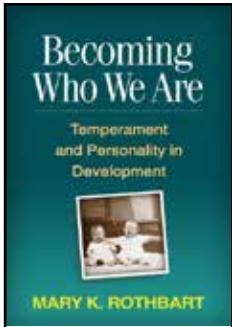




## BOOK REVIEWS

**Becoming Who We Are. Temperament and Personality in Development.**

Mary K. Rothbart. *The Guilford Press, New York, NY, 2011.* 324 pages. \$45 (US), hardcover.



If you have been wondering what has been happening to the concept of temperament since Thomas and Chess put forward their nine temperament traits, this is the book for you. Mary Rothbart, Distinguished Professor Emerita of Psychology, has been a leader in the fields of temperament, emotional development, and attention development research for many decades. She has developed several questionnaires that are widely used in research. It is wonderful that she has written this book, as she is in a good position to pull together and organize the research in this field from the perspective of one who has worked in it, and relate it to the whole area of developmental psychology.

This book is a detailed review of the field of temperament from its historical roots to suggested future research. Its relationship to the field of personality research is discussed. It is written, in my opinion, for psychologists, especially psychology researchers, so as a child psychiatrist I felt I was sometimes looking in from the outside. I had difficulty with certain terms, such as “structures of meaning,” and had to keep returning to the definition. This is an academic book, and in parts it is quite dense and dry. There is a lot of repetition of certain concepts, so perhaps it is meant more as a reference book than to be read from cover to cover. It could easily be the textbook for a third or fourth year psychology course on temperament, with convenient summaries at the end of each chapter. I strongly recommend it for anyone starting to do research on temperament, because it reviews the field and is quite up to date.

The book begins with definitions and a history of the subject, starting in antiquity, much before Thomas and Chess. Chapter 2 is about the methodology of temperament research. Chapter 3 reviews what is known about the biology of temperament, incorporating up-to-date primate studies, genetic studies, and brain research. Chapter 4 discusses temperament in infancy. I enjoyed the first four chapters, which I felt were quite accessible to physicians interested in the

topic. Thomas and Chess’s nine temperament dimensions are discussed, but other dimensions have been developed since then, and it is these newer dimensions, especially the ones developed by Dr. Rothbart, that form the foundation for most of the analysis and discussion that follows in the book. Dr. Rothbart also compares her dimensions to those of other current models.

Rothbart’s temperament dimensions are: “non-aggressive negative affect (fear and sadness),” “aggressive negative affect (frustration and social anger),” “effortful control (activation and attentional control),” “extraversion/surgency (sociability, high-intensity pleasure, and positive affect),” “orienting sensitivity (general and affective perceptual sensitivity and associative sensitivity),” and “affiliation (emotional empathy and empathetic guilt).”

Although the next four chapters have titles which imply clearly delimited and differentiated topics, the material in the chapters seems broader in scope. They summarize a vast area of research in most or all areas of child psychology that could be said to have any bearing on temperament. The above dimensions are discussed in terms of development of meaning, coping, culture, conscience, and other areas, with a lot of overlap in the material. These chapters are dry, with terminology perhaps more familiar to research psychologists, especially the chapter “The Self and Structures of Meaning.” In that chapter are included the terms (from various sources) “state self,” “experiential self,” “agentic self,” “sensorimotor self,” “body or object self,” “constructed self,” “narrative self,” “looking-glass self,” “inner private self,” “idealized self,” and others. How temperament is affected by and affects interpersonal relationships is discussed, which is relevant to family therapists in particular.

The last three chapters are more clinical. The end of chapter 9 introduces research on training attention and educating children, parents, and teachers about temperament. I recommend reading the original research here, which is easy because there are ample references. Throughout most of the book, I was not sure where the line is being drawn between normal temperamental types and psychopathology, such as ADHD and Major Depression. One of the articles cited concerning training attention did not include children with ADHD, but the dimension called “Effortful Control” is very relevant for ADHD. Chapter 10 brings in the topic of psychopathology and its relationship to the field of temperament. There is still a lot of repetition of earlier concepts, so perhaps one could read this chapter without having read everything that came before and still learn about the connection between temperament and psychopathology.

This is an important book. It demonstrates how much the field has developed since Thomas and Chess brought temperament to the attention of clinicians. Old categories have

been tested, and some have not survived, whereas others were refined and defined with more precision. How different temperament dimensions develop over the life cycle and stability over time of different dimensions is discussed in great depth. The reference list is extensive, just as one would expect of a book of this nature.

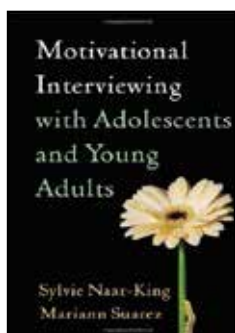
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## Motivational Interviewing with Adolescents and Young Adults

*Sylvie Naar-King & Mariann Suarez. The Guilford Press, New York, NY, 2013. 224 pages. \$36 (US), hardcover.*



This well-organized text provides a concise overview of the spirit and fundamental strategy inherent in motivational interviewing (MI), followed by a more detailed look at its utility in a number of special circumstances. The authors do a masterful job of explaining why this approach is particularly relevant to social and emotional development in adolescence and emerging adulthood, often revisiting this theme. Early chapters written by the authors give us a sense of the history and evolution of this approach, showing particular respect to the seminal work of W.R. Miller.

Chapters on person-centered guiding skills, responding to resistance, change talk and commitment clarify key concepts and skills, often illustrated by case examples. They provide a convincing argument as to how this approach makes particular sense with young people who are reluctant clients or ambivalent about identifying or making changes in dysfunctional behaviours. The authors' approach considers resistance to be an interpersonal process consistent with normal development in this age group. Their concepts of resistance talk ("negative comments about treatment"), sustain talk ("statements about sustaining a behavior and not engaging in change") and hesitancy about behaviour change represented by limited conversation are all very familiar to those of us who work with such clients. Their recommended responses, from "stop, drop and roll," to various types of reflection, to an array of strategic responses

deserve consideration, even by those of us who might not see ourselves as fully trained in this set of techniques.

Special topics, addressed by a wide range of guest contributors, include alcohol and drug treatment (in individual and group formats), work within the juvenile justice system, sexual risk reduction and approaches to those with psychiatric and eating disorders, obesity and problematic self-care in chronic medical conditions. The authors also look at application of this approach in schools and in family-based intervention. The extent of research done in each of these areas is reviewed, with many areas having an impressive, or in some cases at least promising, evidence base. The authors return to tackle the ethical considerations in a thoughtful and pragmatic way, suggesting a set of key guidelines for ethical practice utilizing MI.

MI approaches are seen as having wide application from therapy and medical offices to schools, probation and custody and a range of intensive treatment settings. The authors are clear that there is no substitute for observed and supervised development of these skills under an experienced practitioner. They identify a range of resources from introductory workshops to coaching and supervised coaching and feedback, even describing a couple of behavioural coding systems developed for the analysis of the MI method for skill development and research purposes. The text itself is well-referenced throughout.

This book fully delivers on all fronts. The review of key concepts and intervention skills is easily grasped and convincingly presented, a nice review for those with some familiarity. Case examples are presented in brief exposition that clearly illustrates the clinical or conceptual point. Chapter summaries, often in simple "do's and don'ts" format and side-line quotes allow easy review of core chapters. The chapters addressing special topics provide a strong argument for the MI approach and should be invaluable to those working in these areas. Contributors, mostly clinical psychologists and MSW's, have solid credibility. The amount of research related to MI is impressive, although of course there is more to be done, especially in more specialized applications.

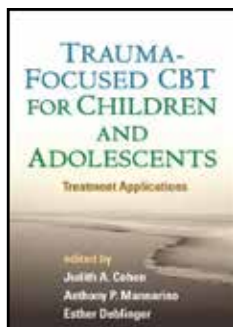
I have little critique to offer. It would have been encouraging to see more contribution from physicians and psychiatrists amongst the authors. I also am of the impression that many of these strategies would be helpful to those of us in consulting and clinical practices even if we do not have the opportunity or perceived need to proceed through the full MI training and supervision process. Perhaps a chapter addressing this level of utilization of MI concepts and strategies would have been appropriate. However, these are limited concerns regarding a book I would highly recommend.

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## Trauma-Focused CBT for Children and Adolescents: Treatment Applications

Judith A. Cohen, Anthony P. Mannarino and Esther Deblinger. The Guilford Press: New York, NY, 2012. 308 pages. \$40.00 (US), hardcover.



*Trauma-Focused CBT for Children and Adolescents: Treatment Applications* is the follow-up to the basic manual/overview of TF-CBT, *Treating Trauma and Traumatic Grief in Children and Adolescents*. This text expands on the basic approach to TF-CBT to include applications to specific settings, developmental applications and clients who are a part of special populations.

The authors are regarded as experts in the field of PTSD and have contributed extensively to research in the area. The introduction to this book contains a rationale for why this area of psychiatry is important and includes evidence-based support for the use of TF-CBT. The authors also introduce useful mnemonics (CRAFTS, PRACTICE) for the core values of TF-CBT as well as strategies for the assessment of traumatized children and adolescents. The authors nicely lay out the general strategies of TF-CBT, laying out the components which include parenting, relaxation, affective expression and modulation, cognitive coping, trauma narrative development and processing, in vivo exposure, conjoint parent-child sessions and enhancing safety and future development.

The first section of the book includes a description of the rationale for using TF-CBT in various specific settings (schools, foster care and residential treatment). It is explained that even if no history of trauma is known by school staff, referrals for assessment are still warranted to determine if there is a trauma contributing to the individual's behavioural or academic problems. The methods to assess for trauma are described including the UCLA PTSD Reaction Index and the Trauma Symptom Checklist for Children. The authors employ the mnemonic PRACTICE in all special settings to orient the reader to the components requiring assessment.

The next section moves on to developmental applications of TF-CBT (play applications, developmental disabilities and complex trauma). The authors open the section with

play applications. They stress the importance of flexibility and the use of developmentally appropriate play. They also emphasize that not all trauma is processed verbally. Many helpful approaches are given to engage the identified patient. For example, when helping a child with affective expression and modulation challenges the authors recommend the Gingerbread Person Feelings Map and Basket of Feelings which are explained in the chapter. A table is presented to describe areas of impairment in developmentally disabled children along with numerous other tables including treatment strategies. The final chapter of this section describes complex trauma as "traumas that are multiple, chronic, and interpersonal in nature and begin at an early age." The authors outline why TF-CBT applications are necessary in this population and how to specifically assess these cases. The need for 'phase-based treatment for complex trauma' is highlighted as necessary due to the increased needs of this population. Achieving "good enough" stability is an important goal suggested by the authors so that the treatment team moves forward in due time.

The final section is dedicated to TF-CBT for special populations (military families, international settings, Latino descent, American Indian and Alaska Native children). The authors aptly point out that those who serve in the military do so with their entire family, including the children. The authors include a useful, easy-to-navigate chart on the potential cultural constructs to integrate in culturally modified TF-CBT with Latino youth. In the final chapter dedicated to American Indian and Alaska Native children, the concept of 'Honoring Children—Mending the Circle' is introduced.

As a whole, this very commendable effort is rich with insightful and practical information. Detailed case examples are provided to support the theoretical framework presented. Of special value to the clinician-reader will be following up on the included description of several high-yield web-based resources to access TF-CBT training and consultation.

We recommend this text to clinicians who work with children and youth affected by trauma, and particularly those who work in settings outside the typical outpatient or inpatient environment and those working with special populations.

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