images arouse in us a sense of compassion that leads—or at least has the possibility to lead—to constructive actions? Sontag's deep understanding of the photographer's art and reality serves as the backdrop for her discussion and the debate she invites the reader to join.

Even those of us who are not students of photographic art will find much to consider in this short and thoughtful essay. The role of the witness has significance for any clinician who works with men and women who have survived abuse or profound loss and trauma. And although the survivor rarely has a photographic account of the trauma, he or she often has a verbal or written record of lived pain and suffering. For many survivors of abuse, being able to tell one's story to a compassionate witness is often the beginning of the recovery process.

Sontag questions whether too many images of suffering will inure the viewer to the pain of others. Although this may be a risk for the reader leafing through a magazine and scanning pictures of war atrocities, it seems less likely to be the case when the witness is a clinician listening to the stories of trauma survivors. First, and most important, the clinician-witness has a relationship with the survivor who sits opposite him or her in the interview room. The survivor is not an anonymous other but a real person with a deeply personal story. What is stirred in the clinician is not indifference but, rather, what the Dalai Lama calls compassion, a desire to relieve the suffering of others. So stirring and profound can the effect on the clinician be that some have rightly raised questions about the vicarious traumatization that many clinicians experience just by the act of bearing witness.

Sontag legitimately points out that the purpose of some images is to shock the viewer, to disturb the complacency and obliviousness that characterizes much of the modern response to tragedy. And although some trauma survivors may tell their stories with an eye to the shock value of the tale, most do not. Instead, the survivor tells the story in order to be heard and seen, to relieve some of the intense isolation and madness that surrounds the experience of abuse. The survivor wants to reach out and make contact with a person who might be able to understand and witness the pain. Sometimes the account results in action taken by the witness, but sometimes it merely builds a bridge out of loneliness and despair.

Perhaps the fundamental difference between the images that Sontag describes and the stories of abuse that many clinicians hear and witness is that Sontag's images are not the product of the victim-survivors themselves but are the work of a third eye, a photographer who is telling someone else's story. When clinicians listen to the accounts of pain and suffering that trauma survivors bring into the consulting room, the clinic, or the hospital, they are witnessing the firsthand account of one who has lived through suffering, and that account can do nothing but arouse compassion and, hopefully, a desire to help.

Intervening in Adolescent Problem Behavior: A Family-Centered Approach

by Thomas J. Dishion and Kate Kavanagh; New York, Guilford Press, 2003, 243 pages, $35

Joanne Corbin, M.S.S., Ph.D.

In *Intervening in Adolescent Problem Behavior: A Family-Centered Approach,* Thomas J. Dishion and Kate Kavanagh summarize 15 years of developing and researching an ecological approach for working with adolescents with problem behaviors—the Adolescent Transitions Program. Adolescent behaviors for which this intervention is effective include delinquency, substance abuse, alcohol abuse, aggression, academic difficulties, and social skills deficits.

Specific chapters address the developmental and ecological theories used in the creation of this program. Several chapters focus on the articulation of the multiple levels of interventions in the program, such as a family resource center (universal level), a component supporting adolescents and families not yet at high risk (selected level), and a component addressing adolescents and families at high risk (indicated level).

Key messages throughout the book include the importance of placing adolescent problem behaviors in a developmental framework, of planning interventions within the context of the family, and of actively using the broader social and academic systems that affect adolescent functioning.

Evaluation data on the program and related evidence-based studies are presented. The reader is invited to understand how modifications were made on the basis of the data—even negative data are shown to be meaningful to program decisions. The authors use their findings to discuss and dispute common treatment practices and beliefs, such as dose response, the preference for close adherence to a treatment manual or curriculum, the practice of a traditional clinical treatment "session," and the recommendation of group work with adolescents.

One chapter addresses the methodologic issues encountered during data collection. Measurement issues such as parents' underreporting of adolescent problem behaviors or the tendency of teachers to rate African-American or nonwhite males as having a higher risk of

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problem behaviors are identified, and methods researchers can use to reduce these biases are provided.

This book will be particularly useful to beginning psychiatrists, psychologists, and social workers who are interested in an ecological approach to working with adolescents and their families. It provides a clear understanding of the purpose of various program phases, such as prevention, assessment, feedback, and intervention. Numerous examples are presented of what to say and how to interact at each level. Common issues that arise when working with adolescents, conducting parent groups, or developing a collaborative program in a school setting are also addressed in this book. Helpful checklists and guidelines are included in the appendixes.

Although the book does deal with the many issues involved in establishing a comprehensive program, it makes the program appear easier to implement than it actually is. Components of the model, issues of implementation, and preferred staffing are described too briefly at times, which may not do justice to the effort, skill, and knowledge needed to carry out this type of intervention effectively. Finally, in a text that uses an ecological perspective for working with adolescents and families, more attention must be given to issues of diversity.

Geriatric Psychiatry

edited by Alan M. Mellow, M.D., Ph.D.; Washington, D.C., American Psychiatric Publishing, Inc., 2003, 212 pages, $34.95 softcover

James Ellison, M.D.

Older adults, the most rapidly increasing segment of the U.S. population, increasingly require our professional expertise. Fortunately, the ranks of geriatric subspecialists are growing. However, nonspecialists will also need to stay abreast of advances in the treatment of mental disorders among older adults. It is therefore encouraging to see that geriatric psychiatry has been included as one of the topics of American Psychiatric Publishing's Review of Psychiatry series.

Alan M. Mellow M.D., Ph.D., the editor of *Geriatric Psychiatry,* is chief of the University of Michigan's division of geriatric psychiatry, an associate professor of psychiatry, director of the Veterans Integrated Service Network 11 Mental Health Service Line, and author of many articles in the field. With the help of a well-selected group of authors from his and other institutions, Dr. Mellow provides a timely and scholarly overview of some hot issues in geriatric psychiatry.

Among the many topics that could be covered in such an abbreviated format, Dr. Mellow has selected a limited number of areas to address with a moderate level of detail. The initial chapter, on late life depression and anxiety, briefly touches on uncomplicated and psychotic late-life depression but focuses in an informative way on two less frequently reviewed topics: the co-occurrence of cognitive and depressive disturbances and the range of anxiety disorders seen among older psychiatric patients. A chapter about dementia provides a selective review of major syndromes and gives the reader a good feel for the presentation and basic management of patients who have Alzheimer's disease, the most common dementing illness. A chapter on late-life psychoses provides a practical guide to assessment and intervention. A chapter on late-life addictions, an often-neglected topic, effectively orients the reader to ways in which older adults differ from younger ones in clinical symptoms and treatment choices.

The final chapter, by Christopher C. Colenda and associates, deserves special mention for its lively and comprehensive presentation of geriatric psychiatry's current key political agendas, including advocacy for financing of geriatric care that is commensurate with the growing needs of this population, enactment of true parity in insurance coverage and other Medicare and Medicaid reforms, more effective integration of psychiatric and medical care, provision of better mental health services in the long-term-care environment, support for innovative treatment delivery programs, and enhancement of the quality and availability of geriatric psychiatry training. This is an ambitious but vital program.

I found this book informative and enjoyable to read but would note that an overview such as provided in this slim volume will not satisfy every reader's needs adequately. Subspecialists who seek more detail will want to consult primary sources or delve into one of the standard textbooks (1–3). Generalists wishing to find specific treatment guidelines will want to supplement this book with one of the concise and practical handbooks now available (4,5). The greatest value of *Geriatric Psychiatry* may be for the general psychiatric reader, primary care clinician, or nonmedical mental health clinician seeking a well-written introduction to an area of increasing importance.

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