

and both of these are commensurate with pharmacological or neurological hallucinations. The third route is a higher order cognitive route which manipulates imagery processes; this is exacerbated by affective states, particularly hyper-arousal secondary to stress, and contributed to by self-monitoring errors and an external attribution bias. They suggest different cortical regions which would be involved in these different pathways, lateral prefrontal cortex for the third higher order route and anterior cingulate gyrus and premotor cortex for the monitoring processes, and the thalamus for attention. This is clearly a complex model and I was less convinced by this synopsis, and a little disappointed; perhaps it was naive to expect an answer, but the proposed model appeared to lack not only parsimony, but I found it difficult to link the pathways together; I would have liked more space devoted to the idea of pulling these strands together. However, perhaps as in so many areas of psychiatric illness – this too is a case of a complex multifactorial aetiology.

The book ends with a chapter on treatment modalities and again had impressive coverage of the use of transcranial magnetic stimulation to treat auditory hallucinations, and the potential for linking this more systematically with imaging studies in the future. One very minor gripe was the list format for describing some of these studies, e.g. X described this, and in the next paragraph, Y described that, and Z described that, suggestive of less rigorous editing than the in the rest of the book.

So in summary, an excellent book which covers the known and unknowns of the basic data in delightful detail, and the synthesis of the known knowns and unknowns reasonably well; as for the unknown unknowns, well that's for you to read and decide. I will certainly be using this copy on a regular basis and would recommend it to anyone interested in psychosis; it has something for almost every level of reader from interested members of the public to cognitive neuroscientists interested in phenomenology.

SUKHI S. SHERGILL

(Email: Sukhi.Shergill@iop.kcl.ac.uk)

Psychological Medicine, 38 (2008).
doi:10.1017/S0033291708004480

Handbook of Depression in Children and Adolescents.
Edited by J. R. Z. Abela and B. L. Hankin. (Pp. 529;
\$65.00; ISBN 1-59385-582-6.) Guilford Publications:
New York. 2007.

Written by leading scholars in child and adolescent depression, the *Handbook of Depression in Children and*

Adolescents offers an excellent integration of various etiological models, treatment and prevention strategies. Another unique feature of this volume is its interdisciplinary approach for the development and maintenance of depression. The book is divided into five sections. Section I contains two introductory chapters, including information on the classification, prevalence, associated features (e.g. co-morbidity, course and correlates) and consequences of depression. Chapter 2 discusses some important methodological issues including the use of the same diagnostic criteria for depression across the lifespan, difference in symptom expression in the different age groups, and the extent to which depression should be examined using categorical or dimensional approach. Another discussion was related to the use of structured and semi-structured diagnostic interviews that are based on ICD-10 and DSM-IV criteria. Because our current classification systems do not clearly provide guidelines for the distinctions between 'clinically significant' and 'marked distress', developers of diagnostic interview schedules have come up with their own decisions about operational definitions in an effort to increase the reliability of assessment. A major issue is that these decisions are often not applied consistently across studies, leading to different levels of reliability and validity of data collected.

Further, in assessing child and adolescent depression, the use of multiple informants is strongly recommended and there is much evidence which shows the importance of using such an approach. The problem is that we are yet to come to a general agreement on how to integrate inconsistent information from the different informants in order to come up with a single valid diagnosis.

Section II focuses on major theoretical models for the development and maintenance of depression, including cognitive, interpersonal, biological, genetics and emotion regulation. The argument for each of the theoretical perspective and their empirical evidence are very convincing. The use of complex techniques, such as nuclear magnetic resonance imaging (MRI), functional magnetic resonance imaging (fMRI) and positron emission tomography (PET), and the use of molecular genetics methodology in studying depression among young people is well-described and informative. Overall, the chapters in this section stressed the importance of using a developmental perspective on the development, maintenance and recurrence of depression.

Sections III and IV focus on various psychological intervention and prevention programs, respectively. Each chapter begins with a theoretical underpinning of the specific programs, a step-by-step overview of the implementation of a particular program, followed

by the description of studies which have examined their efficacy. Studies on each of these psychological intervention programs have convincingly shown their effectiveness in reducing depression and psychosocial impairment, and in enhancing the young people's quality of life. However, some authors also cautioned that such findings, based on studies mainly conducted in university or research settings, need to be replicated in 'normal' clinical settings. A chapter on the psychopharmacological treatment of child and adolescent depression presents some of the most commonly used antidepressant drugs and their efficacy, as well as some discussion on the psychopharmacological management of youth depression.

The last section contains four chapters on specific populations: (1) a developmental psychopathological approach for gender differences in child and adolescent depression; (2) children of depressed mothers; (3) suicidal behavior; (4) the role of child abuse and neglect in the development of depression. Not only did these chapters make a critical analysis of the existing studies in these areas, they also discuss some

of the implications of the findings for treatment and prevention work among these specific populations.

Overall, the book is well-written and well-structured, with each chapter containing a comprehensive summary of the most recent and relevant studies. The strength and limitations of the studies and theoretical models are well discussed. Following discussion on the gap in current research in adolescent depression, each chapter ends with a discussion of direction for future research. Despite its comprehensive coverage of the state-of-the art information on depression in children and adolescents, information on the cultural aspects of depression, including discussion of the generalizability of research findings and their relevance in preventing and treating depression in young people from different cultural groups, is somewhat lacking.

I strongly recommend this book to students, practitioners, and researchers who are interested in child and adolescent depression. They will find this volume an invaluable resource.

CECILIA A. ESSAU, Ph.D.
(Email: C.Essau@roehampton.ac.uk)