

Self-Injury in Youth: The Essential Guide to Assessment and Intervention

edited by Mary K. Nixon and Nancy L. Heath;
New York, Routledge, 2008, 398 pages, \$35

Barent Walsh, Ph.D.

In the past decade two forms of “social contagion” regarding the phenomenon of self-injury—such as self-inflicted arm and body cutting, self-hitting, burning, and excoriation—have emerged. The first is an explosion of the behavior itself within previously unknown settings, such as middle schools, high schools, and universities. The second is a related proliferation of book-length publications devoted to the topic. Some of these publications have been memoirs or novels, others have been self-help books, and still others have been scholarly works written for academics or mental health or school professionals.

Editors Nixon and Heath's *Self-Injury in Youth: The Essential Guide to Assessment and Intervention* falls into the third category of these publications. At the outset, it should be said that this book is one of the most important thus far on the challenging subject of nonsuicidal self-injury (NSSI). It is an edited volume with all the benefits and limitations that tend to be associated with such efforts. On the positive side, a wide range of noted experts is represented and these authors speak to very specific topics and areas of expertise. However, the chapters tend to be short, and because of space limitations, few subjects are explored at great length.

Nixon and Heath's definition of self-injury resembles those from many previous authors; it reads: “Non-suicidal self-injury (NSSI) can be defined as purposely inflicting injury that results in immediate tissue damage, done without suicidal intent and not socially sanctioned within one's culture.” Thus this book is about people who deliberately and frequently hurt themselves without suicidal intent.

The book begins with the claim that

it is “unique in the area, being specifically designed for use by professionals across numerous disciplines and settings” and that it is “the first to provide a practical guide for a range of practitioners in a variety of settings who are encountering youth with NSSI.” This claim seems to be a bit overreaching. Several authors have written works regarding NSSI that have had broad applicability across diverse client populations and professionals. Nonetheless, there is no doubt that this book makes a number of significant contributions.

One such example is the chapter by Heath, Schaub, Holly, and Nixon that reviews prevalence studies of NSSI. This contribution is a treasure trove for any graduate student or professional looking for a concise discussion regarding the characteristics of NSSI, past and present. The chapter reviews the extensive empirical literature of prevalence studies (more than 30). The authors note that current evidence suggests that approximately 15% to 20% of adolescents in the community admit to engaging in NSSI at least once.

Another chapter that deserves special mention is the discussion of the functions of adolescent NSSI by Richardson, Nock, and Prinstein. This chapter is an update of Nock and Prinstein's seminal article from 2004. The chapter conceptualizes NSSI as having four functions based on basic behavioral reinforcement principles and presents empirical evidence in support of the model. More specifically, “the four factor functional model” purports that self-injury is initiated and maintained by: automatic- or internal-negative reinforcement (NSSI reduces feelings of anxiety or rage), automatic-positive reinforcement (NSSI produces feelings of euphoria), social-negative reinforcement (NSSI allows a person to escape an uncomfortable social context), and

social-positive reinforcement (NSSI results in a significant-other reconnecting). The most frequently endorsed reason for self-injuring across studies is the function of automatic-negative reinforcement.

It is important that the four-function model is included in this book because it can be especially useful in assessing self-injury. In working with any client, it is very helpful to ascertain whether NSSI is being maintained primarily for internal, affect regulation purposes or by external, interpersonal influences. In the former case, teaching emotion regulation skills can be the appropriate course of action in treatment. In the latter, dealing with social contagion variables may be more to the point.

A pre-eminent strength of this book are the chapters on neurobiology and the use of medication in the treatment of NSSI among youths. These chapters represent the first major update in book form on the biology and psychopharmacology of NSSI since Simeon and Hollander's 2001 book. Although my training in social work does not allow me to critique the medical content of these two chapters, I can say that both chapters are reasonably accessible for the non-medically trained professional.

The chapter by Plener, Libal, and Nixon on the use of medication for NSSI may be the most important contribution in the book. The chapter provides a thorough review of medication studies, which are graded as to methodological rigor. Especially helpful for medical practitioners is the treatment algorithm for adolescents with NSSI. The algorithm presents a decision tree for medication intervention based on axis I disorders, axis II disorders, and nonspecific “cluster symptoms.” This chapter should be required reading for physicians and psychiatrists prescribing medication for youths with NSSI.

The book also provides a complete review of instruments that have been used to measure NSSI. Cloutier and Humphreys evaluate these instruments using criteria proposed by the National Institute of Mental Health

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regarding the “development, selection, and use of instruments for treatment planning and outcomes assessment.” Researchers who want to explore the conundrums of self-injury using valid and reliable instruments will find this chapter especially helpful. Another notable chapter focuses on dealing with NSSI in schools. Lieberman, Toste, and Heath discuss warning signs for NSSI, provide suggestions for teachers in responding to the behavior, review a school protocol, and discuss strategies for preventing social contagion. This chapter is one of the most approachable and pragmatic in the book.

Although this book has a wealth of strengths, like any other, it also has its limitations. I found the chapter on individual psychosocial interven-

tions to be disappointing because of its extreme brevity (16 pages). Although the chapter refers to all the appropriate empirically validated treatments, providing only a single page on motivational interviewing, cognitive-behavioral treatment, and dialectical behavior therapy does not go far in assisting practitioners. Few could read this chapter and proceed with a treatment of NSSI. Although any one book can provide only so much in terms of both rigor and scope, this book is one of the best yet written on the always challenging topic of NSSI. Any researcher who strives to understand self-injury or any practitioner who tries to alleviate self-injury should have this volume close at hand as it is an indispensable reference. '

impairment in daily functioning while interfering with the achievement of developmental tasks. This book gives the reader A-to-Z information, from statistics to interventions. Several chapters include tables, graphs, figures, and flowcharts that clearly display the data and enable the reader to understand the material easily and clearly. The language used in this book is understandable without any extensive knowledge of technical terminology. This book can therefore be read by a diverse readership with clinical, research, and public health interests.

This book will also interest the person who has just stepped into the amazing field of adolescent clinical research. It has a rich bibliography and extensive references to published studies. Ninety percent of the studies referenced are from within the past seven years. It also introduces the reader to current ongoing research projects in the field. At the end of every chapter there is a section called "Future Directions for Research" that stimulates ideas for new research protocols.

Accurate assessment directs physicians toward the best treatment planning and intervention. This book provides an in-depth review of the latest screening measures and treatment interventions. The treatment interventions discussed include both pharmacological and psychological approaches, and those with strong evidence or promise are identified. One more thing that sets this book apart from others of its genre is its insightful coverage of integrated treatment models and how to deal with the complex ethical, legal, and policy issues that arise in the treatment of co-occurring substance use and mental health problems among adolescents.

In summary, adolescent substance use disorders continue to present a challenging public health problem worldwide. The main objective of this book is to address theory and practice pertaining to understanding and improving treatment of psychiatric comorbidity among adolescents with substance use disorders. That objective is 100% achieved.

Adolescent Substance Abuse: Psychiatric Comorbidity and High Risk Behaviors

by Yifrah Kaminer and Oscar G. Bukstein;

New York, Routledge, 2008, 501 pages, \$59.95

Lisa R. Fortuna, M.D., M.P.H.

The book *Adolescent Substance Abuse* by Yifrah Kaminer and Oscar G. Bukstein is a must-have for anyone interested in the most up-to-date knowledge in adolescent substance abuse. Both authors of this text have their main interest and expertise in clinical research, particularly in the assessment and treatment of adolescents with comorbid substance use disorders and psychiatric disorders and other high-risk behaviors. Based on their many years of experience in treatment research on adolescent substance use problems, they have written this highly informative book.

This is likely one of the most comprehensive texts to cover the knowledge base on adolescent dual diagnosis. This book has brought all the critical pieces together, providing an overall picture of the most important comorbid diagnoses associated

with adolescent substance abuse. The book is organized into several sections and starts with etiology, course, assessment, and treatment interventions. The middle section addresses the specific comorbid psychiatric disorders (depression, bipolar disorder, attention-deficit hyperactivity disorder, obsessive-compulsive disorder, schizophrenia, post-traumatic stress disorder, anxiety, and eating disorders) as well as other high-risk behaviors (gambling and suicidal or nonsuicidal self-harm behaviors). Finally, the last section talks about the integration of services for adolescent substance use disorders and mental health problems, as well as ethical, legal, and policy issues in the treatment of dual diagnoses among adolescents.

Adolescence is the developmental period during which experimental use of substances is considered normative in today's society. However, substance use puts millions of adolescents at risk, and for some it results in

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The American Psychiatric Publishing Textbook of Substance Abuse Treatment, 4th edition

edited by Marc Galanter, M.D., and Herbert D. Kleber, M.D.; Arlington, Virginia, American Psychiatric Publishing, Inc., 2008, 828 pages, \$165

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The fourth edition of *The American Psychiatric Publishing Textbook of Substance Abuse Treatment* edited by two respected leaders in the field is highly readable and has been substantially updated since the last edition in 2004. The bulk of its pages are devoted to treatment as the title implies, with opening chapters on the science of addiction and a concluding section on special topics, such as prevention and medical education. Individual sections on the major drugs of abuse also start with a chapter on the neurobiology of each drug class.

For a multiauthored text, the chapters are remarkably even and current. The book is richly illustrated with figures and tables, and each concludes with key points and recommended readings. New chapters have been added. The section on psychosocial treatment now includes separate chapters on cognitive-behavioral therapy and motivational enhancement. Separate chapters are devoted to the major psychosocial treatments, rehabilitation, special populations, and Alcoholics Anonymous and other 12-step programs.

I particularly liked the chapter on co-occurring disorders titled "The Mentally Ill Substance Abuser." The discussion of the theoretical basis for diagnosis provides a well-balanced overview of etiological theories, including the self-medication hypothesis. "Diagnostic Assessment" is another excellent section that includes a helpful table for diagnostic formulation and discussion of the importance of collateral information. Following a general overview of the principles of treatment are sections devoted to the most common psychiatric disorders seen in this population, with informa-

tion on both pharmacological and psychosocial treatments.

The chapters on opioids also stand out. The chapter on buprenorphine is a welcome addition. On top of thorough discussions of induction, maintenance, and monitoring, the authors also provide practical recommendations for setting up a buprenorphine practice and even a sample treatment contract. In contrast to the four chapters on opioid dependence, pharmacologic treatment of alcohol dependence is covered in a single 13-page chapter. The result is less useful information and some notable omissions. For example, to know the recommended dosages of the two most commonly used medications, the reader would have to look elsewhere. The discussion of the COMBINE trial doesn't men-

tion that the dosage of naltrexone used was twice that used in the negative studies cited and twice the usual recommended dosage.

As befitting a general textbook, the focus is on the major drugs of abuse. The reader looking for information on some common drugs of abuse such as dextromethorphan and oxycontin will be disappointed. The absence of a chapter on older adults is surprising given our aging population. A brief discussion in the chapter on alcohol limits itself to the prevalence and consequences of alcohol abuse in the elderly population without discussing the evidence base for treatment. Despite these limitations, this is an excellent resource for clinicians working in primary substance abuse treatment settings as well as mental health facilities and primary care, and it is particularly useful for medical students, residents, and general psychiatrists. For an additional \$25 there is an online version that is searchable and provides access from anywhere.

In Sickness and in Power: Illnesses in Heads of Government During the Last 100 Years

by David Owen; Westport, Connecticut, Praeger Publishers, 2008, 420 pages, \$44.95

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The interface of medicine and politics is fascinating. The fate of nations is influenced by the health of their leaders, and when a leader becomes disabled by illness, the impact on millions can be considerable. I don't believe that these issues have ever received such a thorough discussion as in Lord David Owen's book, *In Sickness and in Power*. No one is more expert or able to address this problem than Lord Owen, a fully trained neurologist who, after completing his medical specialty training, became a member of Parliament, rising to the position of British Foreign Secretary, as well as cofounding the Social Democratic Party in Britain in the 1980s and leading it for close to a decade. The physician-politician is probably in

the best position to assess and evaluate the medical and mental illnesses in leaders, which can then cast light on their decision making and the course of history. This book provides a broad, 100-year overview with a large cast of characters, including Woodrow Wilson, David Lloyd George, Warren Harding, Winston Churchill, and Adolf Hitler. The in-depth case histories on Prime Minister Eden and President Kennedy, the Shah of Iran, and President Mitterrand are particularly fascinating.

The last section of this book addresses the decisional capacity of leaders, how that should be assessed,

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Lord Owen also calls for procedures to conduct a medical assessment after a leader takes office if there are concerns. His many examples of leaders who have had compromised judgment and made irrational decisions give one pause. The fine line between overt illness and what the author calls the "hubris syndrome" is one that is often difficult to ascertain. Whether a certain pattern of "hubristic" behavior constitutes a mental illness is often difficult to decide contemporaneously but often is quite clear in retrospect, as this interesting book describes. The author suggests procedures for "good government" in the context of the leader's becoming disabled and infirm. Being able to counter a leader's bad judgment that does not constitute an illness or disability is much more difficult to manage, and we must rely on the institutions of democracy to correct for these problems.

Research suggests that African-American unity and connectedness and racial socialization is responsible for African-American resiliency. For some reason, the author seems unable to feel any empathy for black people who need to broaden their horizons and to believe in themselves. He says that he “personally hold[s] little hope for people,” a message that comes through loud and clear in the book. There is research that African Americans are resilient and have high self-esteem and a propensity to flourish. He makes the point that some African Americans rail that “education is Whitey’s thing,” but having been taught in predominantly black contexts, I am clear that many African Americans understand and appreciate black scholarship.

Part 4 is an odd hodge-podge of diatribes. For example, Chapter 29, entitled "E-mail to a Dying Breed" is a two-page offering that talks at African Americans who are having a difficult time making it in life. The book is strangely organized. There are notes and suggested reading at the end of each of the book's four parts instead of at the end of each chapter or at the end of the book where these additions could be easily found while reading the book.

I would suggest that rather than writing kitchen-table, pop psychology, those of us who are well trained engage in serious scholarship and produce high-quality research investigating the complexity of African-American behavior. '

by James Davison, Jr.; New York, Prometheus Books, 2008, 275 pages, \$24.95

I have reviewed 80 books for various scientific journals, and I have always found that there is value in their pages; but I did not find much of value in this text. The author exhorts African Americans (the apparent audience for the book—who, if he is correct, will never read such a book), to let go of their “we are family” orientation and strive for the last step to black freedom. He demeans African-American solidarity, and it is his opinion that such camaraderie is dragging the group down.

The author maintains that the overt threats to African-American safety are gone, and to continue to wallow in

the past injustices of racism is only an excuse not to engage in self-mastery and take advantage of all the United States has to offer. Thus he divides African Americans into “delayers” and “advancers.” He advises “delayers” to liberate themselves from what he views as a dysfunctional quagmire of self-pity and white blame because this approach is not the best way to take responsibility for one’s destiny.

In one chapter, he admits that his reason for going into psychology was to meet girls, and then he proposes simplistic Piagetian and attribution theories for why he thinks African Americans act the way they do, but his theory lacks evidence and rigor. My experience is that behavior is complex and multidetermined, and, rather than an either/or perspective, a both/and perspective is more likely to represent the complex reality of

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