

nostic tools as well as reference ranges. Key summary points are highlighted in a bulleted and readily retained fashion.

I was curious as to how the text would tackle the thorny, murky, controversial topic of pediatric-onset bipolar disorder. I was amazed and relieved to discover that the vast and varied literature on this broad topic was organized and distilled into a relatively concise, neutral, and intelligible chapter, by authors Gabrielle A. Carlson, M.D., and Stephanie E. Meyer, Ph.D. The inclusion of case vignettes was critical to demonstrating the nuances and complexities of assessing youths for bipolar spectrum disorders. All controlled medication trials are summarized amply and depicted detailed, as well as bulleted, summary tables, which have practical utility in a busy clinical or teaching site. Furthermore, what is known about behavioral, psychosocial, and family treatments is reviewed and presented in a consolidated fashion. I appreciated the ability of Drs. Carlson and Meyer to fairly represent the varied and sometimes contradictory perspectives held by subject matter experts and researchers across the world. In addition, the authors were adept at highlighting the potential pitfalls and confounders in assessing and treating youths suspected of having mood disorders, which will prove useful to all practitioners who might encounter such cases.

I found Dr. Mina Dulcan's chapter on psychiatric classification, including past, current, and future systems, to be fascinating and relevant. With so much of child psychiatry research organized around diagnoses, the background, rationale, and methodology for defining and validating diagnostic criteria are essential for any provider to understand. Additionally, the various classification systems used internationally, spanning all ages, are reviewed, ensuring readers a broadened scope of available diagnostic tools.

In summary, I found Dulcan's textbook of child and adolescent psychiatry to be the best of its kind. It provides an authoritative, concise review of the most current literature in a manner that is balanced and intelligible. The material was organized in a readily digestible manner, with well-written narratives, bulleted summaries, and easy-to-read tables. This text would serve well as a definitive and comprehensive reference and guide to any provider assessing and treating youths with mental illness in any setting.

MARY N. COOK, M.D.

*Dr. Cook is the Medical Director of Outpatient Services, Department of Psychiatry and Behavioral Sciences, Children's Hospital Colorado, Aurora, Colo. She is eligible for royalties related to sales of a book published by Brookes Publishing.*

*Book review accepted for publication January 2012 (doi: 10.1176/appi.ajp.2012.12010150).*

**Obsessive-Compulsive Spectrum Disorders: Refining the Research Agenda for DSM-V**, edited by Eric Hollander, M.D., Joseph Zohar, M.D., Paul J. Sirovatka, M.S., and Darrel A. Regier, M.D., M.P.H. Washington, DC, American Psychiatric Publishing, 2011, 257 pp., \$67.00 (paper).

*Obsessive-Compulsive Spectrum Disorders: Refining the Research Agenda for DSM-V* is a collection of review articles based on presentations from a research planning conference on obsessive-compulsive disorder (OCD) and related disorders held in preparation for the publication of DSM-5 in 2013.

The conference was assembled by the APA in conjunction with the World Health Organization and the National Institutes of Health. The book examines whether OCD should remain in the anxiety disorders category for DSM-5 or whether it should be included in a new group of obsessive-compulsive spectrum disorders. These spectrum disorders are characterized by repetitive thoughts and behaviors and are systematically examined in relationship to OCD with regard to their shared phenomenology, comorbidity, familial and genetic features, brain circuitry, and treatment response.

In chapter 1, Fineberg et al. suggest that OCD serves as a "prototype" for a number of disorders distinguished by repetitive thoughts and behaviors. OCD has traditionally been diagnostically categorized with anxiety disorders because of a model that emphasizes anxiety generating obsessions and the reduction of anxiety through the performance of compulsions. However, the authors argue that emerging research suggests that the central features of the disorder are repetitive thoughts and behaviors resulting from basal ganglia dysregulation. The authors also point to a growing body of literature that implicates corticostrially mediated control and reward systems in the pathophysiology of OCD. Although OCD has significant comorbidity with a number of anxiety disorders (including generalized anxiety disorder and social phobia), the authors highlight differences in areas such as neurocircuitry and treatment response and argue for a closer relationship with disorders such as body dysmorphic disorder, tic-related disorders, and trichotillomania, which are also characterized by deficits in inhibition. This chapter also stresses the need to identify emerging endophenotypes related to OCD and obsessive-compulsive spectrum disorders for more accurate diagnostic classification and effective treatment strategies.

Chapters 2–4 examine proposed obsessive-compulsive spectrum disorders (body dysmorphic disorder, eating disorders, tic-related disorders, trichotillomania, and impulse control disorders) and their relationship to OCD. All of these disorders are noted for their phenomenological similarity to OCD in being characterized by repetitive thoughts and behaviors. However, some of these disorders (body dysmorphic disorder, eating disorders) differ in the content of obsessive thoughts and the perceived ego-syntonic nature of repetitive behaviors (e.g., repetitive behaviors in impulse control disorders often produce pleasurable emotions in the beginning). Tic-related disorders stand out among the obsessive-compulsive spectrum disorders as having genetic and imaging data most closely associated with that for OCD. All of the chapters emphasize the need for further research on the etiology and pathophysiology of these disorders to determine their relationship with OCD and with other possible obsessive-compulsive spectrum disorders.

The remaining chapters examine recent advances in the research of OCD that could improve diagnostic classification, assessment, and treatment. In the fifth chapter, the possible benefits of a dimensional versus categorical conceptualization of OCD symptoms are examined. A dimensional approach is in line with the most recent call by the National Institute of Mental Health for Research Domain Criteria, which emphasizes the identification of endophenotypic markers across psychopathology. The authors suggest that a dimensional approach would allow for an evolutionary understanding of OCD that could integrate biological and genetic data while al-

lowing for larger sample sizes. Chapters 6, 7, and 8 review the effort to discover endophenotypic markers for OCD through genetic, neurological, and animal research. The final chapter recommends the need for additional cross-cultural and ethnic research on OCD to determine a more reliable and valid diagnostic classification for the disorder.

Overall, the book provides an organized and well-written reflection of the conference proceedings concerning OCD and obsessive-compulsive spectrum disorders for DSM-5. The chapters give a comprehensive and up-to-date review of a large body of literature and flow easily. The book nicely ties together OCD and obsessive-compulsive spectrum disorders through the similar characteristic of repetitive thoughts and behaviors while pointing to distinct differences between the disorders that warrant further attention. A major strength of the book is its recommendation for further research that identifies possible endophenotypes for OCD and obsessive-compulsive spectrum disorders (through research on phenomenology, genetics, neurobiology, and neurocognition) in order to improve classification, assessment, and treatment strategies. The book is an interesting read that brings light to an important topic for the future of OCD and obsessive-compulsive spectrum disorders research and treatment.

JESSICA RASMUSSEN, PH.D.  
SABINE WILHELM, PH.D.

*Dr. Rasmussen is a clinical fellow in psychology at Massachusetts General Hospital/Harvard Medical School, Boston. Dr. Wilhelm is Associate Professor at Harvard Medical School and Director of the OCD and Related Disorders Program at Massachusetts General Hospital, Boston. Dr. Wilhelm has received research support from NIMH, the Obsessive-Compulsive Foundation, and the Tourette Syndrome Association; she has received medication and placebo from Forest Laboratories for an NIMH-funded study; she is a presenter for the Massachusetts General Hospital Psychiatry Academy in educational programs, supported through independent medical education grants from pharmaceutical companies; she has received royalties from Elsevier Publications, Guilford Publications, New Harbinger Publications, and Oxford University Press; and she has received speaker's honoraria from various academic institutions. Dr. Rasmussen reports no financial relationships with commercial interests.*

*Book review accepted for publication November 2011 (doi: 10.1176/appi.ajp.2011.11101600).*

**Professionalism in Psychiatry**, by Glen O. Gabbard, M.D., Laura Weiss Roberts, M.D., Holly Crisp-Han, M.D., Valdesha Ball, M.D., Gabrielle Hobday, M.D., and Funmilayo Rachal, M.D. Washington, DC, American Psychiatric Publishing, 2012, 218 pp., \$60.00 (paper).

For those without recent experience in evaluating the so-called disruptive physician or teaching medical students and residents within a medical school environment, the timeliness of this book may not be readily apparent. More precisely defined unprofessional behavior with patients, colleagues, and health care staff is no longer tolerated as it was even a decade ago. The demand for a more rigorous definition and assessment of professionalism has been driven largely by accrediting organizations, such as the Accreditation Council for

Graduate Medical Education and the Liaison Committee on Medical Education as well as state medical boards and professional societies. The public, of course, has demanded greater accountability from their physicians, and it is not possible to say with certainty what has been the precise effect of more women than men entering U.S. medical schools each year. Issues of patient and physician diversity have assumed more prominent positions in education and training with respect to current practices and also with respect to the increasing role they are likely to play in the future (1). Diversity issues, however, are not narrowly focused on gender but also include ethnocultural, sexual, age, and religious characteristics in the health setting. Ethical conflicts with the pharmaceutical and medical device industries as well as the practices of continuing medical education have affected many areas of academia and the daily treatment of patients. Psychiatry has received its fair share of exposure and criticism. Last, but not least, has been the growing influence of cyberspace and informatics on the doctor-patient relationship. Not only do many patients come to their initial visit knowing more about their psychiatrists than ever before, but the role of electronic communication with patients and the advent of telepsychiatry in all of its forms have significant ethical dimensions. (Is it ethical for the clinician to "google" a patient, to be on Facebook, or to blog?)

This new book by Glen Gabbard, Laura Roberts, and four coauthors is appealing because of its broad-based coverage of so many central issues of professionalism in psychiatry. The book comprises 10 chapters, with the initial one providing an overview of the evolution of professionalism in medicine and psychiatry. Chapter 2, reflecting Laura Roberts' enduring interest in medical ethics, discusses in a reader-friendly fashion the ethical constructs that define clinical practice and is a succinct review of the basic professional skills required for ethical psychiatric practice. Discussion of how to anticipate an ethically risky situation, which according to the authors may be more characteristic of psychiatry than of any other specialty, is especially relevant and persuasive. Psychiatry, they argue, appears to be held to higher standards compared with some other specialties because of the inherent vulnerability of our patients and the intense doctor-patient relationships that characterize psychiatric treatment. The third chapter, on professionalism in the clinical relationship, elucidates the effect of the therapeutic relationship on the patient and the treatment of boundary crossings and violations. It should be required reading for every psychiatric resident. This chapter, obviously written by Gabbard (chapter authors are not identified), also discusses the importance of the frame in psychotherapy, the primacy of confidentiality, self-disclosure, the language and clothing of the clinician, the receiving of gifts, and the inherent dangers of physical contact. The destructiveness of posttermination sexual contact is well explicated. Undoubtedly once again written by Gabbard and based on his previous articles, chapter 4 provides a balanced and vital discussion of professionalism and boundaries in cyberspace. Every clinician contemplating a Facebook page should read this chapter. Recommendations and guidelines are provided for every aspect of cyberspace. Chapter 6 provides a concise discussion of ethnocultural, sexual, gender, and race issues and is firmly anchored in clinical practice. This is not a chapter on culture-bound syndromes, cultural variation in the presentation of psychiatric disorders, or cultural approaches to special