Review of Clinical Psychology will include a chapter that reviews publications on the use of the structural analysis of social behavior as an assessment instrument.

A second misrepresentation is the following: "Unfortunately, Benjamin oversells her treatment. She claims it has empirical support, but this is limited to a few case studies and testimonials from former students and supervisees."

When the book was published, the limited nature of supporting data was basically as described by Dr. Wetzler (1), and his summary comes from the book. After reporting pilot data, I added, "This list of results—some of which are based on objective, symptom-oriented data gathered before and after treatment, hardly constitutes a formal clinical trial. But the data are a step above the 'testimonial' or isolated 'case report' methods of validation.…Clearly, formal clinical trials are needed next" (4, p. 343). I have maintained that interpersonal reconstructive therapy is "empirically informed," meaning that its theory and methods draw heavily on published research. These claims do not represent "overselling."

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On Intercountry Adoptions

TO THE EDITOR: The report of Wendy Tieman, M.S., and colleagues (1) on psychiatric disorders in intercountry adoptees was a useful review of the Netherlands experience. Although the authors found a higher risk of mental disorders in adoptees, they noted that "The majority did not show serious mental health problems," and they commented that "This is surprising, given the adverse circumstances in which the majority of these children lived the first part of their lives" (p. 597). Such comments are consistent with the findings from an Australian study of adolescents (mean age=15 years and 2 months) who had been adopted from Indonesia and who had no increase in psychiatric symptom profiles compared with a random community sample of similarly aged adolescents (2). Furthermore, there was no correlation between the measure of psychopathology and the age at which the adolescents had been adopted. Although the findings are unexpected, they may reflect the care with which intercountry adoptions are undertaken.

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Dr. Tieman and Colleagues Reply

TO THE EDITOR: In his letter, Dr. Goldney presents results of an Australian study in which he and his colleagues found no differences in psychiatric symptom profiles between adoptees and nonadoptees in adolescence (his reference 2). However, contrary to the results of the Australian study, we found that more adoptees (29.6%) than nonadoptees (21.6%) had a psychiatric disorder in adulthood. Our study is one of the few that investigated the mental health problems of adoptees in adulthood. There are a number of studies that reported on the adjustment of adoptees in adolescence. The results of our study corroborate the results of studies in which adoptees had more mental health problems than nonadoptees in adolescence, as reported in two reviews (1, 2). Despite the higher level of psychiatric morbidity that we reported for adult adoptees compared to that for nonadopted individuals from the general population, it is equally true that the majority of the adoptees had no serious mental health problems, although many of them had adverse early experiences. Therefore, we agree with Dr. Goldney that many intercountry adoptions result in good outcomes for many adoptees. To what extent this is due to the care with which intercountry adoptions are undertaken or to the individuals' resiliency cannot be concluded from our data. We are currently studying the outcomes of international adoptees in their social functioning, including their education, work, and relationships.

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Benefits of Light Treatment for Depression

TO THE EDITOR: It is gratifying that the APA Committee on Research on Psychiatric Treatments (in a report by Robert N. Golden, M.D., et al. [1]) concluded that light therapy is beneficial and that effect sizes are comparable to those found in antidepressant drug trials.

A similar conclusion on the effects of bright light was reached in our Cochrane review of light treatment of nonseasonal depression (2). There are many complexities in deciding which studies to include in meta-analyses. The Cochrane review used extensive search strategies to retrieve all relevant randomized studies and included many more randomized studies of light treatment for nonseasonal depression than the recent meta-analysis by Dr. Golden et al. (1). Differing from the conclusion of Dr. Golden et al., the Co-