

Cognitive Dysfunction in Bipolar Disorder: A Guide for Clinicians

edited by Joseph F. Goldberg, M.D., and Katherine E. Burdick, Ph.D.; Arlington, Virginia, American Psychiatric Publishing, 2008, 316 pages, \$45

Daniel Schneider, M.D.

In the late 19th century, Emil Kraepelin popularized the dichotomy between chronic and episodic mental disorders. For Kraepelin, the condition we know today as bipolar disorder was a defining example of an episodic disorder, and this has since been part of the standard psychiatric dogma. Over a century later, by focusing on cognitive symptoms, the editors of and contributors to this book have produced a work that has the potential to both challenge this dichotomy and expand our conception of bipolar disorder and its treatments.

Research on cognitive dysfunction in neuropsychiatric diseases is not new. However, in recent years, there has been an explosion of interest in widening the scope of our knowledge. Disease processes such as schizophrenia, bipolar disorder, Parkinson's disease, multiple sclerosis, and epilepsy are all being reevaluated in light of new research in this area. *Cognitive Dysfunction in Bipolar Disorder* reviews this literature as it relates to bipolar disorder and provides a road map for future research. The target audience is clinicians, and the editors clearly made an effort to structure the book to address questions that may occur to clinicians as they try to integrate this recent research into the treatment of their patients.

Overall, I enjoyed this book. It lays out the evidence for cognitive dysfunction during pathological affective states as well as for dysfunction that remains constant, even in euthymia. Studies are reviewed that reveal deficits not only among patients but also among their parents and siblings. Next are chapters looking at worsening cognitive dysfunction that

is caused by medications, as well as cognitive improvements that can occur during treatment. Finally there is a series of chapters devoted to looking at these deficits practically, by reviewing their likely impact on the patient's life and ability to engage in psychotherapy, as well as by giving advice on ways to engage with these deficits in treatment.

Although there is much to recommend this book, there are some aspects that might limit its appeal. I am not a fan of books with different authors for each chapter, because I find the content uneven and unnecessarily repetitive; this book does not completely escape that weakness. Also, this research literature is in its infancy. Despite the knowledge gained in recent years, there are still more questions than answers and still more

recommendations of the type "theoretically this should work" than "this is the evidence that this works." This is not the fault of the authors, but anyone looking for evidence-based treatment recommendations may be disappointed. Also, there is much technical jargon regarding neuropsychological testing in this book. A brief attempt to introduce these terms and concepts can be found in the first chapter, but someone who is completely unfamiliar with this literature would probably do well to have a basic textbook close by for reference.

In summary I recommend this book to anyone who routinely treats patients who have bipolar disorder. The role of cognitive dysfunction in this patient population is still being explored, but the implications are exciting. As our field continues to seek new ways to improve the quality of life of these patients, books such as this provide useful ideas to help expand our conceptions of the disease as well as its treatment.

The reviewer reports no competing interests.

Assessment of Feigned Cognitive Impairment: A Neuropsychological Perspective

edited by Kyle Brauer Boone, Ph.D.; New York, Guilford Press, 2007, 481 pages, \$65

Michael C. Harlow, M.D., J.D.

In the book *Assessment of Feigned Cognitive Impairment*, edited by Kyle Brauer Boone, the authors examine the array of assessment instruments that are used to determine feigned cognitive impairment. Part 1 of the book provides historical and literary examples of malingering to convey its universal nature. The contributors relate how feigned cognitive impairment has developed into an issue of prime significance in mental health and disability evaluations. They also provide a comprehensive overview of current functional neuroimaging studies of deception and malingering.

Part 2 of the book addresses techniques and strategies in cognitive ef-

fort assessments. The editor postulates that these forms of deception occur on a continuum and that forms of malingering overlap with somatoform disorders—contrary to the current *DSM-IV* classification system that differentiates malingering and somatoform disorders as mutually exclusive. There is an expansive discussion of forced-choice effort tests and the utility of these tests in helping to determine the likelihood of malingering. Non-forced-choice measures are also discussed, including the Rey-15

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Test of Memory and the Rey Word Recognition Test.

The book lists an overview of estimated malingering base rates for a variety of medical and neurocognitive conditions. Also discussed are intelligence tests as a measure of effort in assessing cognitive impairment. The authors discuss the utility of intelligence testing in delineating poor effort as a sign of neurocognitive impairment and malingering. They also provide an assessment of the use of standardized memory tests to determine effort that is suspect. Reviewed tests include the Warrington Recognition Memory Test and the Wechsler Memory Scale. The authors compare predictive values of standardized memory tests, concluding that these tests of effort are useful in determining suspect efforts only if they are relied on with other forms of neuropsychological evaluations.

Executive functioning measures, motor and sensory tests, and the Minnesota Multiphasic Personality Inventory–2 (MMPI-2) are assessed for their usefulness and limitations in a determination of malingering. Included in the discussion of executive function measures is an in-depth review of the Wisconsin Card Sorting Test. The authors provide extensive evidence that the MMPI-2 is highly valuable in determining feigned cognitive impairment, noting that the MMPI-2 has high predictive value, sensitivity, and specificity.

Part 3 of the book reviews neuropsychological testing for feigned cognitive impairment in cases of mild traumatic brain injury, pain- and fatigue-related medical disorders, mental retardation, attention-deficit hyperactivity disorder, and toxin exposures. This part of the book also discusses the challenges of cognitive testing with non-English-speaking and forensic populations. Part 3 concludes with an assessment of the state of cognitive testing instruments and predictions about the future of these tests.

This book provides an encompassing review of the various assessments for malingering cognitive impairment. The critique offered on the

utility of these assessments is based on a comprehensive review of published research in the field. This book is technically advanced and is most appropriate as a reference for psychi-

atrists and psychologists who wish to develop expertise in assessing feigned cognitive impairment.

The reviewer reports no competing interests.

Intervention and Resilience After Mass Trauma

edited by Michael Blumenfeld and Robert J. Ursano; New York, Cambridge University Press, 2008, 208 pages, \$80 (with CD-ROM)

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This book derives from the Sidney E. Frank Conference on early psychological intervention after mass trauma, held at New York Medical College in Valhalla, New York, on June 13, 2006. Eight of the authors spoke at the conference, which was chaired by the coeditors of the book. All are among the most outstanding experts in this field. The opening paragraph of *Intervention and Resilience After Mass Trauma* addresses just how devastating natural events can be. The Southeast Asian tsunami in 2004 killed and traumatized hundreds of thousands, as have several earthquakes, including the 1976 earthquake in Tangshan, China, which caused at least 255,000 deaths and perhaps as many as 655,000. Such events “highlight the difficulty of planning and understanding the mental health effects of traumatic events, disasters and terrorism. Earthquake disasters remind us that the distinction between natural and human-made disasters is only relative.” This book is an essential and concise new contribution providing education for leaders and health professionals preparing for and responding to mass traumas such as these.

One-quarter of this book is devoted to the first chapter, by Beverly Raphael, on “Systems, Science and Populations” and early interventions. Early intervention is “an initiative focused on mitigating the trajectories and levels of pathology, functional impairment, and adverse mental

health and behavioral outcomes. It is based on the hypothesis that it will be possible to prevent the full development of disorder, or lessen its severity, extent, associated impairments, and disabilities.” This chapter examines three themes: the factors that may affect mental health, explored through systems analysis; the science of early intervention; and the delivery of early interventions. She concludes with an appeal that if early intervention is to be a response to disaster and terrorism, then there is a need to strengthen its scientific foundations and to “badge” it and encourage its adoption by governments and other organizations; it must receive adequate funding for it to be utilized and to be effective.

The next chapter explains the new and important public health topic of community resilience, which enhances and interacts with individual resilience. Next, Patricia Watson describes “psychological first aid” (PFA), a central early intervention today. The editors in the epilogue cite the eponym SCCEO for the evidence-based principles of PFA: safety; calming; connectedness both for instrumental (practical) and emotional support; efficacy, including skills to respond as well as belief in one’s ability to respond; and optimism and hope. PFA involves those “basic strategies to reduce psychological distress,” including “orientation to disaster and recovery efforts, reduction of physiological arousal, mobilization of support for those who are most distressed, facilitation of reunion with loved ones and keeping families together, providing education about

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available resources and coping strategies, and using effective risk communication techniques.” The author clarifies that debriefing methods do not reduce posttraumatic stress disorder (PTSD); in contrast she points out that many findings support PFA and that further randomized controlled trials of PFA are needed in a variety of disaster contexts.

Chapters on acute stress disorder and early interventions by Richard Bryant and “The Role of Pharmacotherapy in Early Interventions” by Matthew Friedman are detailed academic chapters—both authors are leaders in their fields. Although the state of psychological knowledge and early cognitive interventions have progressed in research settings, Bryant candidly suggests that their benefits in disasters may have been overplayed and that they need further work to be practical for early interventions after disasters. Friedman’s chapter is the most detailed I have seen on this use of pharmacotherapy; it is not to be missed. He concludes by suggesting that among many options, anticonvulsants and mood stabilizers may be strong candidates for early intervention for PTSD.

Carl Bell’s chapter “Should Culture Considerations Influence Early Intervention?” is almost a tour-de-force in short form, explaining what we all need to know about culture and trauma. It encapsulates many other articles explaining how powerful the influences of culture, race, and ethnicity are in increasing vulnerability to PTSD in American society. He looks at the examples found in the black American experience of slavery and racism; in the heritage of the American Indian; and in refugee trauma, such as among many immigrants from Southeast Asia, some military veterans, and others. Arie Shalev’s chapter “Resilience Is the Default: How Not to Miss It” helpfully addresses conceptual, research, and practical aspects of this still neglected topic. A sign of resilience I’ve heard Shalev present is included: “virtual safety maps” that disaster and terrorism survivors use to “restructure space and time into threatening and

non-threatening components.” A terrific section of the chapter explains “eight ways to miss or weaken resilience: 1) Dramatize, 2) Pathologize, 3) Catastrophize, 4) Create negative expectations, 5) Blur boundaries (e.g. between mental disorder and responses), 6) Lie, mislead, misinform or otherwise manipulate information, 7) ‘Intervene’ (and emphasize the role of experts and giving preference to top-down processes – at the expense of individuals’ resourceful-

ness), and 8) Ignore, show distance or indifference, lack of sharing.”

In the mental health field, much of such excellent writing is in books like this and less can be found in easily retrievable publications. It is hoped that, with increased local, national, and international focus, such writings become more readily available to the leaders and health care providers who need them most.

The reviewer reports no competing interests.

Work, Life and the Mental Health System of Care: A Guide for Professionals Supporting Families of Children With Emotional or Behavioral Disorders

edited by Julie M. Rosenweig, Ph.D., and Eileen M. Brennan, Ph.D.; Baltimore, Brookes Publishing, 2008, 400 pages, \$34.95

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The title of this book would lead the reader to assume that it is a practitioner’s guide to providing community-based supports to children with disabling mental illness and their families. Although it is not a how-to manual on family support, it is a useful review of the research literature on community supports of all types. The editors of this volume focus on “work-life integration”—a concept that is relatively new to the mental health field but well known to persons working in the field of human resources. Optimal work-life integration is essential for families that must juggle the responsibilities of employment and raising children with and without disabilities. As the book emphasizes, a supportive and flexible workplace is essential to both the economic and emotional well-being of a family facing the challenge of raising a child with a disability.

Although some readers skip over the foreword and preface of books, these are both well worth reading in this volume. The foreword is written

by the late Jane Knitzer, the author of *Unclaimed Children*, which was published in the early 1980s and is the first book to identify and describe the nationwide lack of accessible mental health services for children (especially those in out-of-home care). Knitzer’s passing was a major loss to the system-of-care movement; thus it is a pleasure to read her foreword to this book. The preface, written by the editors, provides an excellent summary of the legal supports and protections for workers who have children with disabilities.

One of the strengths of this volume is that it begins each chapter with a lengthy vignette, describing a child, his or her family, their support needs, and how the local system of care meets (or does not meet) their needs. The strongest chapters weave the vignette into the body of the chapter, using it to illustrate multiple points the author wishes to emphasize. The chapters on work-life integration barriers and supports, child care, and economic impact and supports are especially strong in this regard. The chapters on mental health services and supports and school-family collaboration are also well written and survey the research literature comprehensively.

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This book is recommended as a resource for persons needing familiarity with the evidence base for both formal (professionally provided and paid for) and informal (often volunteer supported and family driven) com-

munity-based supports. It would be an excellent reference for those writing system-of-care and other community-based services grants.

The reviewer reports no competing interests. '

Rethinking Expertise

by Harry Collins and Robert Evans; Chicago, University of Chicago Press, 2007, 176 pages, \$37.50 hardcover, \$22.50 softcover

Margaret Bennington-Davis, M.D.

Consider the term “expert.” The Merriam-Webster Online Dictionary warns that its first definition, “experienced,” is obsolete. It goes on to define expert as “having, involving, or displaying special skill or knowledge derived from training or experience.” In medicine, the definition is augmented with an institutional certification or license.

Rethinking Expertise challenges the reader to think again in looking at the role of expertise in science and technology. Here is a quote from the book’s opening pages: “We need a way to speak and think about science and technology that is not hostage to science’s newfound epistemological weaknesses and short-term political impotence.”

The authors view expertise in the light of science, experience, technology, public policy, and decision mak-

ing. They ask how we judge others and how we judge experts when we are not experts ourselves. Similarly, as the book points out, there are many types and combinations of expertise—tacit (knowledge we “just have” but can’t explain), specialized, contributory experience, ubiquitous (knowledge that everyone has, or knowledge that every specialist has), and interactional. There is even a “periodic table” of forms of expertise. Eventually the reader is convinced that not all experts are created equal.

An early emphasis in the book is the sociological view of “interactional” expertise—that is, proficiency in the language of a specialty but not in its practices per se. This touched a nerve with me in my work in physician peer review; how does a psychiatrist know who is a good surgeon? How do nondoctors judge the expertise of doctors?

The book is filled with experiments and examples (including medical examples) about how experts think, how

they do or don’t agree, how they behave on the basis of their expertise, and how experience and expertise are both helpful and not. It is the rare expert who is truly an expert in all arenas, and the public and consumers are ultimately in the role of choosing among different experts. In fact, Collins and Evans ask persistently, how can the public participate in technical decision making? Throughout the discussion, the authors maintain respect for traditional expertise as necessary and useful but consistently challenge the reader to consider how the public can judge science and technology apart from and ahead of expertise and in the context of conflicting opinions. The book opens with the argument that politics constantly outpaces the formation of scientific consensus.

The book is not easy reading, although it is well written (but who am I to judge?). It is densely packed with new ideas, some intuitive and some decidedly not. The authors generously sprinkle interesting vignettes and experiments throughout to illustrate their points, which provide the reader some cerebral relief.

This book would make a terrific textbook, certainly in philosophy and also in sociology and psychology. Scientists and engineers will find it fascinating. In this world of exploding technology, college students may find the authors’ thinking easier to follow than those of us in a generation that reveres expertise and experience.

The reviewer reports no competing interests. '

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