often what is needed; accept the fact that we simply do not know how to address everything; acknowledge that cost-efficiency is a factor and will play a role; and adopt more of an empirical approach. Did I need to read more than 480 pages to come to this understanding? Probably not. But was it worthwhile? Yes. At the end of the text, Fischer notes that Bruce Thyer experienced an epiphany when he read Fischer's' "Is Casework Effective?" back in 1973. I had an epiphany as well—a coming to terms with the strengths and limitations of evidence-based practice. But, just as important, I learned how one academic deliberately and realistically identified and pursued a personal and professional mission and kept his eyes on the prize—effective casework practice—Joel Fischer's noble quest.

This book review is dedicated to my father, Ed Kurz, who died while I was writing it.

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The First Episode of Psychosis: A Guide for Patients and their Families

M. T. Compton & B. Broussard (2009)

New York: Oxford University Press. ISBN: (paper) 978-0-19-537249-6. 288 pages

The frightening experience of first-episode psychosis poses daunting challenges to individuals and their families, challenges compounded by a dearth of accessible information to guide the way through the crisis and the stigma that surrounds it. *The First Episode of Psychosis: A Guide for Patients and their Families* sets for itself the enormous task to "provide readers with a complete guide explaining everything they need to know during this critical time of initial evaluation and treatment" (p. xv), and undertakes to accomplish this task in non-technical, layperson's language. This is a laudable goal; however, in our estimation, *The First Episode of Psychosis* largely fails to accomplish its aim, due to a number of oversimplifications that do not accurately match current scientific knowledge and frequent claims that existing knowledge is more advanced than it is. These oversimplifications include: selectively presenting research that fits a biomedical disease model of first-episode psychosis; overstating the knowledge supporting this model; and omitting research and theory that either contradicts the biomedical model, presents a more comprehensive understanding of psychosis, or acknowledges the

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substantial limitations of current knowledge. Ideally, family members and patients should be guided to consider a full range of options in their search for effective care, but this is precluded when Compton and Broussard overlook the debates and controversies in what is still an emerging field.

To the authors' credit, the book's organization is simple and each chapter is clear and concise. By avoiding confusing jargon and succinctly explaining otherwise complicated concepts, Compton and Broussard admirably invite readers to become engaged with treatment decisions. The international breadth of English-language sources also enhances the book, and the numerous resources for further learning are helpful, but these additional materials omit key literature on the recovery movement in mental health, particularly on the emergence of consumer groups (e.g., the National Empowerment Center [www.power2u.org], Freedom Center [www.freedom-center.org], or the Family Outreach and Response Program, [www.familymentalhealthrecovery.org]). The final chapter on mental health first aid is well written and raises many practical aspects of supporting someone in emotional distress. While the simple, reader-friendly language used throughout is the book's greatest strength, this also adds to its main weakness, the frequent oversimplifications that exaggerate or misrepresent current knowledge.

Numerous important topics are omitted, including: differentiating schizophrenia from the larger group of first-episode psychoses (FEP) and identifying their distinct prognoses and treatment needs; the more favorable rates of FEP recovery in developing countries (from the World Health Organization studies) despite lower use of antipsychotic medications (which may partly result from greater social support in collectivist cultures); the small but important literature describing a large minority of FEP patients who recover with psychosocial treatments alone and may not require exposure to the risks associated with antipsychotic medications (estimated 25% to 40%, Bola et al., 2006; "schizophreniform states" identified by Langfeldt, 1939; five important pilot treatment projects named Soteria, Soteria Bern, Finnish Need-Adapted Treatment, Open Dialogue, and the Swedish Parachute Project); the mental health consumer movement and its role in supporting recovery; a substantial and important literature about complete recovery from schizophrenia that includes studies where recovery is associated with (not caused by) medication discontinuation (Harding, Brooks, Ashikaga, Strauss, & Breier, 1987; Harrow & Jobe, 2007); and literature on the different outcome preferences among stakeholder groups (patients, family members, and professionals) in schizophrenia treatment (Shumway et al., 2003). There is also very little material on trauma as a risk factor for psychosis, and no discussion of whether treatment should be different for patients with previous traumatic experiences. These excluded topics enlarge the picture of FEP, yet may not comfortably fit within the biomedical disease model promoted by the authors. In our view, selecting materials that conform to one's viewpoint, while omitting contradictory or alternative evidence, introduces a bias that diminishes the usefulness of this book.

The authors also do not carefully distinguish correlation from causation. For example, in discussing both the correlation of brain structure and function to a

diagnosis of schizophrenia and the correlation of shorter duration of untreated psychosis to better outcomes, correlation is presented as if it were the same as causation. This error is repeated, for example, in the statement, "a combination of risk factors cause psychosis" (p. 51). The brief discussion on genetic etiology of schizophrenia likewise exaggerates the role of candidate genes in this highly inconclusive field (Sanders et al., 2008). While there are many known correlates, the causal mechanism(s) underlying psychosis are unknown.

Similarly, the authors frequently compare schizophrenia to diabetes, heart disease, hypertension, and even bacterial infections as if the scientific knowledge of these different illnesses were at a similar stage of development. While the medical metaphor is alluring and may induce patients to comply with prescribed medication, there are clear differences among these illnesses. Most notable is the absence of objective, laboratory tests for the evaluation and treatment of schizophrenia. In our view, it is misleading (perhaps "wishful thinking") to compare the more rudimentary knowledge of schizophrenia (and particularly FEP) with the more developed biological knowledge of these other illnesses; and all the more troubling given that studies associate disease model explanations of schizophrenia with an increase in social stigma (Read, Haslam, Sayce, & Davies, 2006).

In relation to the use of antipsychotic medications in the treatment of FEP and other schizophrenia-spectrum illnesses, the authors again appear to exaggerate the scientific evidence for medications and understate the risks. They state, "[A]ll patients with psychosis should take an antipsychotic medicine, just as all people with pneumonia due to bacteria should take an antibiotic" (p. 79), and, "[M]ost people do not experience side effects from their medicines" (p. 79). There is little acknowledgment of either recovery without medications (Bola, Lehtinen, Cullberg, & Ciompi, 2009; Harding et al., 1987; Harrow & Jobe, 2007), patient preferences to minimize medication side effects (Shumway et al., 2003), side effects as an important reason for the very high rate of medication discontinuation (approaching 70% at eighteen months in the CATIE study), discontinuation difficulties and rebound (Tranter & Healy, 1998), or medication-induced supersensitivity psychosis (Chouinard & Jones, 1980; Chouinard & Sultan, 1990). Alternative, consumer-published medication information, such as the *Harm Reduction Guide to Coming off Psychiatric Drugs* (Hall, 2007) could be a useful resource for readers.

Throughout the book readers are exhorted to "stick with treatment" and advised that "following through with treatment is necessary to recover" (p. 15). Yet this strikes us as rather paternalistic, particularly in light of the statement that "people with impaired insight often refuse to take medicines or follow up with treatment" (p. 26). Rather than setting up a tautological catch-22, where patients not wanting to comply with medications as prescribed demonstrates "impaired insight" that thereby confirms their diagnosis, we hope that doctors and professionals in the mental health field will begin to listen more genuinely to the preferences of people recovering from mental illness, particularly in their preferences to minimize medication side effects and to be treated in crisis-residential facilities (rather than hospitals) during acute episodes.

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Although this book has some strengths, particularly in its use of layperson's language, a more comprehensive, thoughtful, humble, and integrated biopsychosocial perspective on first-episode psychosis is provided in *Psychosis: An Integrative Approach* by psychiatrist Johan Cullberg (2006).

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Understanding and Treating Adults with Attention Deficit Hyperactivity Disorder

Brian B. Doyle (2006)

Washington, DC: American Psychiatric Publishing Inc. ISBN: (paper) 978-1585622-21-4.
354 pages

Understanding and Treating Adults with Attention Deficit Hyperactivity Disorder examines the causes and current treatments for attention-deficit/hyperactivity disorder (ADHD). Doyle, a clinical professor of psychiatry and of family and community medicine at Georgetown University Medical School has compiled all the research and treatment strategies for working with adults with ADHD and provides a comprehensive review of its biogenic, psychogenic, and sociogenic causes. Comprehensive treatment regimes (medication, environmental changes, the use of allies, and psychotherapy) for ADHD and comorbid conditions are discussed.

The book is divided into ten chapters, and an appendix provides Internet resources for individuals and families. The first three chapters provide a general description of ADHD in children and adults, describe how ADHD is diagnosed, and offer a detailed description of the biology of ADHD. Items of historical interest are noted in the first chapter. Here, Doyle clearly explains the importance of understanding the diagnosis and treatment of ADHD, and how individuals have suffered negative consequences (driving and other accidents, lower educational and occupational attainment, higher rates of substance abuse, and teenage pregnancy) when not properly diagnosed.

Chapter 4 discusses important allies in treatment—clinicians, friends, family, mentors, and coaches—who can successfully work with individuals who have been diagnosed with ADHD, as well as the impact of culture on the diagnosis and treatment of ADHD. Chapter 5 provides an introduction to medications. Chapter 6 discusses for whom stimulant medications are appropriate. Chapter 7 discusses for whom non-stimulant medications are indicated. Chapter 8 explores the comprehensive treatment of ADHD, including creating a treatment plan, involving allies and family members, making environmental modifications, employing psy-

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