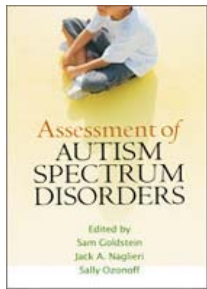


Assessment of Autism Spectrum Disorders

*Sam Goldstein, Jack Naglieri and Sally Ozonoff, eds.
The Guilford Press: New York, NY, 2008. 384 pages. \$45 (US), hardcover.*



This scholarly and comprehensive text addresses a wide range of assessment and clinical issues that relate to autism spectrum disorders, accepting the modern concept of a spectrum of related conditions and presentations. Of the twenty-eight contributing authors, most are American psychologists, and all contributors appear to have extensive knowledge and experience in this area. Indeed, considering that it was only with the publication of the DSM-III in 1980 that “infantile autism” was officially recognized as a psychiatric disorder, a huge and impressive body of research has evolved and is well cited in this text. In fact, it was Lorna Wing, the only psychiatrist contributing to this text, who brought Asperger’s 1944 paper (in German until a 1991 translation by Firth) to the world’s attention in an account of his work written in 1981.

After addressing some historical and epidemiological considerations, the emphasis is solidly on clinical matters. However, there is some recognition of the fact that recent increases in diagnosis made in this area are largely accounted for by the Pervasive Developmental Disorder, Not Otherwise Specified category and that there is a need for greater diagnostic precision as we move towards the DSM5.

Following a brief refresher on psychometric issues, the authors review and appraise current scales utilized for assessment and diagnosis of autism spectrum disorders. Subsequent chapters provide careful considerations of sub-typing and age-related issues. The assessment of social behaviour as well as speech, language and communication in autistic spectrum disorders is well reviewed. There are also quite detailed and rather technical considerations of assessing intellectual functioning and neuropsychological functioning relative to these conditions. I found the chapter on assessment of comorbid psychiatric conditions to be especially useful from a psychiatrist’s viewpoint. Indeed, most chapters on any aspect of

assessment devote some thought to addressing practical issues.

Later chapters look at pragmatic considerations such as moving from assessment to intervention, recommending the TEACCH (Treatment and Education of Autistic and related Communication-handicapped Children) approach to assessment, and revised editions of the Psychoeducational Profile as a vehicle for intervention planning. The authors’ look at dealing with challenging behaviours within the school context recommends working from individualized functional analyses while acknowledging a frequent disconnect between research-demonstrated methods and actual school-based practice.

The final chapter tackles various challenging issues, including over- and underdiagnosis, and provides opinion about best practices in this area. There is some discussion about the need to thoroughly integrate various professional opinions and sources of information. The authors also recommend that in making autistic spectrum diagnoses, a detailed history should be accompanied by the administration of standardized direct assessments. There is also a brief look at upcoming promising assessment tools including “implicit” techniques such as eye-tracking technology.

Overall the effort to balance theoretical, research and practical clinical issues in work with this sometimes quite challenging population is commendable. Even rather technical material is presented with an effort to make it accessible to those without extensive training in psychometrics, speech pathology or psychiatry. Case material is helpfully utilized in many chapters. References, presented on a chapter by chapter basis, are extensive and quite up-to-date.

In particular, I liked the emphasis upon the need to fully involve parents, who are seen as “life-long case managers” for their children. The authors advise having a parent observe the assessment process to help put the child at ease and to give feedback as to how representative the child’s performance is on various test measures. They also recommend careful and detailed feedback to the parents, who should always be provided with copies of assessment reports (which should emphasize the child’s abilities).

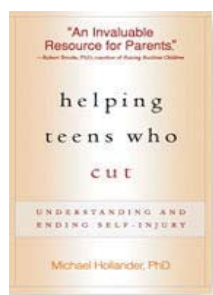
However, I take issue with the editors’ assertion in their preface that this text would serve the needs of graduate students, experienced clinicians across multiple disciplines as well as parents. Many of these chapters would be difficult reading for anyone with less than graduate level exposure to psychology. Certainly this is far too technical a book for any but the most tenacious of parents. Indeed, child psychiatrists and pediatricians, with the exception of those with a special career focus in this area, would likely find some of this material

rather challenging. A particular disappointment for me as a consultant child psychiatrist was that the analysis of currently available screening and diagnostic scales did not clearly identify a preferred choice that would suit my practice needs or that I could recommend to colleagues. I also acknowledge that these authors set something of a “gold standard” in many aspects of assessment and intervention that is quite distant from the level of resource and expertise that most of us have access to in our schools, clinics and communities.

Overall, the scope and quality of this work is most impressive and a huge contribution to our knowledge base and our efforts to understand, assess and assist individuals of all ages with autism spectrum conditions. I strongly recommend this text for its thorough overview of clinical and humanistic considerations in this challenging area.

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Helping Teens who Cut



Michael Hollander. *The Guildford Press: New York, NY, 2008. 213 pages. \$14.95 (US), softcover.*

This book is a good example of knowledge transfer from a clinical psychologist to parents of self-cutting and self-harming teens. The author sets the stage by relating a conversation he overheard between two girls which prompted him to search for ways to understand, explain and address the problem of self-cutting teens.

This book is divided into two parts. The first part, entitled ‘Understanding self injury’, is an explanation of the phenomenon written in plain language. Common myths are dispelled through case vignettes elucidating current evidence-based facts such as the difference between self-cutting and suicidal behaviours. The details of the case vignettes testify not only to the breadth of the author’s clinical experience but also to his empathic understanding of the parent’s predicament.

The author explains self-cutting behaviour as a maladaptive strategy for coping with emotional distress by teens who are

emotionally dysregulated; as the author puts it in one of my favourite quotes: “they possess powerful emotional systems without the tools to manage them – it is as if they have Ferrari engines and Toyota Corolla transmissions” (page 17). Those of us who deal with self-cutting teens are invariably asked by parents where they went wrong. The author responds to this question by explaining emotional dysregulation and its various behavioural manifestations as a biological construct peculiar to some people, and then explains why good parenting techniques, like reassurance, fail in regard to these children. The author provides an explanation of the biosocial theory, including the role of the brain in modulating emotions and behaviour, explaining why causing physical pain could provide emotional relief to a child — a helpful explanation to offer bewildered parents. The author further provides a sensitive yet candid guide with case examples on validation and invalidation, which can hamper rather than help a child. There is also an excellent chapter aiming to help parents understand the problems their child might be trying to solve by self-cutting, such as preventing suicide or countering feelings of invisibility. The importance of both comprehensive psychiatric assessment and addressing self-injury in a timely and effective manner is stressed throughout the book. The last chapter of this section is dedicated to a detailed explanation of Dialectical Behaviour Therapy (DBT), both its theoretical basis and the nuts and bolts of why and how it works, facilitated by case vignettes with new scripts to replace older, less effective, ones.

The second part of this book is dedicated to instructing parents on how they can help their child at home and in therapy. It begins by describing the principles for conducting DBT and the ways in which parents can be involved in it. The author draws again on his rich clinical experience to provide vignettes that demonstrate the importance of parents’ role in the therapy of their self-harming child, and explain parental inclusion in therapy as involving active participation while refraining from excessive interference. Discussion of common errors made by well-meaning professionals and parents – such as excessive control, removal of self-harm tools or body checks, are followed by explanation and corrective guidance, such as the provision of an understanding of the significance of validation of the child’s emotional experiences and the specific skills required by parents such as the ability to say ‘no’, to repair relations, and to set limits. This is followed by a sensitive and empathetic discourse on parental burn out, specifically, how to avoid but also cope with it. The second part of the book ends with deliberations on the most effective and least harmful ways of communicating with other people

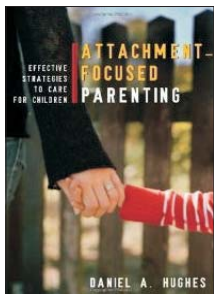
involved with the child, including siblings, extended family and school staff.

Michael Hollander's book fulfils several important goals. It explains the difficult psychological constructs relevant to parents' understanding of the emotional dilemma of self-harming teenagers in a simple rather than simplistic way, and it guides parents with respect to choice of the best therapies and methods of cooperation with therapists. The book is, in fact, a therapeutic intervention in itself, for it reduces the heavy burden of guilt and the fears of parents of self-harming teenagers. The appendix includes evidence for the effectiveness of DBT in adolescents, a list of internet sites and a list of clinical programs in the United States. This book is recommended for parents, teachers and child and youth workers.

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Attachment-Focused Parenting: Effective Strategies to Care for Children



Daniel Hughes. *W.W. Norton & Company*: New York, NY, 2008. 200 pages. \$29.95 (US), hardcover.

As a mental health professional, I learned a lot about attachment in my training, but most of the readings that I encountered were largely theoretical and abstract. Worse, many of the approaches that I encountered used an arcane vocabulary so complex and unique that made it challenging and awkward to easily explain those concepts to families in the office.

With his book *Attachment-Focused Parenting*, Daniel Hughes has provided a practical text for students and professionals interested in learning how to parent with attachment in mind. It is refreshing to see that there are more and more

books about attachment and parenting these days, especially those written for parents and laypersons.

The emphasis on attachment is important because there has been a strong shift to behavioural approaches in the area of parenting. Classic behavioural paradigms include the use of positive rewards for positive behaviours, but behavioural interventions do not work if there is not an underlying foundation of a healthy attachment, or connection, between the parent and child.

In the introductory chapter, Dr. Hughes gives the example of a child who is 'misbehaving', in which the child turns on the TV before he has finished doing a chore. There are many ways that a parent could respond. From a simple behavioural approach, the parent could give a negative consequence. But this ignores the context of the behaviour and the connection. Dr. Hughes shows how it is better to focus on the *connection* rather than *correction*. Ways to do this include asking the child about his underlying motives or reason for the negative behaviour. If the parent can help figure out what the healthy, underlying reasons behind a negative behaviour are, then the parent can validate the healthy aspects, which thus strengthens the attachment. This does not mean ignoring negative behaviours, but it does ensure that there is a solid attachment and relationship with which a parent can then deal with a behaviour. On the other hand, parents who are unable to meet their children's needs will find that the relationship and attachment is damaged.

Dr. Hughes makes extensive use of dialogue and examples, which excellently helps to teach and demonstrate his points.

Attachment-Focused Parenting is divided into ten chapters: 1) What is Attachment and How Does Parenting Affect It?, 2) Establish Safety, 3) Understand Intersubjectivity, 4) Recognize Your Own Attachment History, 5) Establish PACE, 6) Communicate, 7) Relate Emotionally, 8) Reflect, 9) Repair, 10) Reducing Attachment Resistance.

In summary, *Attachment-Focused Parenting* is an excellent book, and I would recommend it to every trainee and to parents with at least a high school level of literacy. I would probably not recommend it for all parents however, because it runs to 200 pages, with no illustrations or diagrams, and with a level of vocabulary that is beyond the usual Grade 6 to 8 level recommended for patient education materials.

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