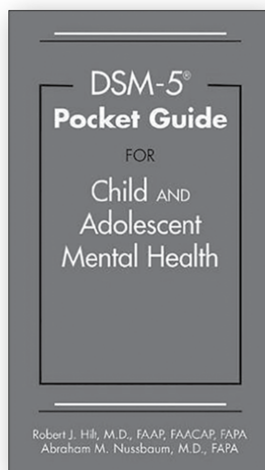
BOOK REVIEWS

# DSM-5 Pocket Guide for Child and Adolescent Mental Health



By Robert J. Hilt and
Abraham M. Nussbaum;
Arlington, Virginia; American Psychiatric
Association Publishing, Inc.; 2016;
ISBN 978-1-58562-494-2; pp 355;
$65 (paperback).

DSM-5 has ushered in many changes in the diagnosis and treatment of mental illness. Child and adolescent patients in particular may be the group most affected by the changes of DSM-5. Although practicing psychiatrists have had the past 3 years to adapt their clinical care of patients to the lifespan philosophy of mental illness set forth in DSM-5, practitioners outside the field of mental health may not be so informed. *DSM-5 Pocket Guide for Child and Adolescent Mental Health* by Robert J. Hilt, MD, and Abraham M. Nussbaum, MD, serves as a pragmatic guide for practitioners who want to gain a deeper understanding of child and adolescent mental health. Using their clinical experience, Drs. Hilt and Nussbaum put together a companion to DSM-5 targeted at translating the diagnostic criteria into practical guidance for the diagnosis and treatment of youth in various settings.

The book begins with a brief introduction to the diagnosis and treatment of young people. The authors provide concrete suggestions for building therapeutic alliance with children and adolescents, including specific statements and strategies that many providers would appreciate. They emphasize a developmentally sensitive approach to assessment and diagnosis. The text includes user-friendly tables that list potential diagnostic considerations for different presenting concerns with suggested screening questions. The following chapters provide useful advice on how to conduct a 15-minute or 30-minute pediatric diagnostic interview appropriately. Other highlights include a stepwise approach to differential diagnosis, specific rating scale suggestions that can aid in the diagnostic process, and a review of normal developmental milestones. The final chapters provide a brief review of mental health treatment planning and specific bio-psycho-social interventions.

Throughout the text, several core tenets of child and adolescent psychiatry are emphasized: the developmentally sensitive identification of symptoms, the consideration of environmental and family factors, the importance of evidence-based psychotherapy and social interventions for any young patient, and the judicious use of medications in this vulnerable population. As a resource for primary care physicians, residents, medical students, and other providers who may encounter youth with mental health illnesses, this text succeeds in its mission to provide practical guidance for the appropriate care of children and adolescents. The inclusion of multiple tables and sample questions contributes to an easy-to-use feel that beginning practitioners will appreciate. I plan to add this pocket guide to my suggested reading list for residents and medical students completing their child and adolescent psychiatry rotation with me, and am confident that they will find it a go-to resource.

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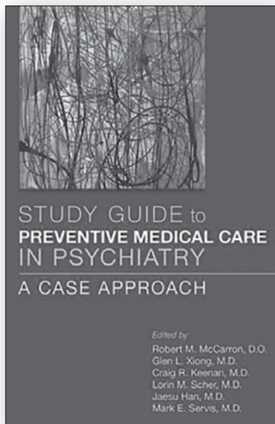
BOOK REVIEWS

# Study Guide to Preventive Medical Care in Psychiatry: A Case Approach



Edited by Robert M. McCarron, Glen L. Xiong, Craig R. Keenan, Lorin M. Scher, Jaesu Han, and Mark E. Servis; Arlington, Virginia; American Psychiatric Association Publishing, Inc.; 2017; ISBN 978-1-61537-057-3; pp 313; $59 (paperback).

This study guide is a complementary text to the book *Preventive Medical Care in Psychiatry: A Practical Guide for Clinicians* (previously reviewed in this journal[1]). The intent of this text is to "help readers synthetize and understand material in the source book" (p xv), which seems like a good idea for adult learners, especially as the book "highlights the most important topics with practice questions that are not available in the source book" (p xv) and provides good discussion and explanation of all answers.

The volume is divided into 2 parts: *Study Questions* and *Answer Guide* (not everyone may like going back and forth in the book, but there is probably no better solution). The individual chapters of both parts cover areas from general principles of preventive medical care in psychiatry, such as medical comorbidities and behavioral health, and cultural considerations in psychiatry, through cardiovascular and pulmonary disease, infectious diseases, oncology to geriatric preventive care, child and adolescent preventive care, and pain medicine in the psychiatric patient population. Most of the questions are well written and straightforward, as are the answers. (There are, of course, some exceptions; I do not believe that most patients would know how to answer questions such as "For you, what are the most important aspects of your background and identity?" [p 15]). Occasionally, answers assume too much, in my humble opinion (eg, I don't know whether varenicline is less likely to precipitate mania than bupropion, as noted in 1 answer about tobacco dependence treatment.). However, those are minor issues, which are outweighed by a large amount of important, practical, and well-organized information, including a table of important drug–drug interactions between psychiatric and HIV medications and an overview of recommended adult immunization schedule—something many general psychiatrists probably do not know much about, yet should be encouraging their patients to follow.

The chapter on pain medicine was a bit over inclusive. I was unable to decide among some special interventional procedures for back pain (transcutaneous electrical nerve stimulation vs epidural steroid injection vs trigger point injection vs radiofrequency ablation). On the other hand, the answer to this question was informative and educational.

In general, this is a good study guide for anyone interested in learning about medical care that should be provided to psychiatric patients. The question and answer format forces the learning in a more active format than just reading the original text. The cases are typical of what one sees in general psychiatric practice. The questions and answers do what they intend to do: illustrate patient management, comorbidities, and treatment guidelines. All the answers are well referenced. This book is not meant to be a stand-alone text, yet one can learn a lot from it without necessarily referencing the source book. It is a good teaching tool for psychiatry residents and medical students. Publishing study guides seems to be a novel idea of some publishing companies, a good idea whose time has come.

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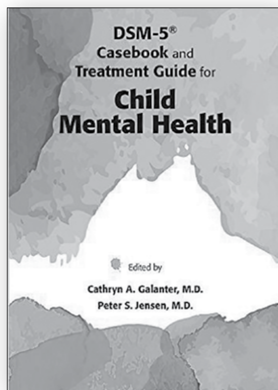
**DISCLOSURE:** Dr. Balon is a member of the American Psychiatric Association Publishing editorial board.

REFERENCE

1. Balon R. Preventive medical care in psychiatry: a practical guide for clinicians. Ann Clin Psychiatry. 2015;27(3):227-228.

BOOK REVIEWS

# DSM-5 Casebook and Treatment Guide for Child Mental Health




Edited by Cathryn A. Galanter, and Peter S. Jensen; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-58562-490-4; pp 452; $79 (paperback).

Numerous educational reviews support the use of patient-centered case studies as an educational tool. Case-based learning promotes critical thinking and reflective judgement. The editors of *DSM-5 Casebook and Treatment Guide for Child Mental Health*, Cathryn Galanter, MD, and Peter Jenson, MD, see the text as a tool that clinicians can use to improve the mental health care provided to children. They note that of the rate of mental health illness in children and adolescents in the United States is approximately 20%, and that >75% of those youth do not receive specialty services (xxxiii). Drs. Galanter and Jenson called on >130 colleagues to contribute to a collection of 29 cases—all of which are realistic representations of common challenges faced by mental health practitioners working with children and adolescents.

Each case presentation is followed by discussion including both a psychotherapeutic perspective and a psychopharmacologic perspective, written by leaders in the field of child mental health. Cases in the first section are straightforward diagnostically, and the following perspectives highlight the experts' conceptualization and treatment recommendations. The second section introduces cases with a diagnostic dilemma or comorbid diagnoses. A compilation of challenging cases and a group of cases where the child is in crisis rounds out the case presentations. The book concludes with a discussion of diagnostic and treatment decision making. Although many of the cases are the same as those presented in *DSM-IV-TR Casebook and Treatment Guide for Child Mental Health*,[1] the discussions have been updated to incorporate changes from DSM-5 and new advances in evidence-based assessment and treatment.

*DSM-5 Casebook and Treatment Guide for Child Mental Health* is an excellent educational tool not only for educators, but for clinicians and trainees of any discipline who may treat children with psychiatric illnesses. The cases all reflect aspects of true-to-life clinical encounters. The perspectives highlight the subjective nature of our field; even the experts often vary in the specifics of diagnoses and treatment plans. What makes the book unique is the commentary that follows, including the individual conceptualization of cases and reviews of the evidence base. For trainees, the book goes beyond the typical problem-based, question-and-answer approach to learning, encouraging them to think about their case formulation and modeling a preferred standard for case conceptualization, diagnosis, and treatment plan.

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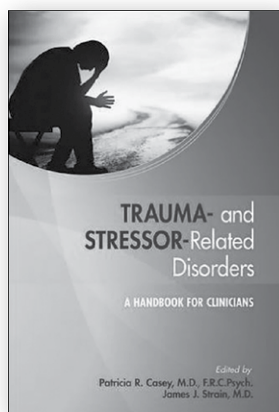
REFERENCE

1. Galanter CA, Jensen PS, eds. DSM-IV-TR casebook and treatment guide for child mental health. Arlington, VA: American Psychiatric Publishing, Inc; 2009.

BOOK REVIEWS

# Trauma- and Stressor-Related Disorders: A Handbook for Clinicians




Edited by Patricia R. Casey and Jams J. Strain; Arlington, Virginia; American Psychiatric Association Publishing, Inc.; 2016; ISBN 978-1-58562-505-5; pp 280; $61 (paperback).

In a way, trauma- and stressor-related disorders occupy the "borderland" between what is considered a normal reaction to stress and (major) mental illnesses. Their inclusion in diagnostic systems has been subject of debates and challenges by both proponents and opponents of what some call pathologizing of states considered normal (whatever "normal" means). Nevertheless, addressing and clarifying issues related to these "borderland" states is clinically important. As Herbert Pardes points out in the Foreword to this small volume, "Distinguishing between normal and pathological responses has long been a challenge for people in the field of psychiatric medicine. When is grief, a pervasive phenomenon, so severe so as to be considered pathological? When is therapeutic intervention indicated? Is there a neurobiological similarity between minor disorders and major disability?" (p xiii).

DSM-5 reclassified various disorders, including trauma- and stressor-related disorders, which include reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder (ASD), adjustment disorders, and other specified trauma- and stressor-related disorders and unspecified trauma- and stressor-related disorders. "The trauma- and stressor-related disorders are grouped together because each of them requires a stressor or traumatic stressor for diagnosis. In no other set of DSM-5 diagnoses is a stressor required as an etiological agent, although stress may be involved with the precipitation or occurrence of some disorders (eg, major depressive disorder)" (p xv). This is, in a way, a novel concept. Another new concept is the inclusion of adjustment disorders in this group, which was "orphaned in its own category" (p xv) in previous DSM editions. The requirement of a stressor as an etiological agent adds "considerable controversy to these diagnoses: First, when is an event a stressor to an individual, and furthermore, when is the stressor considered traumatic? Second, what influence does the culture of the patient exact on the experience of an event as a stressor" (p xv).

This book, edited by 2 experts in the area, Drs. Casey and Strain, tries to answer some of these questions and reviews the diagnostic category and related issues for adults (ie, reactive attachment disorder and disinhibited social engagement disorder are not discussed here). The chapters cover issues, such as the borderline between normal and pathological responses; limits of the phenomenological approach to the diagnosis of adjustment disorders; conceptual framework and controversies in adjustment disorders; adjustment disorders; ASD; PTSD; disintegrated experience; persistent complex bereavement disorder; therapeutic adaptations of resilience; medical-legal aspects of trauma- and stressor-related disorders; and International Classification of Diseases-10, International Classification of Diseases-11, and DSM-5.

The first 3 chapters, with their focus on theoretical issues and concepts, constitute a long introduction to this area and the entire book. The most interesting chapter of these 3, on the borderline between normal and pathological, discusses zones of rarity (the cleavage that separates various diagnostic categories from each other and from normality) and points out that in psychopathology clear demarcation between various disorders (eg, between adjustment disorder, major depression, and generalized anxiety disorder) does not exist. It also addresses the "false-positive" dilemma and consequences of giving a false diagnosis to individuals

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without a mental illness (eg, medicalization of ordinary suffering; the use of pharmacological and psychological interventions for emotional responses when none are needed, because these reactions are self-limiting; the possible stigmatization of receiving a diagnosis of mental illness; the possible implications for individuals newly seeking health insurance; and possible inflation of prevalence data in epidemiological studies). The text also emphasizes the need for a description of ordinary responses to major stressors as well as to life cycle transitions to help with distinguishing between normal and pathological. Further issues covered in this chapter include the distress-impairment criterion, symptom number and duration criterion, utility, subthreshold disorders, the dimensional approach and the importance of clinical judgment. The chapter also points out that "the hope that psychobiological measures distinguishing some disorders would assist in the development of DSM-5 has not been realized" (p 20). The chapter on conceptual framework of these disorders points out that the diagnosis of adjustment disorder "requires the presence of a significant but not necessarily traumatic stressor, dysfunction, and dysphoria in excess of what would normally be expected in the patient's culture" (p 54).

The following 3 chapters present fairly standard, yet interesting reviews of adjustment disorders, ASD, and PTSD. Although these chapters are filled with a lot of data, I would have welcomed more clinical experience and recommendations. For example, the chapter on adjustment disorders lists a host of treatments for these disorders: brief psychotherapy, interpersonal psychotherapy, mirror therapy, psychotherapy for the elderly, support groups, eye-movement desensitization, occupational intervention, cognitive-behavioral approach, problem-solving approach, brief dynamic and brief supportive therapy, and pharmacotherapy (second-line treatment); however, one is left unclear as to what and how to select and proceed. I also missed one of a few interventions I occasionally use for these disorders: medical leave of absence for a limited time.

The following 2 chapters review 2 areas not officially included in this group of disorders: disintegrated experience (these entities, dissociative identity disorder, dissociative amnesia, and depersonalization disorder, are included in DSM-5 category of dissociative disorders, with the exception of dissociative subtype of PTSD), and persistent complex bereavement disorder (listed in DSM-5 among conditions requiring further study).

The last 3 chapters focus on diverse topics. Probably the most interesting and clinically useful chapter of this book focuses on therapeutic adaptation of resilience. The chapter discusses in detail the components of psychosocial factors promoting resilience in individuals, such as optimism, cognitive flexibility, physical health, active coping skills, social support network, and personal moral compass, and techniques to facilitate these factors (eg, practice facing one's fears, engaging in behavioral activation, connecting with a resilient role model, engaging in altruistic behavior, engaging in activities and goals that yield purpose and meaning in life, and asking for and seeking help and resources). The chapter on medical-legal aspects discusses capacity evaluations, informed consent, confidentiality, dual loyalty, malingering, the use of questionnaires, and the role of the psychiatrist as a witness in court proceedings. Here, the table on diagnosing malingering in clinical practice with its 13 recommendations seems clinically useful. The chapter on 3 different diagnostic systems basically is a comparison of the existing and proposed criteria and changes in categorizing of trauma- and stressor-related disorders.

This is an interesting and thoughtful volume. It reviews an important and frequently not well-addressed topic quite well. It includes good illustrative case vignettes. However, it seems to me that it attempts to address too much, which, at times, hinders its usefulness in clinical practice. Nevertheless, it is a good read and it does a good service, especially to adjustment disorders and resilience—topics that usually have not been well-addressed.

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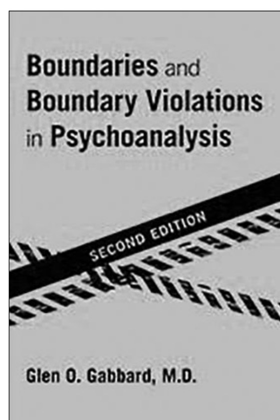
BOOK REVIEWS

# Boundaries and Boundary Violations in Psychoanalysis. Second Edition




By Glen O. Gabbard; Arlington, Virginia; American Psychiatric Association Publishing, Inc.; 2016; ISBN 978-1-61537-017-7; pp 223; $69 (paperback).

Boundary violations, such as a sexual relationship with a patient, accepting gifts from patients, friending a patient, or a business relationship with a patient, have been a serious problem in medicine, psychology, social work, counseling, and other disciplines. Studying and fully addressing these behaviors is difficult because the frequency of boundary violations is unknown and the perpetrators usually do not report it voluntarily. Boundary violations (not necessarily boundary crossings) are considered unethical and usually violate professional organizations' ethical standards, although their investigation is frequently left to state medical boards.

Psychoanalysis has been, in a way, the forefront of our attempts to understand boundary violations for various reasons. As Glen Gabbard, MD, notes in the Preface to his book, boundary violations in psychoanalysis have been known, although not always fully appreciated, from the inception of psychoanalysis. As he writes, "... boundary violations are the Achilles' heel of our profession, tarnishing the image of psychoanalysis and raising questions in the minds of potential psychoanalytic patients about what we are up to" (p ix). At least, as Gabbard suggests, boundary violations are not a taboo topic anymore and "... the field has adjusted to the notion that psychoanalysis is plagued with both sexual and nonsexual boundary violations" (p ix).

Gabbard seems to be especially qualified to explore the area of boundary violations. Not only has he written numerous articles and the first edition of this book >20 years ago,[1] but he also has treated, evaluated, or consulted on >300 cases involving boundary violations of psychoanalysts, psychotherapists, and other helping professionals (p ix).

In addition to the Preface, the book consists of 11 chapters addressing the analytic frame, analytic boundaries, and the analytic object; the early history of boundary violations in psychoanalysis; sexual boundary violations; the role of suicidality in sexual boundary violations; nonsexual boundary violations; the fate of the transference; post-termination boundaries; boundaries in cyberspace; boundaries in psychoanalytic supervision; institutional involvement; and prevention.

In the chapter on the analytic frame and analytic boundaries Gabbard writes that the term "boundary" has become intimately related to a number of controversies in psychoanalysis, such as abstinence, neutrality, optimal gratification, countertransference enactments, and self-disclosure by the analyst, as well as transference itself. He also points out that the concept of professional boundaries is "sometimes misconstrued to mean simply an arbitrary set of rules by which ethics committees and licensing boards determine whether or not disciplinary measures are needed" (p 3). The reality is, of course, much more complex. Gabbard further notes, "Clearly, the analyst cannot entirely avoid reacting spontaneously, thereby making strict neutrality in the classical sense impossible to achieve...." (p 10), and "... participation and personal presence of the analyst are always influencing the process, often in ways that are largely unconscious" (p 10). In addition, "Self-disclosure is generally regarded as a breach of an analytic boundary, but ... some degree of self-disclosure is inevitable" (p 11). The text also makes a distinction between boundary violations—"egregious and repetitive ... often not discussed with the patient," and boundary crossings—"... milder in nature and

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occur(ing) occasionally in the course of an analytic treatment" and "... discussable and analyzable" (p 10). The chapter on early boundary violations in psychoanalysis is a fascinating and to a "lay psychiatrist—non-analyst" unknown part of the history of our field. Gabbard discusses a number of well-known cases, such as the Freud-Jung-Spielrein triangle (Sabina Spielrein was a patient and trainee of C.G. Jung, and they were at least emotionally involved); Sandor Ferenczi's involvement with a mother and daughter, both were his patients; Freud's melding friendship and analysis in the treatment of Marie Bonaparte, which included a lot of self-disclosure; and Frieda Fromm-Reichman falling in love with a patient and marrying him. Gabbard writes that Freud was willing "to lift his proscription against analyst-patient sexual relations if the cause of analysis might be advanced as a result" (p 28). Finally, Gabbard writes that, "Blind spots in one analytic generation may well become blind spots in the next. Our emphasis on the historical legacy can be problematic, however, if we misuse it to blame our analytic parents rather than address basic challenges of the analytic situation that transcend time and place" (p 32). As he adds, this chapter provides a powerful historical context that has influenced generations of analysts.

The following chapter on sexual boundary violations points out that it is difficult for analysts to keep their own needs out of the analytic situation, and that analysts may regulate their self-esteem through their work with patients (p 33). Well, who in medicine and other healing professions does not? The relationship between the analyst and the patient is close; they may see each other 5 times a week for a number of years, discussing intimate issues. That certainly creates an atmosphere that may be conducive to more involvement. Gabbard points out, "the psychoanalytic profession has shown a remarkable ability to minimize the harm inflicted on patients by a sexual liaison with their analyst" (p 35), although as Freud already pointed out, patients who were in such a relationship also have extraordinary difficulties in subsequent analytic treatment. Gabbard writes that most psychoanalysts and psychotherapists who have had sex with patients fall into 4 categories: (1) psychotic disorders, (2) predatory psychopathy and paraphilia, (3) lovesickness, or (4) masochistic surrender. He also writes about the role of narcissism in this area. The chapter further discusses these 4 categories and provides a number of clinical vignettes. The next related chapter deals with suicidality in sexual boundary violations (patient suicidality, as pointed out, is an occupational hazard of analysts). The chapter describes various improper arrangements by analysts that lead to profound violations and then to suicidality and suicide of the patient involved. The chapter also discusses the omnipotent striving to heal patients and the devastating impact of patient suicide on analysts (some of whom were seriously considering leaving the profession in the wake of patient suicide, which, in my experience, is not just a psychoanalytic experience).

The chapter on nonsexual boundary violations reviews violations, such as breaches in confidentiality (either to another patient or to a colleague); dual relationships, in which the analyst and patient interact in other settings besides the analytic hour; business relationships; gifts between analyst and patient; and excessive self-disclosure by the analyst about highly personal matters. This chapter also includes a thorough discussion of countertransference enactment. Interesting and important is the next chapter on post-termination boundaries. Gabbard emphasizes, "The appropriate boundaries of the posttermination relationship between analyst and patient have never been consensually defined in psychoanalysis" (p 89). It is important to realize that transference persists beyond termination. Gabbard cites a study, according to which "... thoughts about the therapist or analyst reached a peak during the 5- to 10-year period after termination and ... these thoughts were related to a gradual working through of unresolved transference issues" (p 91). It is important to realize, as Gabbard writes, "Termination is a real loss for both participants" (p 94). Gabbard also discusses the disagreement about the need for an absolute ethical prohibition against sexual relationships with former patients. As he points out, many leading figures of analytic institutes married former patients. Gabbard argues for an absolute prohibition of this relationship, noting professional responsibilities, legal mandates, and, as he adds, "If they cannot keep themselves from sleeping with a former patient, some-

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thing is awry" (p 97). The chapter also discusses nonsexual post-termination contacts. Gabbard concludes that sexual contact with a current or former patient is never acceptable or ethical, and that it is probably a good rule of thumb to let the patient initiate the contact in post-termination phase (some nonsexual contact may be inevitable).

The following chapter on boundaries in cyberspace, an area in which no analyst—and I would say no psychiatrist or therapist—is well trained or educated, is thought-provoking, The chapter points out that e-mails and texts from patients may alter phenomena, such as transference, countertransference (unwanted intrusions), confidentiality, and the nature of psychoanalytic frame. Gabbard focuses on just the implications of the Internet realm and avoids telephone and Skype, as they involve modes of conducting analysis rather than discussing the electronic communications' intrusion into treatment. He discusses the expansion of analytic frame, the unique aspects of e-mail communication, erosion of analytic anonymity (patients come to the first session with a lot of information about the analyst they Googled), searching patients online, and e-mailing and texting. Gabbard points out that, "To a large extent, e-mail is the antithesis of analytic communication. It is characterized by brevity, incompleteness, informality, and haste" (p 116), and also by lack of privacy. He adds that text messages are briefer and faster e-mails and calling them "e-mail on steroids" (p 116). According to Gabbard, "Electronic devices leave us little time to reflect or contemplate … or to develop … an authentic sense of self as we hope our analysands will do" (p 117). I liked the comparison of hand-held devices to a transitional object that has both real and illusory dimensions. Gabbard also discusses what to do about hand-held devices during the session; he lets patients use them, although others insist on patients turning them off.

The chapter on boundaries in analytic supervision point outs that boundaries in supervision are not identical to those in analysis, but overlap. It also reviews boundary issues, such as treat or teach, and the phenomenon of multiple triads. The chapter on institutional involvement review points out that many analysts "… are not aware of the state laws that govern whether or not sexual misconduct must be reported" (p 134). The chapter also emphasizes that analytic organizations must address the patient's needs as comprehensibly as those of the involved analyst. Furthermore, this chapter reviews the assessment and rehabilitation plan, including supervision, personal therapy, assignment of a rehabilitation coordinator, and return to unsupervised practice. The discussion of the impact on the victims' addresses, in addition to the subsequent treatment of victims, also collateral damage, such as the other patients' loss of their analyst and/or candidates in training losing their training analyst.

The final chapter on prevention focuses mostly on the role of regular consultation with a trusted colleague. Gabbard feels that "… the use of regular consultation should be encouraged as part of standard practice, regardless of the level of the analyst's training or expertise" (p 153), although he recognizes that consultation is not a panacea. Resistance to seeking consultation and corruption of the consultation process also are discussed. Some of the examples of corruption of the consultation include the so-called "curbside consultation" (5 minutes in the cafeteria or at a social function) and "consultant shopping."

This is an interesting and, clearly, important book. It is well written and, most of the time, entertaining. Although it is addressing boundaries and boundary violation in psychoanalysis, I believe that every clinician (especially those practicing psychotherapy), would benefit from carefully reading this thoughtful, comprehensive text addressing a topic of utmost importance to all clinicians.

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REFERENCE

1. Gabbard GO, Lester EP. Boundaries and boundary violations in psychoanalysis. New York, NY: Basic Books; 1995.

# BOOKS RECEIVED

**The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.**

**Couples and Family Therapy in Clinical Practice, Fifth Edition**. By Ira D. Glick, Douglas S. Raitt, Alison M. Heru, and Michael S. Ascher; Oxford, United Kingdom; John Wiley & Sons; 2016; ISBN 978-1-11889-725-6; pp 480; $125 (paperback).

**The Paper Office for the Digital Age, Fifth Edition**. By Edward L. Zuckerman and Keely Kolmes; New York, New York; The Guilford Press; 2017; ISBN 978-1-46252-800-4; pp 502; $75.99 (paperback, including CD).

**Improving Mental Health: Four Secrets in Plain Sight**. By Lloyd I. Sederer; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-082-5; pp 160; $29 (hardcover).

**What Your Patients Need to Know About Psychiatric Medications, Third Edition**. By Robert H. Chew, Robert E. Hales, and Stuart C. Yudofsky; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-58562-509-6; pp 463; $97 (paperback).

**Becoming Mindful: Integrating Mindfulness into Your Psychiatric Practice**. By Erin Zerbo, Alan Schlechter, Seema Desai, and Petros Leuvonis; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-075-7; pp 209; $55 (paperback).

**Psychiatric Interview of Children and Adolescents**. By Claudio Cepeda and Lucille Gotanco; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-048-1; pp 502; $79 (paperback).

**Learning DSM-5 by Case Example**. By Michael B. First, Andrew E. Skodol, Janet B.W. Williams, and Robert L. Spitzer; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-61537-0610; p 487; $69 (paperback).

**Clinical Manual of Psychopharmacology in the Medically Ill, Second Edition**. Edited by James L. Levenson and Stephen J. Ferrando; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-1-58562-501-7; pp 836; $84 (paperback).

**Study Guide to Preventive Medical Care in Psychiatry: A Case Approach**. Edited by Robert M. McCarron, Glen L. Xiong, Craig R. Keenan, Lorin M. Scher, Jaesu Han, and Mark E. Servis; Arlington, Virginia; American Psychiatric Association Publishing; 2017; ISBN 978-61537-057-3; pp 313; $59 (paperback).

**Dreamland: The True Tale of America's Opiate Epidemics**. By Sam Quinones; New York, New York; Bloomsbury Press; 2015; ISBN 978-1-6204-0250-4; pp 384; $28 (hardcover).

**Learning to Lead in the Academic Medical Centers: A Practical Guide.** By Jeffrey L. Houpt, Roderick W. Gilkey, and Susan H. Ehringhaus; New York, New York; Springer; 2015; ISBN 978-3-3192-1259-3; pp 219; $54 (paperback).