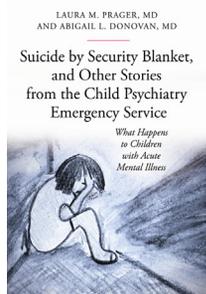


answer that, I would like to return full circle to the excellent introduction by Gary Kupfer. I fully agree that lessons learned in pediatric psychoncology can, indeed should, be used by practitioners in any field who deal with medically ill children. I no longer work exclusively—rarely at all, in fact—with children with malignancies, and yet this book provided much needed information related to my practice. It is an excellent read, and I hope that it would find its enthusiastic audience among child psychiatry consultation/liaison practitioners, oncologists, nurses, and social workers who deal with medically ill children and, dare I say it, any mental health professional who is interested in the impact of stress on his or her practice. Pediatric hematology-oncology services have been at the very front of our knowledge on the psychosocial impact of chronic illness. They have provided funding, research knowledge, and emphasis on those aspects of care to a degree that very few other specialized services have. We should benefit from their wisdom, and this textbook provides an excellent opportunity to do just that.

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Suicide by Security Blanket, and Other Stories From the Child Psychiatry Emergency Service: What Happens to Children With Acute Mental Illness. By Laura M. Prager, and Abigail L. Donovan. Santa Barbara, CA: Praeger; 2012.

Suicide by Security Blanket is a brutally honest portrayal of a busy emergency room by Laura Prager and Abigail Donovan, child psychiatry attendings at the Massachusetts General Hospital Psychiatric Emergency Room. The most important question they ask when a child and his family arrive in crisis at the emergency room is, with a hint of a biblical undertone, "What makes this day or night different from all others?" (p. 85). As emergency doctors, they are the gatekeepers to inpatient admissions, they provide rapid diagnosis to determine whether a patient is safe to go home, and they teach other clinicians how to make these crucial decisions.

The patient vignettes are written for 2 audiences: they provide a disturbing opportunity for lay people to see how children may present in crisis in an emergency room and the urgent need to focus on diagnosis and disposition, and they describe cases that can help clinicians to hone their diagnostic skills, learn about relevant laws protecting children, and understand how to best to make these difficult decisions. There are no easy algorithms; rather, clinicians need good interviewing skills and an ability to tolerate having only a limited understanding while making critical judgments.

The composite patients portrayed are familiar to those of us who practice child psychiatry: an adolescent having her first psychotic break, a child who needs to be evaluated to see if he is "safe to return to his school" after he threatens to stab his second grade teacher, and a boy who is terrified by his fear of contamination by germs and food.

The authors elaborate on the delicate effort to determine if a child is in imminent danger and the negotiations with the child's guardians who may have different concerns. Why would a 5-year-old repeatedly have dark, complex intersecting lines drawn on her upper inner thighs from just below her underwear to all the way down her knees? In a busy emergency room, the clinicians often do not have the luxury of follow-up to find out if they made the correct determination with these high-stakes decisions. The authors wonder if their efforts are "futile" (p. 75) or if they have an impact on patients in the short term to help bridge patients and families to critical therapeutic services. They include a touching story about Austin, a bewildered 15-year-old with Asperger syndrome. He had

moved to a new state precipitously and this had disrupted his routines and he was inconsolable when he arrived at the emergency room with his mother on New Year's Eve looking for help. During the assessment, the psychiatric resident provided concrete suggestions for easing his transition and connected the family to outpatient services. Austin calls the emergency room every New Year's Day to offer an update and to thank the staff for helping him. It is rare to have this kind of acknowledgement; gratitude in these settings is more about a death averted or an aggressive child subdued.

Often the families can have intense reactions when their children are struggling. The authors do not sugarcoat how some clinicians can be dismissive of parents' fear and describe the effort of other doctors to be empathic and provide comfort. A 9-year-old boy was referred to the emergency room after he went down to his playroom and tried to strangle himself. He did not have any rope, so he used his scarf. He also had written a list outlining why he wanted to die. Although this was a fairly straightforward decision to hospitalize this patient, his parents were alarmed and threatened legal action if this happened, and the beleaguered resident felt under attack. The attending psychiatrist avoided an escalating confrontation by joining with the mother in their shared desire to make her son feel better. The psychiatrist's gentle approach averted a power struggle.

Massachusetts, where the authors and I practice child psychiatry, is in the process of a transition. The Rosie D. Decision is a legal mandate to provide children with psychiatric support in the least restrictive setting possible by providing quick access to clinicians who can mobilize home-based services and therapeutic mentors. This may mean that over time, as services are provided more intensively and earlier, there may be a decrease in emergency room visits. However, when children are extremely aggressive or imminently

about to hurt themselves or others, emergency assessment may still be necessary.

The authors describe Dahlia, a patient who, despite intensive community resources and outpatient treatment, routinely requires emergency room services when she is too unsafe and needs temporary hospitalization. Sadly, she was born addicted to opiates and by 3 years old had lived with 3 different foster families, and by 4 years old she had explosive tantrums including one where she dislocated another girl's shoulder. The authors end by describing themselves as "caregivers who want to make a difference ... learn as much as possible about the child in front of us, muster the limited resources available in the system, make safety our priority, and hope for the best" (p. 106). These brave clinicians have shared heartbreaking stories of suffering children by narrating the complexity, uncertainty, and compassion required to provide care in a broken system so that patients and families can have a safety net when they are in the emergency room in crisis.

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Note to Publishers: Books for review should be sent to Schuyler W. Henderson, M.D., M.P.H., NYU Child Study Center, One Park Avenue, 7th Floor, New York, NY 10016 (email: Schuyler.Henderson@bellevue.nychhc.org).