Childhood and Adolescence Issues

Psychotherapy for Children and Adolescents: Evidence-Based Treatments and Case Examples, *by John R. Weisz. Cambridge, U.K., Cambridge University Press, 2004, 528 pp., $95.00; $36.99 (paper).*

This book reviews a good many recently published so-called evidence-based studies of several common and troublesome childhood psychiatric disorders. It leaves out a great deal about child and adolescent psychiatry and psychotherapy. Within some rather severe limits, however, which could have been acknowledged and discussed more prominently and thoroughly by the author, this is an unusually tidy and in many ways modestly useful book. Each of the four long main sections of the book is preceded by a brief introduction and followed by an even briefer conclusion, but given the vast areas of child psychiatric issues left out or slighted, one wishes that the contextualizing and, here and there, properly skeptical thinking of the introduction and summary chapters had been rather longer and more probing.

This book might, for example, have provided an excellent opportunity to discuss the many limitations of the phrase "evidence-based," which is currently fashionable and seemingly above reproach (but actually often somewhat smug, narrowly understood, and propagandistic). What is easiest to measure in child psychiatry tends to get measured and quantified and called real; what is harder or takes longer to measure gets implicitly brushed aside. Psychiatric research, whose fields are often quite complex, has too often simplified the real questions of What is evidence? and What is science? Related to this problem, the book might also have provided or at least indicated a far larger and subtler series of discussions of the large, and often understandable, gaps between clinicians and researchers. Clinicians actually do have a good bit of evidence. Insofar as the book discusses the gap, it seems to assume that the so-called evidence-based researchers, who give shape to this volume, are simply right and that the clinicians—and often perhaps patients—are wrong. I think that is a downright dangerous error.

The four main sections, labeled B through E, are Treatments for Fears and Anxiety, Treatments for Depression, Treatments for Attention Deficit/Hyperactivity Disorder, and Treatments for Conduct Problems and Conduct Disorders. Each begins with an appealing page-or-two case example, which seems to me a useful and welcoming introduction, but the case examples chosen seem, in both their presentation and their perhaps real or hypothetical or even wishful responses to treatments, to bear signs of being (it remains hard to tell) in an odd limbo between real cases and pasted together prototypical cases: Sean, Megan, Kevin, and Sal.

In section B, after a few very brief introductory comments on fears and anxiety, we are given a chapter titled "Four Classic Treatments for Fears: Modeling, Systemic Desensitization, Reinforced Exposure, and Self-Talk." These are important, and clearly presented. Like most of the other chapters, this one has a potentially useful ending, consisting of a brief and narrowly defined page on how to find out more about the four treatments just discussed. The author's freedom with the word "classic" here and in similar places when discussing what he has just discussed may be a bit less than reassuring to some readers, but that is not a major cavil. In the following chapter, titled "Therapies for Anxiety Disorders: Coping Cat, Coping Koala, and Family Anxiety Management," protocols and definitions of cogent clinical factors are often given, and this is very welcome. On the whole, these are fairly clean reviews of some studies that meet the author's definition of evidence, or wish for relative neatness and quantifiability, and have been published in the past decade or so. As such they are quite welcome, and it is useful to have them summarized in one place.

Sections C, on depression, and D, on attention deficit hyperactivity disorder (ADHD), are also neatly organized, and Section E, on conduct, is nearly as neat, although it necessarily brings in multisystemic treatment and, to some extent although less than one would wish, the necessary if messy area of families. In C, D, and E, as in B, the treatments are nearly entirely cognitive-behavioral. Fair enough, given the focus of the book, but not entirely fair, and not entirely realistic or useful. Not only is pharmacology hardly discussed at all, even in the treatment of childhood ADHD, but even combined pharmacotherapy plus psychotherapy is hardly mentioned—and that seems to me, in this day and age, odd, and a major opportunity lost.

A young or relatively naive reader of this book, impressed by the book's title and seeming neatness and adequacy, may hope that the book is a general text about child and adolescent psychotherapy, or about good child and adolescent psychotherapy. As one older clinician and reader, let me build on that last point to list a few of the vital areas in child psychiatry and psychotherapy beyond the scope of, not covered, or not adequately acknowledged in this book:

It avoids biological psychiatry. It nearly wholly avoids not only dynamic psychiatry and the unconscious but also meanings, psychological understanding of feelings, relationships, conflicts, defenses, anger, pain, shame, guilt, and self-deception. It has a rather narrow view of human adaptation. It has nearly nothing to say about the nature of the therapist, and the patient's relationship with him or her. It says little about the difficulties of listening, to oneself and to others. It nearly wholly avoids the family. It nearly wholly avoids social psychiatry: society, culture, race, class, prejudice, poverty, ethnicity, schools, religions, public economic institutions and arrangements, etc. It tends to avoid development. It accepts 6 months as an adequate follow-up in child studies. It tends to avoid causality. It nearly wholly avoids prevention. It avoids severe illness, such as autism, pervasive developmental disorder, schizophrenia, bipolar disorder, severe depression, and major substance abuse. It evades intelligence, learning disorders, psychosomatic disorders, parental illness or absence or death, other lack of good enough parenting, neurological and other physical illness, divorce, many problems with sex and aggression, abuse and neglect, loss, trauma, and posttraumatic stress disorder.

This is a long list, but all this does not mean it is a bad book. The author clearly tried to set some limits, in a partly postpsychoanalytical field still rather heavy with anecdote and unreliable clinical reports. Although the book might have explained its limits more clearly, it still helps us rather efficiently to review a good many recent studies in "evidence-based" psychotherapies for, mostly, mild to moderately disturbed children and adolescents. It also helps to clarify the still rather narrow world of so-called evidence-based psychotherapies for those youngsters. It will, one hopes, serve as part of a necessary era of serving the mental health of children by trying better to define what we know, and by listening to and noticing not just patients, and not just societal neglect, but also both researchers and clinicians.

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Interpersonal Psychotherapy for Depressed Adolescents, 2nd ed., *by Laura Mufson, Kristen Pollack Dorta, Donna Moreau, and Myrna M. Weissman. New York, Guilford Publications, 2004, 315 pp., $36.00.*

We seem to lack good, proven treatments for adolescent depression. The use of antidepressants in adolescent depression has been a bit discredited lately due to the controversies about their efficacy in adolescent depression and their questionable, yet possible, association with suicidal ideation. Thus, many are looking for alternative treatments to be used for depressed adolescents.

Interpersonal psychotherapy, a brief, time-limited psychotherapy, was originally developed by the late Gerald Klerman and his co-workers for the treatment of nonbipolar, nonpsychotic, depressed adult outpatients. Interpersonal psychotherapy postulates that, regardless of its etiology, depression is intertwined with the person's interpersonal relationships. The goals of interpersonal psychotherapy are to decrease depressive symptoms and enhance communication skills in significant relationships. Since there are similarities between adult and adolescent depression, it was only a question of time before interpersonal psychotherapy would also branch into the area of adolescent depression. The adolescent modification of interpersonal psychotherapy was developed by the authors of this book and Gerald Klerman in the early 1990s (1). The main modifications, compared with adult interpersonal psychotherapy, include a discussion of a specific type of role transition for adolescents that is due to family structural change and the addition of a parent component to the treatment protocol. It is still mostly a 12-week-long psychotherapy for 12–18-year-old adolescents with weekly face-to-face sessions interspersed with telephone contacts.

The goals of the second edition of this book, according to the authors, were to provide a general overview of the current treatment practices for adolescent depression, to introduce the experienced adolescent therapist to the theoretical and practical application of the adolescent modification of interpersonal psychotherapy, and to update the original modification for adolescents of the interpersonal psychotherapy manual (1) with a decade of experience in using this technique.

The book is divided into three parts. Part 1 is a general overview of adolescent depression, which includes discussions of the nature of depression in adolescents, current psychosocial treatments for adolescent depression, and the origins and developments of interpersonal psychotherapy for depression. Part 2, Application of Interpersonal Therapy for Depressed Adolescents, is the actual detailed adolescent modification of interpersonal psychotherapy treatment manual for the clinician. It goes over the three phases of interpersonal psychotherapy (initial, middle, termination) and discusses the four problem areas (grief, interpersonal role disputes, role transitions, interpersonal deficits). The text is interspersed with numerous communication examples and very concrete scripts of what to say in specific situations.

Part 3, Special Issues in Treating Adolescents, discusses clinical situations such as patient-initiated disruptions to treatment, parental depression, nonnuclear families, the suicidal patient, and crisis management. It also deals with the use of medication in conjunction with the adolescent modification of interpersonal psychotherapy as well as current and future research in this treatment. Part 3 also includes a comprehensive description of an adolescent patient treated with modified interpersonal psychotherapy. There are three appendixes—the Interpersonal Inventory, a guide on how to query about relationships, and a session checklist for the adolescent modification of interpersonal psychotherapy. The chapters in the clinical part of the book have a similar structure and contain many clinical vignettes.

Even though this book is intended for a fairly narrow audience—therapists trained in treating adolescents—many other clinicians dealing with children and adolescents will find it useful. It will help clinicians to review important clinical issues in the area of communication and interpersonal relationships. It may also help some to take the first training step in this treatment modality—most parts of the book are very simple and easy to follow. Many fellows in child and adolescent psychiatry and their teachers would find it to be a good teaching text for the adolescent modification of interpersonal psychotherapy.

I believe the authors fulfill the goals of this book and provide us with a solid, clinically oriented, updated manual for the adolescent modification of interpersonal psychotherapy, based on years of their personal experience in using this modality. This book seems to be *the* manual for interpersonal psychotherapy for depressed adolescents.

Reference

1. Mufson L, Moreau D, Weissman MM, Klerman GL: Interpersonal Psychotherapy for Depressed Adolescents. New York, Guilford, 1993

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The First Idea: How Symbols, Language, and Intelligence Evolved From Our Primate Ancestors to Modern Humans, *by Stanley I. Greenspan, M.D., and Stuart G. Shanker, D.Phil. Cambridge, Mass., Da Capo Press, 2004, 504 pp., $25.00.*

Psychoanalyst/child psychiatrist Greenspan and philosopher Shanker marshall paleoanthropology, neuroscience, clinical work with children diagnosed as autistic, and primate, infant, and attachment research to show how two million years of accumulated cultural progress are packed into