behavior and coping with suicide. The revised structure of the book offers many pathways to obtaining helpful guidance. The authors are well-grounded in the area of suicide. The provision of case examples throughout this edition is indispensable, with key clinical concepts provided at the end of every chapter. The comprehensive references and indexing allow readers to expand their knowledge or quickly find what they need.

Readers will come away from this book with the understanding that most people who die by suicide have a diagnosable and potentially treatable mental disorder accompanied by a confluence of risk factors. They will also understand that each individual is unique and must be assessed frequently and comprehensively, taking into account a host of risk factors, some of which are amenable to change and some of which are not. Some risk factors, such as family history of suicide, childhood abuse, and substance use disorders, cut across diagnoses, while other factors are specific to clinical syndromes. Setting and population also play roles in assessment and management.

This is not a book that one reads from cover to cover, but rather it is a compendium of information that can be perused or referred to over time, especially when needed. The format of the book provides many entry points; whether seeking information about a specific diagnostic group, a particular setting, or a specialized circumstance, the reader will come away with an approach to considering the patient in terms of suicidal ideation and behavior. The reader will also find information regarding the effect of suicide on the clinician, legally as well as emotionally.

In part I, the authors provide the clinician with a rationale for considering suicide risk and assessing every patient at the outset of treatment for suicidal ideation and attempts, both past and present. An array of approaches for assessment is presented. The clinician cannot help but find a method for assessing suicide risk, regardless of theoretical orientation.

Part II is organized by major psychiatric diagnostic categories. A drawback to this approach is that the issue of comorbidity, a frequent occurrence, cannot be addressed directly. The authors are experienced with treatment of individuals with the diagnosis under consideration as well as with issues unique to suicide and suicide risk. This experience is imparted to the reader and provides a depth of understanding that cannot be found elsewhere.

Part III provides a well-rounded discussion of treatment when suicidal ideation and behavior are involved. Psychopharmacological, cognitive, and psychodynamic approaches to assessment and management are all presented, with clinical examples and helpful tools. The issue of split treatment is deftly addressed with respect to the importance of communication, collaboration, and shared responsibility with patients. The examples crystalize how the clinician can integrate the assessment and management of suicidal ideation and behavior in treatment while maintaining a therapeutic alliance and cohesive treatment.

Every setting establishes specific parameters for the assessment and management of suicidal ideation and behavior, and part IV includes chapters on the most typical psychiatric settings. Issues such as physical safety, constant observation, and coping with uncertainty are covered. A review of managing suicide risk in residential and day treatment settings would have been a useful addition, since many people with chronic suicide risk are treated in these venues.

Part V includes a chapter titled "Special Populations," which actually involves consideration of special settings. Chapter 20 primarily provides reviews of issues related to college students, which is appropriate because younger children are at reduced risk. However, some attention to working with younger children would have been useful. Overall, this section covers higher-risk populations, such as the elderly, the incarcerated, and military personnel. With each group, setting and culture are as important as the individual's issues.

Parts VI and VII are not clinically based. Although not directly related to clinical care, these sections offer interesting information.

Finally, the book approaches death by suicide and its effect on the clinician and family. It is here where loss by suicide is addressed head-on. Questions are tackled about the survivors, including the clinician, family, and friends. In cases in which a suicide occurs, it is difficult to know how to manage feelings and what to do regarding funerals and the survivors. Any clinician will benefit from this section, not just in the face of suicide but also in working with survivors of a loss by suicide.

This is a textbook in which the reader can learn about the complexity of the assessment and management of suicidal ideation, suicide attempts, and suicide. Assessing and managing suicide risk is stressful but not to be avoided. *The Textbook of Suicide Assessment and Management* is a reliable resource and support for clinicians.

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***The American Board of Psychiatry and Neurology: Looking Back and Moving Ahead****, edited by Michael J. Aminoff, M.D., D.Sc., F.R.C.P., and Larry R. Faulkner, M.D. Washington, DC, American Psychiatric Publishing, 2012, 363 pp., $68.00.*

To celebrate the 75th anniversary of the American Board of Psychiatry and Neurology (ABPN), CEO Larry Faulkner, M.D., along with the organization's current directors, believed that it was important to chronicle a "definitive history of the board," looking both back and forward and also at the numerous challenges of the recent past and current time (p. 4). *The American Board of Psychiatry and Neurology: Looking Back and Moving Ahead* achieves these goals.

The book chronicles how joint efforts in the fields of psychiatry and neurology have defined core competencies and a set of standards for trainees to achieve in order to attain certification and to maintain lifelong learning. As Dr. Aminoff notes, the ABPN has defined "a syllabus for trainees, setting national guidelines and standards, as well as the level of competence expected of its trainees" (p. 4). To be able to do this in an era of unprecedented neuroscientific and therapeutic advances is a major accomplishment.

This volume details the trajectory leading to this accomplishment and to the elaboration of future strategic goals. The

ABPN's continuing task is to elaborate core competencies in the specialties of psychiatry and neurology and to develop certifying examinations that will continue to evolve as fair, reliable, and valid. The book's critical attention to proposals for subspecialty designation is of particular interest and includes discussions of the accompanying tensions.

Part I, titled "Historical Overview," provides a detailed history of the founding of ABPN. Readers will find the "sketches of selected giants" in neurology and psychiatry both illuminating and, at times, humorous. The book dispels the notion that it was always smooth sailing for those in these two disciplines to work together as they wrestled with their differences. Robert Michels, M.D., quotes Francis Braceland, Psychiatry Director (1946–1952), describing these early tensions: "To get neurologists and psychiatrists of that period … to sit down together without police present was itself an accomplishment for there was always a feeling among the senior neurologists … that neurology was the "Queen of the Sciences" and psychiatry was a young interloper. The psychiatrists in turn said the neurologists preached neurology but practiced psychiatry to make a living" (p. 56).

Although psychiatrists and neurologists no longer sit for an examination requiring demonstration of competency in each specialty, their unified work has resulted in profound changes in the format of the examinations they do take as well as the elimination of lifetime certification. Readers may be surprised to learn how charged the latter decision was. Although not popular with many diplomates, the decision represented dedication to the idea of life-long learning for ongoing competency and the safety of the public. Dr. Victor Reus states that the change to time-limited certification was a "recognition that competency was not a permanent state" (p. 111).

However, the most lengthy, and even contentious, decisions reportedly dealt with whether to eliminate the part II oral examination. Given that numerous authors describe this process, there is some redundancy across chapters. Nonetheless, knowledge of this process and decision is crucial to understanding ABPN's evolution. The ABPN was the last medical specialty board to require candidates to pass an oral examination with actual patients. The observation of a candidate's interview, clinical assessment, and reasoning was considered essential for demonstrating competency.

Yet, as the cost of conducting these examinations escalated, the potential to test core competencies within the residencies seemed to be a logical alternative. Finally, both specialties voted to eliminate the part II oral examination, gradually phasing it out. Thus, neurology residents graduating in 2008 had their live-patient hour replaced with a clinical skills evaluation within residency training. Similarly, in psychiatry, residents graduating in 2011 had no part II oral examination. As noted, the changes were not only driven by the increasing costs to candidates and to ABPN but also by the inherently stressful nature of the examination and the ongoing efforts of ABPN to improve the fairness, validity, and reliability of its certification process.

In part II, titled "Neurology," and part III, titled "Psychiatry," description of the respective examinations and evolution of subspecialties is provided. In neurology, advances in neuroimaging and other diagnostic and treatment options contributed to the development of subspecialties such as stroke, neuromuscular, and neonatal medicine. In psychiatry, the effect of the increase in addiction-related hospital visits, the growth of the aging population, and public attention to high-profile legal cases were factors in the evolution of the subspecialties of addiction, geriatric, and forensic psychiatry. Opponents of additional subspecialties, however, cite concerns about specialty fragmentation and the dilution of broad clinical training.

The fourth and final section, titled "Future Directions," provides readers with essential and, at times, alarming information. Kevin Weiss, M.D., notes that in spite of increasing public scrutiny of health care quality and cost and the "acceleration of scientific knowledge and medical technology" (p. 265), health care providers are "falling short in their ability to translate new scientific knowledge into improved care" (p. 267). An alarmed public was informed that "problems in knowledge, performance, adherence to standards of practice, and actual health outcomes" increased as physicians aged (p. 286). One large study reported increased patient mortality rates as years of practice lengthened. Board certification, however, was associated with improved results and therefore strengthened the argument for maintenance of certification and lifelong learning.

ABPN's efforts to protect the public, which is "always ... the cornerstone of its mission" (p. 34), continue. Informing the public of the value of Board certification remains key. As the ABPN strategizes for the future, the unity of psychiatry and neurology is strongly reaffirmed. As this comprehensive volume powerfully testifies, ABPN is "*moving ahead*."

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**Correction**

When the October 2012 issue was posted online October 2, the PDF that accompanied the online version of the article "Presupplementary Motor Area Hyperactivity During Response Inhibition: A Candidate Endophenotype of Obsessive-Compulsive Disorder," by Stella J. de Wit, M.D., et al. (Am J Psychiatry 2012; 169:1100–1108), contained an older version of Figure 3. The figure did appear as intended in the online and print editions of the article, and on October 5, 2012, the correct PDF was uploaded to accompany the article.