apy briefly reviews specific cognitive and behavioral techniques, how to measure response, and when to terminate therapy. It concludes by noting that unlike other psychotherapeutic approaches, cognitive-behavioral therapy has fared well within the managed care arena because the treatment outcomes are measurable, and data are available to support its efficacy. Another chapter describes the indications for psychoeducation and the features that make it appealing as an adjunct to other forms of psychotherapy. The chapter on somatic therapy offers interesting and useful advice on when a medication consultation is indicated.

Psychiatric specialists proficient in psychopharmacology or psychotherapy may find some of the clinical management recommendations simplistic or idiosyncratic. The two-page outline of the major points of family therapy or the brief discussion of long-term maintenance with antidepressants might be viewed as too basic by some social workers or psychopharmacologists. Statements that the use of medication consultants with psychotherapists is more cost-effective than having one clinician provide both medications and psychotherapy could be perceived as an overgeneralization, not true with all patients in all treatment settings. In the chapter on somatic therapy, some psychopharmacologists would disagree with the recommendation to increase sertraline by 100 mg increments over a two-week period or the inclusion of selegiline (Deprenyl) in Table 6.3 as a monoamine oxidase inhibitor along with Nardil and Parnate.

Because of its focus on the typical rather than the unusual case and its combination of treatment modalities, *Treating Depression* has broad appeal for clinicians from a variety of disciplines. The book is a user-friendly resource for both the novice and the seasoned practitioner who must regularly justify that they have devised a workable, cost-effective treatment plan. What distinguishes *Treating Depression* from other texts is that it provides sound clinical direction on how to treat depression in the context of managed mental health care—a reality too often overlooked or ignored by other authors.

Growing Up Sad: Childhood Depression and Its Treatment

by Leon Cytryn, M.D., and Donald H. McKnew, Jr., M.D.; New York City, W. W. Norton & Company, 1996, 216 pages, $25

Daniel D. Storch, M.D.

I was disappointed after finishing this book, but in rereading it, I felt that my expectations had been unintentionally misdirected. The foreword notes that the book "will be of value to all professionals" who try to help depressed children. On the contrary, I believe this book is best suited for somewhat sophisticated parents, for teachers, for nonpsychiatric physicians, and perhaps for mental health professionals who have no prior training or experience with children. As a child psychiatrist, I found my appetite whetted but unsatisfied.

The references also illustrate the basic problem of the authors' not defining their audience. Citations from classic psychiatric texts and peer-reviewed journals appear alongside those from newspapers and popular magazines. Less than half the references are from the last ten years, and less than a third from the last five years.

The book does make many excellent points. As to why depression is missed, "perhaps the biggest reason is that many depressed children are often the 'nicest' boys and girls on the block and the best behaved kids in school." Children themselves are the best source of information about their feelings, the authors say, while care providers report best on behavior. As medical director of a mental health clinic, I especially liked the advice that "because children of parents with affective illness represent a group clearly at risk, any psychiatrist or other therapist evaluating or treating such adults should inquire about the emotional status of their children," and that child therapists should likewise ask about parents.

I appreciated the wisdom of the comment that "a comprehensive biopsychosocial approach will ensure the necessary *remedicalization* of psychiatry, while preventing its *dehumanization.*" And I liked the book's closing lines, which repeat the closing remarks of the first version of this book (1) in order to summarize the authors' basic tenets: "Early detection and treatment of depressed children, before the depression becomes a way of life, is essential. Given timely and appropriate help, most depressed children can be helped to live a normal and productive life."

Working independently and then together for 30 years, the authors have carried out classic studies in recognizing depression in children, and their names go together like those of other great teams. Dr. Jerry Wiener, chairman of the department of psychiatry at George Washington University, where both authors are clinical professors, notes in his foreword how far the subject has evolved. As recently as 25 years ago, he says, "it was possible to actively debate . . . the very existence . . . of depression as a definable diagnostic disorder in children."

The authors are sensitive and humane as they speak about the role of biological predisposition, poverty, and other risk factors; prevention; and the need for public education and advocacy. In small print on the

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back of the title page is a note that Dr. Cytryn's royalties are being contributed to the Holocaust Museum in Washington, D.C.

Despite the many good points it has, this easy-to-read, approximately-200-page book could have been more tightly written and edited. More focused, it would have been a shorter book that could be more widely distributed to parents and other primary care providers at less than the $25 price.

Reference

1. McKnew DH Jr, Cytryn L, Yahraes H: Why Isn't Johnny Crying? Coping With Depression in Children. New York, Norton, 1983

Support Groups: Current Perspectives on Theory and Practice

edited by Maeda J. Galinsky, Ph.D., and Janice H. Schopler, Ph.D.; Binghamton, New York, Haworth Press, 1995, 123 pages, $24.95

Mark S. Salzer, Ph.D.

The stated purpose of this book is "to expand the theoretical and empirical base for understanding [support groups] as well as to report on their innovative use in a range of settings and with diverse populations." The first chapter, written by the editors, describes support groups as falling somewhere between "treatment" and self-help groups on the continuum of group interventions, with some overlap with both types of groups. The editors proceed to outline their open-systems model of support groups, described as "a framework for understanding the factors that affect support groups, for guiding interventions, and for evaluating outcomes."

This model serves as the guide for the compilation of chapters that follow, written by and for social workers, each depicting support-group interventions for a diverse set of potentially underserved populations. They include groups for women with postpartum psychiatric problems, caregivers of frail older adults, male partners of adult survivors of sexual abuse, grandparents raising their grandchildren, African Americans affected by sickle cell disease, and families of armed services personnel in the Persian Gulf War. Two chapters stand out as particularly unusual. One examines the use of telephone support groups for caregivers of persons with AIDS. The final chapter discusses self-help groups on the Internet and offers an example of an Internet group for sexual abuse survivors.

This book accomplishes its goal of reporting on innovative support groups for diverse populations, but does not sufficiently advance theoretical or empirical knowledge about support groups. For example, the editors' definition of support groups is so vague that almost any group intervention could fit it. In addition, the use of the term "treatment" at one end of the continuum implies that support groups, and to a greater extent self-help groups, cannot be considered treatment for people with psychological difficulties. Support and self-help groups should be considered treatment if treatment is regarded as any intervention that addresses a person's mental health needs. Similarly, the concept of support seems exclusively linked with support groups, but is obviously not confined to them. While some interesting theoretical points are made in the book, clearer conceptualizations of support groups are necessary to spur advancements in knowledge.

The empirical data presented consist almost solely of qualitative reports. Data on satisfaction and symptom change are reported in only two chapters. Although the authors provide interesting descriptive information, they do not address the reliability and validity of all empirical data. The data presented serve only to highlight the need for more rigorous research on support groups.

In the final analysis, the editors are to be commended for bringing together a set of chapters describing support groups for diverse potentially underserved or ignored populations. The description of steps taken to establish these groups is informative and might prove useful to those interested in initiating group interventions. However, more thoughtful work is needed to expand theoretical and empirical knowledge about support groups.

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Challenges in Clinical Practice: Pharmacologic and Psychosocial Strategies

edited by Mark H. Pollack, M.D., Michael W. Otto, Ph.D., and Jerrold F. Rosenbaum, Ph.D.; New York City, Guilford Press, 1996, 504 pages, $55

Douglas H. Hughes, M.D.

The treatment-refractory patient is the focus of *Challenges in Clinical Practice: Pharmacologic and Psychosocial Strategies*. The book is divided into five sections on mood disorders, anxiety disorders, eating disorders, "other disorders" (included here are chapters on schizophrenia, substance abuse, personality disorder, adult attention-deficit disorder, premenstrual dysphoria, and refractory insomnia), and treatment-emergent side effects. Each chapter tackles a common serious psychiatric illness and suggests options for what to do when a patient fails to respond to the initial treatment. Pharmacologic, cognitive-behavioral, and psychodynamic perspectives are described. Nearly

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