

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

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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 marshal 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

several months of early life. Maturational potentials for language and thinking rely on the sensitivity and timing of the “good enough mother”; cognition emerges from a rich emotional matrix of mutual emotional attunement, which makes possible *an* idea, not any one universal first idea. The authors criticize genetic determinists within psychiatry (see Kendler [1] for a more complete discussion) and the social sciences, and they place Damasio’s dualism and Chomsky’s genetic theory of language in a more comprehensive context. They remind us that brain structure changes with experience (it would have been helpful to have some examples with illustrations).

One wishes that the authors had made more use of the rich contributions of child psychoanalysts like Winnicott, Fraiberg, Spitz, and E. Furman, who so carefully observed and captured the emotional *quality* of both mother and infant. The authors seem comparatively behavioral and mechanistic. It is puzzling that their comprehensive program for autistic children (Table 12.2, p. 316) makes no mention of emotion per se. Further, one misses the greater complexity and depth with which these earlier clinicians described and conceptualized the emotional field. Early on, Spitz (2, 3) showed that failures in the maternal environment can lead to mental and physical retardation and even death. Fraiberg (4) demonstrated how one emotion can ward off an infant’s accurate perception of both his own inner world and of his mother’s emotional intent: a mother repeatedly taunts her 5-month-old baby with the offer of food and then snatches it away; the baby comes to respond with laughter and motor excitement, engaging in a sadomasochistic game. Even in such young children, emotions can be reversed or transformed. The picture is not so straightforward as Greenspan and Shanker imply.

Perhaps the most questionable part of the study is the lengthy section on group psychology, which offers a developmental view of the capacity of groups to function “democratically.” Despite their claims of not offering a simplistic linear view of history, and of not being ethnocentric, the authors’ conclusions seem to us uncritical and highly ethnocentric. For example, they state that “nations without large numbers of logical, reflective individuals who can learn and master new challenges generally do not progress economically in the same way as nations with large numbers of individuals who have these capacities.” This sounds like the Protestant ethic revisited. One wishes they had looked at Chomsky’s other work (5) showing how the word, symbol, and idea of “democracy” are used to represent what it is not, and how this usage functions to rationalize the most atrocious acts. More than seven million people, mainly civilians, have been killed in Korea, Vietnam, and in the first Gulf War, in places that many “literate” people cannot locate on a map. Time is getting short for figuring out how people can be “logical, reflective individuals,” and Greenspan and Shanker provide only partial answers.

## References

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***Out of Options: A Cognitive Model of Adolescent Suicide and Risk-Taking***, by Kate Sofronoff, Len Dalgliesh, and Robert Kosky. New York, Cambridge University Press, 2004, 205 pp., \$75.00.

Kate Sofronoff is currently a Lecturer in Clinical Psychology and Len Dalgliesh is a Senior Lecturer in Judgment and Decision Making in the School of Psychology, University of Queensland, Brisbane, Australia. Robert Kosky is Emeritus Professor of Child Psychiatry at the University of Adelaide, Australia. These three authors have combined their academic and clinical experience in an attempt to tackle an area of adolescent behavior that presents a serious and important challenge for parents, teachers, and professionals the world over.

These authors have a long-standing interest in adolescent suicidal behavior. The first four chapters of the book describe the epidemiology of adolescent suicide, risk, and emotional and cognitive predisposing factors in adolescent suicide. The authors then look at risk-taking and the common variables between risk-taking adolescents and suicidal adolescents. Finally, the authors focus on one aspect of suicide prevention, the role of cognitive mediators and the suicidal thinking/decision of adolescents.

It is their clinical impression that adolescents who attempt suicide are in many ways similar to adolescents who take serious risks and end up in the juvenile justice system. They postulate that both of these groups, the risk-takers and suicidal adolescents, have long-standing serious and similar cognitive deficiencies. They describe two programs to improve problem solving in symptomatic adults—the Problem Solving for Life Program and the I Can Problem Solving Program. Although they do not indicate they are specific to Australia, I am unfamiliar with the use of these programs in the United States.

The Problem Solving for Life Program requires that high school students work in groups, fitting together puzzle pieces that have positive or negative phrases written on them. Each group then decides where the puzzle fits on a poster. On a positive poster there is a movement from the problem to thinking (“It’s a challenge, at least try”), to feeling (“good feelings, excitement”), to doing (“relaxing, thinking, growing, positive alternatives”), leading ultimately to an effective solution, i.e., thinking, feeling, and doing. In a similar way a negative poster has unhelpful thoughts written on it, which lead to negative feelings and then poor solutions. The authors admit that obviously not all life problems have solutions. All coping does not lead to a positive response. This program also offers suggestions as to where the adolescent might go for support when problems seem unmanageable.

The other program, the I Can Problem Solving Program, is an interpersonal cognitive program for children and adolescents. It was designed to teach children to think in ways that will help them to resolve interpersonal problems successfully.