

clusion, women faculty need to recognize that they are not alone in walking this tightrope of academic and personal success. We all need to strive toward the transformation of the outmoded structures and mind-sets that still form the hidden foundation of our university system. Because these foundations and assumptions are perceived as essential to the survival of the academy as we know it, it will take the active cooperation of many men and women leaders working together to break the glass ceiling.

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*The authors report no competing interests.*

*Book review accepted for publication April 2009 (doi: 10.1176/appi.ajp.2009.09030416).*

***Assessment of Autism Spectrum Disorders***, edited by Sam Goldstein, Ph.D., Jack A. Naglieri, Ph.D., and Sally Ozonoff, Ph.D. New York, Guilford Press, 2009, 384 pp., \$45.00.

Autism spectrum disorders are a classification of diagnoses that share a common symptom picture across three primary core deficit areas: 1) atypical or qualitative impairment in social interaction, 2) qualitative impairment in communication, and 3) the presence of repetitive and stereotyped patterns of behavior or activities. Interest in the autism spectrum disorders and the complex ways these symptoms affect individuals and families has burgeoned in recent years. Most likely fueled by the reported increases in the incidence and prevalence of individuals diagnosed with autism spectrum disorders, a heightened public interest has led increasing numbers of clinicians and researchers to enter the ever-growing autism community. With so many professionals invested in working with individuals with autism spectrum disorders, a comprehensive guide detailing the standards of best practices in the diagnostic assessment and evaluation of this patient population had been sorely needed. This volume by Goldstein et al. is well timed to fill the void.

*Assessment of Autism Spectrum Disorders* comprises 13 chapters, each authored by experts in the assessment and evaluation of autism spectrum disorders. The volume editors drew on talents of the international autism community and cover a wide array of topics critical to understanding the valid and reliable assessment of autism spectrum disorders. The preface explains that the volume is geared toward experienced clinicians across disciplines as well as graduate students new to the field of autism spectrum disorders, and it is "user friendly" for use by parents and other allied professionals. The authors have accomplished their objective in grand fashion. This book has something for everyone and does not shy away from tackling the controversial issues facing the autism community. For example, in a chapter entitled "The Epidemiology of Autism Spectrum Disorders," Wing and Potter provide a cogent review of the epidemiological studies to date and then directly address the rise in the incidence and prevalence of autism spectrum disorders. They state that the widening of the diagnostic criteria, as well as a greater awareness among professionals and parents, can account for much of the increases, although they acknowledge that the extent to

which there has also been a genuine rise in the number of children with these disorders remains an open question.

The chapter "Subtyping the Autism Spectrum Disorders: Theoretical, Research, and Clinical Considerations," by Klin, skillfully elucidates the benefits that subtyping would bring to the field, emphasizing contributions to etiology, genotype, brain pathology, pathogenesis, and behavioral expression of autism spectrum disorders, while systematically explaining the challenges inherent in such an effort. Klin concludes that the heterogeneity in autism spectrum disorders may reflect the variance in onset patterns and that although the "derailment of socialization" is common across individuals with autism spectrum disorders, it is the "timing of the disruption that may be the dimension generating variability in syndrome expression."

The volume editors wisely devoted a number of chapters to practical suggestions and specific recommendations for the assessment of individuals for whom an autism spectrum disorder is suspected. Beginning with the chapter by Shea and Mesibov, "Age-Related Issues in the Assessment of Autism Spectrum Disorders," the reader is treated to detailed recommendations for the assessment of social behavior, speech, language and communication, and neuropsychological functioning. A rich chapter by Klinger, O'Kelley, and Mussey reminds us that the assessment of intellectual functioning is essential to determine whether an autism spectrum disorder is present, to evaluate individual strengths and weaknesses, to measure treatment effectiveness, and to aid in long-term prognosis and planning. Case examples are offered throughout these clinically oriented chapters to enhance the accessibility of the information provided. The chapter by Deprey and Ozonoff on the assessment of comorbid psychiatric conditions tackles a topic that up to this point has received little attention, and with good reason. Working with individuals with autism spectrum disorders and coexisting mental health conditions requires "additional training and expertise in both traditional mental health conditions and neurodevelopmental disorders"—a combination of skills and training that is difficult to obtain. Given the increased risk for developing psychiatric symptoms, such as depression, anxiety, and attention deficit hyperactivity disorder in persons with autism spectrum disorders, it is critical that professionals with specialized training be included in the diagnostic process to enhance treatment planning.

At the end of the volume, the editors tell us that a recent Google search for "autism" resulted in 2.5 million pages on the topic, and "assessment of autism" yielded over 600,000 pages. Thus, it is nearly impossible for clinicians and families to wade through the vast amounts of available information in order to separate out the wheat from the chaff when tackling the issues relevant to the assessment of autism spectrum disorders. Goldstein et al. have taken on this enormous task and, in doing so, have created an invaluable, accessible volume that has made the lives of professionals committed to working with individuals with autism spectrum disorders a little bit easier.

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*The author reports no competing interests.*

*Book review accepted for publication March 2009 (doi: 10.1176/appi.ajp.2009.09030400).*

***Psychiatric Aspects of Neurologic Diseases: Practical Approaches to Patient Care***, edited by Constantine G. Lyketsos, Peter V. Rabins, John R. Lipsey, Philip Slavney. New York, Oxford University Press, 2008, 464 pp., \$42.95.

This excellent clinical resource opens with the statement that psychiatry and neurology had their origins together and were linked by a "fascination with behavior in the broadest meaning." Today these two disciplines overlap: many patients with neurologic diseases suffer from cognitive deficits, abnormal mood states, and difficult behaviors that are fundamental to their disease states or reaction to the illness, and psychiatrists are increasingly asked to help manage such patients. This book from the psychiatry faculty at Johns Hopkins should be in the library of both psychiatrists and neurologists.

The first section, "Psychiatric Assessments and Syndromes," reviews the psychiatric examination and describes various psychiatric symptoms and syndromes. Demoralization, a common yet often misunderstood reaction to adversity, is increasingly recognized as a unique category in itself and is comprehensively described. This is a section that should be used by medical students during their psychiatric clerkships and by psychiatrists preparing for their general psychiatric boards.

The second section, "Psychiatric Aspects of Neurologic Diseases," reviews elements of mind, mood, and behavior of a variety of neurologic disorders including stroke, traumatic brain injury, headaches and chronic pain, multiple sclerosis, and other disorders commonly seen by physicians. Each chapter is outstanding and outlines both the common psychiatric disorders that co-occur with a neurologic disorder and helpful treatment interventions. The chapter on pain reviews headaches but also chronic pain and provides excellent tables for analgesics. The chapter on traumatic brain injury reviews common problems in this syndrome, such as apathy, irritability, behavioral disorders, and depression, with an excellent table on various medications for each symptom complex. The caregivers of individuals with neurologic diseases are not forgotten and are briefly discussed within each chapter. The chapter on Tourette's syndrome includes important information about children and adolescents who are often diagnosed with this troubling syndrome. Chapters on other disorders, whether common, such as Parkinson's, epilepsy, and stroke, or less common, such as Huntington's, allow the reader to easily obtain necessary information on presentation, course, and treatment.

The final section, on psychiatric treatments, covers in detail contemporary psychotropic medications and their uses and side effects. The chapter on the use of stimulants and dopamine augmenters is particularly helpful. Neuroleptics, anxiolytics, and mood stabilizers are included in this section.

Chapters on psychotherapy and other nonpharmacological interventions, which include the rationale for structured day treatment centers and psychoeducation, complete the volume. A glossary at the end of the book is useful. For example, "catastrophic reaction" is defined and a clinical example is provided. The book is issued in paperback and can fit into a

lab coat pocket. All the chapters are carefully edited and presented in a clear and consistent writing style with judicious use of tables. Whatever the reader's level of training, this book offers an up-to-date means of mastering a body of knowledge that is mandatory for any competent psychiatrist or neurologist.

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*Book review accepted for publication June 2009 (doi: 10.1176/appi.ajp.2009.09030401).*

***Textbook of Hospital Psychiatry***, edited by Steven S. Sharfstein, M.D., M.P.A. Deputy Editors: Faith B. Dickerson, Ph.D., M.P.H., and John M. Oldham, M.D., M.S. Washington, D.C., American Psychiatric Publishing, 2009, 528 pp., \$125.00.

The concluding chapter of this new textbook of hospital psychiatry, written by its three editors, states that psychiatric hospitals are the hub of any mental health system (p. 470). In most communities, that is no longer true. Indeed the introduction by the same authors points out that "the scarcity of acute psychiatric beds in this country has reached crisis proportions" (p. xix). The number of psychiatric hospital beds has declined precipitously as the withdrawal of general hospitals from inpatient psychiatry has followed the downsizing of state hospitals (1). The situation is paradoxical on several accounts. First, the need has never been greater, with emergency rooms in many communities "in gridlock with acutely ill psychiatric patients stuck with nowhere to go" (p. xix). Acute psychiatric hospitalizations are brief and crisis oriented, leading to frequent readmissions and imprisonment of many of the more seriously and persistently ill patients. The second aspect of the paradox is that psychiatrists are now better at delivering effective inpatient treatment to people with severe mental illnesses, with improvements in both psychopharmacology and psychological and cognitive treatment.

The book offers no new solutions to problems of the inpatient treatment in the mental health system; instead it is a collection of chapters about inpatient treatment that I found remarkable in their breadth. Chapter after chapter contains practical applications of the biopsychosocial model to the problems of acutely ill patients with a variety of diagnoses. For acutely ill adults, Glick and Tandon give a number of trenchant pieces of advice, including their prohibition against diagnosing patients with "not otherwise specified." Instead they recommend that the physician "make a working diagnosis as is done in the rest of medicine" (p. 31). Equally wise is a psychosocial comment: "Don't assume that patients have no significant others (broadly defined); almost everyone has some significant other, even the homeless" (p. 31). The chapter on posttraumatic stress disorder units, by Loewenstein and Wait, has a very sensitive description of how to handle minor medical issues for patients whose medical care has been neglected in the past. They point out that: "In the overreacting patient's history, he or she may report not getting medical attention unless it was a life or death matter (p. 114)." A unit on psychosis as described by Boronow has to deal with how to give medica-