

patients and the functional significance of this cognitive functioning pattern at both the group and individual levels. It is suggested that future revisions of the diagnostic criteria should include consideration of cognitive impairments but also consider that relationships among symptom dimensions and cognitive domains have been more fully investigated for schizophrenia-related symptoms than for mood symptoms. Prospective studies of potential mechanisms underlying cognitive and social cognitive impairments and awareness of illness, as well as translational cognitive neuroscience approaches, are needed in order to develop targeted pharmacological and behavioral intervention strategies.

Consistent with the National Institute of Mental Health's Research Domain Criteria approach, which aims to generate classifications of mental disorders based on specified domains of brain-behavior constructs, one way the field may progress is through investigation of key cognitive processes, including their occurrence, underlying circuits, course, and associated features across diagnostic categories. The focus of this book is on neurocognition in established schizophrenia; thus, it only touches on schizophrenia-related impairments in groups that are symptomatically at-risk but without psychosis. The rapidly evolving literature on clinical high risk reflects neurodevelopmental and dimensional aspects of cognitive impairments in the psychosis spectrum that are relevant to understanding both the development of underlying circuits and potential for early intervention, amelioration, or perhaps even prevention of psychosis. As the number and type of psychosis risk programs continue to grow, a challenge for the field will be the integration and reconciliation of their findings with the schizophrenia literature reviewed here. Within the Research Domain Criteria framework, it will be important to conduct empirical investigations of the construct validity of impairments in cognitive domains as indices of psychosis risk in order to inform our knowledge of the early course of psychosis, its functional significance, and potential to intervene.

Throughout the book, methods of cognitive and functional assessment are highlighted as fundamental to interpretations of findings in this area, with a critical eye toward existing assessment tools and modifications that may be needed to further advance the field. The assessment section does not aim to comprehensively cover currently used neurocognitive batteries. However, it does provide a discussion of influential tools used in schizophrenia treatment studies, including the Measurement and Treatment Research to Improve Cognition in Schizophrenia battery, which seek to redress gaps in earlier assessment approaches.

Overall, this is an excellent and useful reference for researchers and clinicians seeking an up-to-date review of recent advances in several key areas of cognitive research in schizophrenia. Readers will be informed by consideration of a broader range of functional outcomes than have traditionally been considered and their relationships with cognitive function and remediation/enhancement intervention efforts. Researchers and clinicians alike will be informed by a review of the state-of-the art literature in the field and the many exciting future directions in which this field can grow.

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The author reports no financial relationships with commercial interests.

Book review accepted for publication February 2014 (doi: 10.1176/appi.ajp.2014.14010100).

Frontotemporal Dementia, by Bruce L. Miller. New York, Oxford University Press, 2013, 200 pp., \$145.00.

I highly recommend Bruce Miller's extraordinary book, *Frontotemporal Dementia*, to all psychiatrists for two reasons: because it is a fun, interesting, and informative read and because it is important. Unlike most medical books, which are a compilation of chapters contributed by different authors, this book is written entirely by Dr. Miller, a behavioral neurologist who has done more than anyone to treat, study, and bring this fascinating disorder to international attention. Having a single author, the book has a cohesiveness and continuity that many multiauthor medical books lack. With his extensive expertise on the topic, the book is authoritative and current. One of my favorite things about this book is how Dr. Miller's clinical wisdom and expertise complement the discussions of research findings. There are many important issues in the field with a dearth of data, for example, the topic of slowly progressive frontotemporal dementia, and Dr. Miller supplements his discussion of the limited research on these topics with his own extensive clinical experience.

The book is an engaging and well-written overview of frontotemporal dementia and related disorders. It has something to offer for clinicians and researchers at any level, from beginner to experts on this topic. Readers will come away with a broad base of knowledge about the disorders that make up the frontotemporal dementia spectrum. Dr. Miller skillfully integrates important recent research findings with the background knowledge about these disorders to give a sense of where the field is going and why those with these disorders are such an interesting group of patients to care for and study. He covers frontotemporal dementia and related disorders, including language variants and the variants that present with prominent motor symptoms such as corticobasal syndrome, progressive supranuclear palsy, and frontotemporal dementia-amyotrophic lateral sclerosis, from the genetics and neuropathological findings to the imaging findings and clinical presentation.

Sections of particular interest to psychiatrists describe the insights to be gained from these patients on how emotion, empathy, the self, and social cognition are represented in the brain and what happens when these functions are disrupted. The frontal and anterior temporal lobes, more than any other part of the brain, make us "human," and the dysfunction of these systems can lead to fascinating symptoms. Dr. Miller describes a series of his patients with frontotemporal dementia with right frontal degeneration who had dramatic alterations of self, including changes in political views and religion, and patients with right anterior temporal damage who become rigid, unbending, and lost their empathy for others. He describes creative experiments, such as one in which frontotemporal dementia patients watched a videotape of themselves singing the song "My Girl" but did not show the signs of

embarrassment that healthy people show when doing this. He also reviews genetic findings with important implications for psychiatric disorders, including the recent evidence that mutations in the *C9ORF72* gene frequently initially present with psychiatric syndromes including psychosis and personality disorders.

I have made the case that *Frontotemporal Dementia* is an entertaining and informative book to read. But why is it particularly important for psychiatrists to read? Psychiatry should be especially concerned with disorders such as frontotemporal dementia that affect frontal and limbic functions, including emotion, social cognition, and behavior regulation. To date, the field of psychiatry has shown little interest in frontotemporal dementia and other neurodegenerative disorders that affect these brain regions. This creates a fundamental contradiction: We wish psychiatry to be taken seriously as a brain-based medical specialty, but we exclude patients with brain disorders that manifest with psychiatric symptoms such

as frontotemporal dementia. Patients with frontotemporal dementia usually present to mental health settings and are commonly misdiagnosed with psychiatric disorders. The study of patients with frontotemporal dementia can provide unique insights into the neuroanatomy and genetics of psychiatric disorders. Having more psychiatrists read Dr. Miller's excellent book will not fix the problem of integrating the study of frontal lobe disorders into psychiatry, but it would be a good start.

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The author reports no financial relationships with commercial interests.

Book review accepted for publication March 2014 (doi: 10.1176/appi.ajp.2014.14020215).

Books Received

The following books are presented here as a service to our readership to alert them of new titles and as a courtesy to those who have sent copies of these books to the Journal office.

Clinical Handbook of Psychological Disorders, 5th ed.: A Step-by-Step Treatment Manual, edited by David H. Barlow. Guilford Press, 2014, 768 pp., \$85.00.

The Human Mind and Belief II - Unplugged, by Eugene Breen. AuthorHouse, 2014, 108 pp., \$18.24 (paper).

The Human Mind and Belief, by Eugene Breen. AuthorHouse, 2013, 72 pp., \$13.95 (paper).

Smart But Stuck: Emotions in Teens and Adults With ADHD, by Thomas E. Brown, Ph.D. Jossey-Bass, 2014, 276 pp., \$24.95.

Psychology: A Very Short Introduction, 2nd ed., by Gillian Butler and Freda McManus. Oxford University Press, 2014, 176 pp., \$11.95 (paper).

The Therapist's Treasure Chest: Solution Oriented Tips and Tricks for Everyday Practice, by Andrea Caby, M.D. and Filip Caby, M.D. W.W. Norton and Company, 2014, 368 pp., \$26.00 (paper).

The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry, by Lance Dodes, M.D. and Zachary Dodes. Beacon Press, 2014, 179 pp., \$26.95.

Health Inequalities and People With Intellectual Disabilities, by Eric Emerson and Chris Hatton. Cambridge University Press, 2013, 173 pp., \$107.95 (paper).

Neurofeedback in the Treatment of Developmental Trauma: Calming the Fear-Driven Brain, by Sebern F. Fisher. W.W. Norton and Company, 2014, 416 pp., \$39.95.

Psychodynamic Psychiatry in Clinical Practice, Fifth Edition, by Glen O. Gabbard, M.D. American Psychiatric Publishing, 2014, 653 pp., \$135.00.

The American Psychiatric Publishing Textbook of Psychiatry, 6th ed., edited by Robert E. Hales, M.D., M.B.A., Stuart C. Yudofsky, M.D., and Laura Weiss Roberts, M.D., M.A. American Psychiatric Publishing, 2014, 1511 pp., \$215.00.

Charting the Course for Treating Children With Autism: A Beginner's Guide for Therapists, by Linda Kelly and Janice Plunkett D'Avignon. W.W. Norton and Company, 2014, 288 pp., \$25.95.

Essential Psychopathology Casebook, edited by Mark D. Kilgus and William S. Rea. W.W. Norton and Company, 2014, 648 pp., \$39.95 (paper).

Green's Child and Adolescent Clinical Psychopharmacology, 5th ed., by William M. Klyklo, Rick Bowers, Christina Weston, and Julia Jackson. Wolters Kluwer, 2013, 416 pp., \$99.99 (paper).

Out of the Blue: Six Non-Medication Ways to Relieve Depression, by Bill O'Hanlon. W.W. Norton and Company, 2014, 272 pp., \$29.95.

The Making of a Homegrown Terrorist: Brainwashing Rebels in Search of a Cause, by Peter A. Olsson, M.D. Praeger, 2014, 198 pp., \$37.00.

Mental Health: A Person-Centered Approach, edited by Nicholas Procter, Helen P. Hamer, Denise McGarry, Rhonda L. Wilson, and Terry Frogatt. Cambridge University Press, 2014, 500 pp., \$89.95 (paper).

Madness and Memory The Discovery of Prions: A New Biological Principle of Disease, by Stanley B. Prusiner, M.D. Yale University Press, 2014, 344 pp., \$30.00.

Human Agency and Neural Causes: Philosophy of Action and the Neuroscience of Voluntary Agency, by J.D. Runyan. Palgrave Macmillan, 2013, 232 pp., \$100.00.

Kaplan and Sadock's Pocket Handbook of Psychiatric Drug Treatment, 6th ed., by Benjamin J. Sadock, M.D., Virginia A. Sadock, M.D., and Norman Sussman, M.D. Wolters Kluwer, 2013, 336 pp., \$79.99 (paper).

Handbook of Positive Emotions, edited by Michele M. Tugade, Michelle N. Shiota, and Leslie D. Kirby. Guilford Press, 2014, 527 pp., \$110.00.

Anxiety and Depression: Effective Treatment of The Big Two Co-Occurring Disorders, by Margaret Wehrenberg. W.W. Norton and Company, 2014, 304 pp., \$27.95.

Eight Keys to End Bullying: Strategies for Parents and Schools, by Signe Whitson. W. W. Norton and Company, 2014, 240 pp., \$19.95 (paper).

Incest Avoidance and the Incest Taboos: Two Aspects of Human Nature, by Arthur P. Wolf. Stanford Briefs, 2014, 188 pp., \$12.99 (paper).