

Book Reviews

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Seasonal Affective Disorder and Beyond: Light Treatment for SAD and Non-SAD Conditions

edited by Raymond Lam, M.D. Washington, D.C., American Psychiatric Association Press, 1998, 327 pages, \$45.00.

This text reviews the theoretical basis behind the use of phototherapy and the clinical literature on the efficacy of phototherapy in seasonal affective disorder (SAD) and other selected disorders. The novice reader may be surprised to discover there are a number of different clinical conditions for which light therapy has been purported to be effective. While phototherapy is generally considered a legitimate treatment modality for SAD, its use in other clinical syndromes is less established. Clearly, the authors are strong advocates for the use of phototherapy in any condition where it may be remotely helpful. For example, the data on the use of light therapy in the treatment of premenstrual depression and eating disorders with seasonal patterns are not overwhelming, yet the authors make a strong pitch for its use. The text also reviews the data on the use of bright light in the treatment of jet lag, shift work, and sleep maintenance insomnia; however, phototherapy is not usually considered to be a practical approach to any of these conditions. Likewise, the use of phototherapy in nonseasonal depression is endorsed by the authors. While phototherapy in these non-SAD conditions may not be harmful, its therapeutic benefits are questionable. Regarding the acute treatment of major depression, the text recommends that if phototherapy were used, it should be in combination with "standard" antidepressant treatments.

The most widely accepted role for light therapy is in the treatment of SAD and subsyndromal SAD conditions. The authors acknowledge that the specific treatment parameters (such as the intensity, wavelength, and the time of day when light is to be administered) vary considerably among researchers and clinicians. The majority consensus, however, is that white light appears to be superior to any specific wavelength, and morning light is superior to evening light. Probably the most useful part of the book is an outline of "how to do" phototherapy, beginning with the initial standard treatment paradigm and including treatment options for partial responders. The section on the side effects reported with light therapy should be required reading for anyone who prescribes phototherapy. A surprising 20% of subjects will report transient side effects such as headache, eye-strain, feeling "wired," nausea, and dizziness.

The authors of this text are extremely knowledgeable about the technical side of the subject matter and the application of phototherapy in various clinical settings. However, most of the discussions are too technical for the average clinician. Most clinicians would be happy with simpler explanations of the proposed mechanisms of action of light therapy, followed by guidelines on how to conduct phototherapy. The technical details such as measuring light, different wavelengths required to achieve a

biological response, and other physiologic explanations of how light treatments work will be less interesting to the average clinician. Whereas the efficacy of light therapy in the treatment of SAD is generally well accepted, the authors' conclusion of the effectiveness of light therapy in other non-SAD disorders does not appear to be unequivocally supported by the reviewed literature. The discussion of delayed sleep phase syndrome and advanced sleep phase syndrome is a good review for the clinician who practices sleep disorders medicine or one who wants to know more on this topic.

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Treatment of Childhood Disorders, 2nd ed.

edited by Eric J. Mash and Russell A. Barkley. New York, N.Y., Guilford Press, 1998, 771 pages, \$69.95.

Treatment of Childhood Disorders is a comprehensive and scholarly review of the latest behavioral-systemic treatments for childhood and family disturbances. The editors and their colleagues, mostly academic psychologists, address the multivariant forces that shape and maintain childhood disorders. The book is portioned into 6 sections: the introduction and sections on behavioral disorders, emotional and social disorders, developmental disorders, children at risk, and problems of adolescence. Each section devotes a chapter to a specific disorder or topic. Many of the chapters contain commentary about onset, course, outcome, etiology, genetics, pharmacology, treatment, and developmental considerations.

Behavioral-systemic treatment focuses on "building skills in the child and his or her social environment that will facilitate long-term adjustment, and not just on the elimination of problem behaviors and/or the short-term reduction of subjective distress." (p. 10) The behavioral-systemic approach emphasizes attention to systemic as well as individual developmental perspectives across clinical diagnoses. The empiricism and critical thinking of the multiple authors are noteworthy, and their willingness to discard unproved treatments is praiseworthy.

This well-edited book moves smoothly from chapter to chapter despite having multiple authors. Barkley writes comprehensively about attention-deficit/hyperactivity disorder; other authors offer reviews emphasizing cognitive-behavioral approaches to child sexual abuse, autism, anxiety, and eating disorders. Each chapter contains a literature review, clinical data arranged in clear tables, and guidelines for initiating cognitive-behavioral therapy.

The book could benefit from more consideration of interpersonal (attachment theory) and intrapsychic process (resistance)

issues. Many patients do not fit snugly into one theoretical category, and the norm in most caseloads is eclectic treatment. Furthermore, the belief that the child's social environment can be tailored to support the goals of treatment is often overly optimistic.

Child and adolescent clinicians will benefit immeasurably from this encyclopedic and informative review book, and both experienced and novice therapists can profit from it. This text will probably be used primarily as a reference codex to support practitioners who use empirically based behavioral theory to guide their practice. Systemic and dynamic therapists will benefit from the research findings and clinical tips offered by these renowned authors. Credit goes to the authors of this volume for bringing the findings of the laboratory to the office of the practitioner.

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Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors

edited by G. Alen Marlatt, Ph.D. New York, N.Y., Guilford Press, 1998, 390 pages, \$40.00.

The development of more effective strategies to prevent and minimize problems associated with potentially dangerous behaviors (such as substance abuse and unsafe sex) is of great importance to both at-risk individuals and society in general. *Harm Reduction: Pragmatic Strategies for Managing High-Risk Behaviors* is a new book that promotes a controversial movement toward various approaches to "harm reduction" of dangerous behaviors, a movement based on nonjudgmental assistance and education of alcohol and illicit drug users. The text includes 20 contributors, with 16 from the University of Washington in Seattle. It is unfortunate that only 12 authors had doctoral level (Ph.D.) training and that none were psychiatrists or other physicians despite the medically relevant issues discussed, including use of medications in substance abuse treatment.

The fact that this book has as much of a political agenda as a clinical one will probably be exciting to strong supporters of harm reduction (HR) programs, but irritating to those opposed and those primarily seeking a clinical text in the area. There is often a distinction between legislative and social goals for the "greater good" and the clinical needs of a patient. The stated objective is to "provide an alternative" to the "war on drugs" in the United States, with "a new approach to working with people who use drugs or who engage in other high-risk behaviors."

The text is composed of 4 parts. Part I (3 chapters) includes a report on the first national HR conference in the United States, which took place in California in 1996. As a doctor not involved in the HR movement, I found this to be one of the less useful chapters; it seems to be included primarily for posterity purposes. To me, more interesting chapters in this section were on the international history of HR and basic concepts in HR. The book describes HR as nonjudgmental on the "use" of substance abuse and asserts that drug use in our society cannot be avoided. This passive stance will be considered the primary breakthrough for supporters of HR and as a road to enabling for nonsupporters. It is possible that both opinions may be correct depending on specific cases. Although abstinence is considered one of the possible objectives of treatment, it is not considered the only accept-

able objective. This is certainly an area of considerable honest debate, with the desire to make at least some improvement on one hand and the fear of setting expectations so low on the other hand that the full potential of the client is not reached. As an aside, it is interesting that conventional substance abuse treatments often lead to improvement in the patient's overall condition without achieving the goal of full abstinence, and so recognition of the treatment as successful or not is often clouded. The book's primary criticism of current U.S. drug abuse strategies is that they do not reach many drug abusers (and other high-risk people) because of the emphasis on abstinence.

The book describes various HR-related programs, such as "the Dutch model," which allows for "coffee shops" that sell hashish and marijuana, red light districts where sexual services are legal and regulated, and programs to bring methadone to opiate addicts. In the "Merseyside" model (Liverpool, England), drugs of abuse (such as cocaine and heroin) can be prescribed. The obvious advantage is that dependent persons do not need to obtain the drugs from the streets where dangerous situations often develop, while the disadvantage (not well discussed in the book) is the possibility of breaking the basic medical motto "first do no harm." In this Merseyside "medical" model, the multidisciplinary team (which includes a physician, who prescribes the drugs) directs patient care by democratic voting. Although such an approach may enhance group harmony, it overly empowers some staff who do not have appropriate training in some areas, such as medicine. The Swiss have provided "shooting rooms" for IV drug users, as well as "needle parks" that allowed the purchase and use of drugs of abuse in a public area. These approaches were also developed to disconnect the underworld culture from drug use and to decriminalize the high-risk behaviors. They do not, however, reduce the physiological harm from drugs of abuse or negate associated need for medical treatments. Some preliminary but rather soft data are used to support these HR programs, without much information about the contrary arguments.

The book also describes the current U.S. policy as consisting of the "moral" and "disease" models. The "moral model" relates to criminalization of drug use and the "war on drugs," while the "disease model" approaches addiction as it would other illnesses rather than as a lifestyle choice. In emphasizing the "compassionate" basis for HR models, the book unfortunately seems to imply that compassion is not an important concern of the moral and disease models, which certainly is not the case.

Part II (4 chapters) describes HR and conventional approaches for alcohol abuse, nicotine use, and illicit drug use and criticizes the limited effectiveness of the conventional programs. It also discusses ways HR strategies can be applied to other potentially dangerous behaviors (such as sexual activity in relation to HIV). Part III (2 chapters) focuses on specific needs of the black and Native American communities and how HR strategies may better serve specific groups. Part IV (1 chapter) describes the interesting history of drug control policies in the United States and promotes HR-model changes in U.S. policy.

For the supporters of HR programs, this will be a valuable text. In fact, D. B. Abrams, Ph.D., and D. C. Lewis, M.D., describe the book (in the forward) as an "enormous service to humankind." It is my belief that most psychiatrists and other clinicians in the United States will find the novel concepts of HR theoretically interesting and well-meaning, but will regard some of the recommendations as potentially dangerous, and, at the very least, controversial.

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