

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 symp-

tom 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.

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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BOOK REVIEWS

all the authors are from Massachusetts General Hospital, which benefits the style and uniformity of the text, and are skilled clinicians and noted researchers.

An issue of growing importance in mental health is the delivery of psychotherapeutic treatments that have empirical validation. This collection of authors represents individuals with experience in the development of validated treatments, and the book thus presents state-of-the-art treatments with a strong empirical perspective. The issues investigated here are fundamental to all types of psychotherapy, and therefore this text has broad appeal and interdisciplinary relevance.

The chapters are consistently well written and easy to read. An example is the chapter by Michael Otto and his colleagues about cognitive-behavioral and pharmacologic interventions for posttraumatic stress disorder (PTSD), which can be one of the most challenging conditions to treat. The authors thoroughly review the literature and treatment options, including adrenergic blockers and agonists, benzodiazepines (the high rate of concurrent substance abuse does not

suggest a central role for benzodiazepines in treating PTSD, they say), mood stabilizers, and antidepressants. They discuss cognitive-behavioral, exposure-based, and biologic models of treatment. Subsections also cover combined pharmacologic and cognitive-behavioral treatments, outcomes of randomized controlled trials, and novel techniques that await empirical documentation of their utility in treating PTSD.

The authors conclude that the literature appears to suggest that "agents with greater serotonergic relative to noradrenergic potential are associated with stronger effects on PTSD symptoms." However, their strongest treatment recommendation is reserved for exposure-based interventions and cognitive restructuring programs.

Challenges in Clinical Practice can be easily recommended for the libraries of all mental health clinicians. It is interdisciplinary, and it covers contemporary techniques, models, and therapeutic approaches to recalcitrant problems and treatment-refractory patients. The quality of the text is exceptional, precisely what one would expect from such distinguished editors and authors.

terized by efforts to accurately describe the phenomenon under study; the second phase must, of necessity, emphasize etiology and pathogenesis. Clarkin and Lenzenweger, the editors of *Major Theories of Personality Disorder* and well-regarded personality disorder researchers at Cornell University, believe that personality disorders research is beginning to enter this second phase. They also believe that subsequent research must be based on sound theoretical models if the field is to mature. It is for this reason that they assembled a group of senior theoreticians to contribute up-to-date position statements on five theoretical models or viewpoints of personality disorders: cognitive, psychoanalytic, interpersonal, evolutionary, and biological.

The book is divided into six chapters. In the first, the editors provide a useful overview of the basic research issues in the field. It is followed by the only chapter in the book with immediate clinical relevance—Pretzer and Beck's chapter on the cognitive model, which is an extraordinarily lucid and incisive articulation of the cognitive therapy approach to personality disorders. Kernberg's chapter on his psychoanalytic model is an exciting reflection of a Renaissance analyst's view of psychodynamics situated within a broad biopsychosocial perspective.

Benjamin's chapter on interpersonal theory and Millon and Davis' chapter on evolutionary theory may be difficult reading for those with little or no prior acquaintance with these viewpoints and their rather arcane use of language and coding-system acronyms. Depue's chapter on the neurobiological model is disappointing in that its focus is too narrow to include such core concepts recognizable to most psychiatrists as sensitization, kindling, neuropsychoneuroendocrinology, or even temperament.

The main value of this book is its focus on the importance of theory and the need for articulating the similarities and differences among the various theoretical models of person-

Major Theories of Personality Disorder

edited by John E. Clarkin, Ph.D., and Mark F. Lenzenweger, Ph.D.; New York, Guilford Press, 1996, 402 pages, \$40

Len Sperry, M.D., Ph.D.

In retrospect, it is increasingly evident that the introduction of *DSM-III* in 1980 significantly influenced not only the clinical practice of psychiatry but also its theory and research. One of the most dramatic influences has been on the description, classification, and treatment of the personality disorders.

The decision to specify a separate diagnostic axis—axis II—not only triggered what would become one of the most active areas of personality

and psychopathology research, but also spawned or accelerated a number of related developments. They include the publication of thousands of articles and hundreds of books on the diagnosis and treatment of personality disorders, the development of several self-report assessment instruments and structured interview formats, the formation of the International Society for the Study of Personality Disorders, and the publication of a specialty journal, the *Journal of Personality Disorders*.

These activities represent the first phase of development of a new field of inquiry. This first phase is charac-

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