 2 discusses that there is no effective treatment that is well established to reduce risk of suicide other than lithium (1) and clozapine (2), but again, these medications are not usually helpful for individuals with BPD. This is also complicated by the fact that suicidal patients are usually excluded from medication treatment trials. Linehan describes her findings (3,4) that DBT approach reduces suicidal attempts and self-injurious behavior (completed suicides not mentioned) compared to treatment as usual, even without being more effective in reducing depression. This, of course, has favorable clinical and health cost benefits.

Chapter 3 describes that DBT is not only dialectical, as the name implies, but consists of three components: behavioral, mindfulness and dialectical. It also discusses treatment stages, targets and strategies. Chapter 4 describes the structure of the program and how to tailor the original DBT to be helpful for adolescents. Chapter 5 depicts the dialectical dilemmas faced by adolescents and supported by clinical vignettes. Chapters 6 to 12 go through the process of therapy in great detail, from assessing suicide risk and choosing appropriate candidates to orienting adolescents and their families about the treatment. It describes the importance of family involvement, goes through the nuts and bolts of the skill training and the individual therapy, assessing progress and terminating treatment with preparation of a graduate group.

The book is a good outline of the theory and application of DBT in adolescents, which is helpful for psychologists and psychiatrists who treat adolescents with BPD or “multiproblem suicidal adolescents.” I believe it would help therapists who already do DBT and would like to learn more about applying it to this specific population, as well as newcomers. This would be specifically helpful to residents and interns. Trainees commonly find these patients fascinating and are eager sometimes to treat a higher share of these patients. BPD can masquerade as a large number of psychiatric disorders and can be challenging to the inexperienced treater. After multiple sessions and/or a long list of psychotropic medication trials, the treater gets frustrated or just gives up or in to the pressure/temptation to prescribe sedatives with little or no scientific evidence for the use of most psychotropic medications. For training purposes, *I Hate You, Don’t Leave Me* (5) would be a great complementary book to this one in understanding how these patients feel and the effects of the disorder on family and friends.

One limitation, however, is that most chapters are a little too detailed, especially for the novice, and I believe a
focused version would be more useful. Another editorial point is that although this is a great model of treatment which fills the gap in an area where almost nothing else does work, it should be noted that it has not been definitively proved by randomized clinical trials in the adolescents as it has in the adult population, where Linehan’s original DBT has proven effective for decreasing suicidal behavior and hospitalizations.

REFERENCES


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