

remedies”—plants, herbs, vitamins, natural hormones, amino acid derivatives, and animals and fish (omega-3 fatty acids).

Part I focuses on several most studied remedies used in the treatment of mood Disorders—St. John’s Wort, omega-3 fatty acids, docohexanoic acid, S-adenosyl-L-methionine (SAM) and folic acid, dehydroepiandrosterone, phenylethylamine, and inositol. These chapters provide a fairly exhaustive review of available efficacy studies, a comparison with conventional medicines when available (e.g., the comparison of St. John’s Wort with some selective serotonin reuptake inhibitors), review of side effects of the substance or extract and exhaustive discussion of the possible mechanism of action. Some chapters delve into pharmacology and/or pharmacokinetics of the particular substance/extract.

Part II (3 chapters) homeopathy and kava, valerian, and melatonin—substances used in the management of anxiety and sleep disorders. Part III contains chapters on using black cohosh in menopause and chaste fruit in premenstrual syndrome, and Ginkgo Biloba extract in cognitive disorders. Again, the chapters in these two parts provide solid reviews of efficacy studies and possible mechanisms of action of the reviewed remedies. Part IV on polypharmacy and side effect management consists of one chapter briefly reviewing the possible and questionable use of Ginkgo Biloba extract in the management of sexual dysfunction secondary to antidepressants and the possible use of maca, a root vegetable from Peru, in the same indication. The chapter also discusses the possible use of natural remedies in weight reduction (basically, no good data available) and possible combinations of natural medications.

The Afterword makes three main recommendations: 1. Practitioners should routinely inquire about their patients’ use of alternative medications and should encourage patients to feel comfortable discussing them, 2. In the absence of more conclusive data, the authors believe that there are two kinds of patients to be considered good candidates for natural remedies: first the mildly symptomatic patients with a strong interest in natural remedies where the delay in adequate treatment would not be devastating, and second, patients who failed multiple trials of more conventional medications or who are particularly intolerant of side effects and thus in whom there would be little to lose trying natural remedies, 3. The authors suggest caution with patients who take multiple medications and natural remedies as relatively little is known about drug-drug interactions and toxicities.

Appendix A summarizes the different natural medications, their indications, dosages, and adverse effects. Appendix B provides examples of possible combination strategies with natural medications. Finally, Appendix C is a summary of interactions and suggestions for combination.

While this is an interesting book, I would not necessarily recommend it to a busy clinician. Why not? Well, I do not know whether the main purpose a busy and information-overwhelmed clinician would read the entire book, is achieved. I am saying this because I am not sure whether after reading this book one can “decide comfortably whether or not to prescribe natural psychotropics to certain patients and to recommend the

appropriate doses.” I don’t think that this is necessarily due to the authors’ writing. It is probably due to the fact that when applying stringent scientific criteria on using these substances, one simply cannot find enough solid evidence and guidance for their use. Some of the authors conclude their chapters with a statement that they simply cannot recommend the particular substance/extract for clinical use at the present time. The writing of the book is also a bit uneven. Some chapters are very good and straight to the point (e.g., the chapter on kava—yet this chapter does not deal enough with the possible hepatotoxicity associated with kava). Some chapters are very informative and even provide some guidance for the substance’s use (e.g., the chapter on melatonin). Other chapters are a bit opinionated without providing good clinical data beyond an interesting theory and speculation (e.g., the chapter on phenylethylamine). Finally, some parts of this book speculate on the basis of very weak data (e.g., the use of Ginkgo Biloba extract for sexual dysfunction secondary to antidepressant treatment) or speculate without any data (e.g., the use of maca in the treatment of sexual dysfunction). My cautious caveat is intended for a busy clinician interested in simple solutions and suggestions.

However, I would not like to discourage those seriously interested in this topic from immersing themselves in this book. I believe that they will find a lot of food for thought. The book is intended for them. It contains a large amount of interesting information, especially on the possible mechanisms of action of these substances/extracts and on other possible uses. Hopefully we will see more case reports and studies on possible new uses of these substances. One could almost say that this is a “scientist’s” and “natural remedies enthusiasts and connoisseurs’” book on natural medications for psychiatric disorders.

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Social Skills Training for Schizophrenia (Second Edition) A Step-by-Step Guide, by Alan. S. Bellack, Kim. T. Mueser, Susan Gingerich, and Julie Agresta, The Guilford Press, New York, New York; 2004; ISBN: 1-57230-846-X; \$35 (softcover), 337 pp.

Social Skills Training for Schizophrenia is a welcome re-issue for those involved in the psychosocial treatment of people with schizophrenia. It serves as a comprehensive overview of

the interpersonal skill building and rebuilding that people with schizophrenia face, and provides a clear roadmap for clinicians who are in a position to help them. The second edition, which includes updated and additional material, describes and teaches a valuable intervention that adds to the armamentarium of psychosocial supports necessary for people with schizophrenia.

Sensitive to today's climate in medical and mental health care that looks for proven successful approaches to the treatment of most problems, the authors present a review of research literature to provide support for this intervention as an evidence based practice. It is clear from the research done to date, that when people with schizophrenia receive social skills training, alone and in combination with other interventions such as follow up, availability of a support person, or supported employment, their ability to live independently, to interact with others and work successfully improve. The authors outline areas for future research such as understanding how the development of social skills can help people with schizophrenia develop intimate relationships and satisfying leisure activities, or enhance parenting skills.

The major portion of the book is devoted to the assessment of social skills, teaching social skills, planning a group and the development of a curriculum. The chapters are detailed and offer useful verbatim examples of how a teaching session might work. Attention is given to specific needs of individuals in order to maximize involvement in the group and integration of learning. Suggestions are given as to how to tailor material to the patient's level of cognitive development, how to individualize goals, and so on. A whole chapter is devoted to common problems and challenging clients such as patients who are experiencing severe symptoms, young and elderly patients, patients who have involvement with the criminal justice system and others.

A particularly valuable chapter, new in this edition, addresses issues of co-occurrence of schizophrenia and substance abuse. This chapter is very much in keeping with the current thinking about the need to integrate substance abuse and psychiatric treatment in one setting which has gained the support of practitioners in both fields and legislators alike. It is now an accepted view that treating patients for mental illness and substance abuse in the same treatment program is more effective. Additionally, patients with schizophrenia, who experience cognitive and energy deficits, tend to have difficulty negotiating two systems (substance and mental health) at the same time. Rather than insisting on abstinence before offering psychiatric treatment which they consider unrealistic, the authors suggest the use of motivational interviewing and frequent urinalysis as methods for helping patients understand the role of substance use in their problem-solving. The authors' use of small monetary rewards for clean urine samples could be controversial, but any clinician reading this book will be free to use reinforces of his or her own choosing. In any case, the authors rely on social reinforcement for meeting the goals of abstinence as ultimately the more potent factors in effecting change.

The second part of the book identifies specific skills related to areas of functioning such as living in the community,

friendship and dating skills, assertive skills, and so on. The authors provide detailed instructions for teaching each skill that include the rationale for learning a skill, steps in teaching it, role plays and feedback suggestions.

Two appendices provide additional instructional materials for clinicians and assessment tools with which to measure patients' functioning prior and post training.

Recovery of mental health is a challenging and long term effort that people with schizophrenia undertake when they can feel hope that there will be supports to help them regain functioning to such a degree that they can lead meaningful lives in the community. *Social Skills Training for Schizophrenia (second edition)* is a much needed and well developed tool with which clinicians can offer such support. It is one of the building blocks on which people with schizophrenia can construct and deepen the quality of their lives. It is a book that will be appreciated by clinicians and by program developers who work with people with schizophrenia on integration into the community. It is also useful for researchers who study social rehabilitation of people with schizophrenia and for educators who train clinicians in the use of behavioral interventions with severely mentally ill people. Psycho-dynamically oriented practitioners may have some difficulty accepting the strictly behavioral definition of social skills as such and of their acquisition, but even they will find the practical usefulness of this text appealing in the end.

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Generalized Anxiety Disorder—Advances in Research and Practice, edited by Richard G. Heimburg, Cynthia L. Turk, and Douglas S. Mennin, The Guilford Press, New York, New York; 2004; ISBN: 1-57230-972-5, \$ 55 (hardbound), 446 pp.

Generalized anxiety disorder is a multi-author edited book containing 16 chapters divided into 4 sections. The first section includes three chapters on the clinical and community aspects of GAD. The second section covers five chapters devoted to theoretic and empirical approaches. The third section covers six chapters focused on assessment and treatment. The final section contains two chapter related to the special populations of children/adolescents and older adults.

The editors note in the preface that although we live in an "age of anxiety" generalized anxiety disorder has lagged behind panic disorder, OCD and social phobia in research and clinical attention. GAD is held up as understudied and misunderstood. The authors note that some of this may be due to the relatively late description in DSM-III and early problems with poor reliability and validity.

One chapter in Part I by Ronald Kessler and colleagues highlights some of the important epidemiologic features of GAD. GAD is an early age of onset disorder. Studies typically