

Book Reviews

Crying as a Sign, Symptom & a Signal

Ron Barr, Brian Hopkins & James Green, Edit.
London: Cambridge University Press, 2000, 228 pp.
US \$74.95.

The thesis of the book is enticing: 'Can the caregiver tell from the sound of the infant's cry, the precise meaning of that cry'. In other words, are there specific cries depicting hunger, pain, startle or fatigue? The book's thesis is that crying may be a sign (an objective indicator of the state of the infant); a symptom (crying as a clinical concern), or a signal (indicating crying as having a function which may have specific meaning to the caregiver attempting to interpret its meaning). This book summarizes seven decades of research and its findings ultimately are equivocal.

The editors are a paediatrician now based in Vancouver (Ron Barr) and 2 psychologists from England and the USA. The book is a worthwhile summary of extensive basic and clinical research. The authors explore the meaning of crying as an indicator of pain and its association with problems in attachment.

The book's chapters cover the normal developmental course of crying in infants, understanding infantile colic, crying as an indicator of pain, differential diagnosis of colic and other important causes of crying in infants, crying in children with disabilities and crying in non-human infant primates. The bottom line is as follows: The first 3 - 4 months of life are characterized by increased crying, even in the face of optimal care-giving. Even after language emerges in toddlers, crying continues as part of the human condition in the early months of life and does not necessarily have a specific communicative function. In other words, almost all infants have fretful periods that cannot be precisely explained.

There are important observations regarding the interactive nature of crying and care giving and how mothers become more adept at discriminating between cry stimuli with time. Interpretation of the cry signal may depend as much on the emotional state and social conditions of the mother, as on the characteristics of the cry itself. Infants with neurological disabilities are more prone to high-pitched cries, prolonged cries and are more irritable and difficult to console. This has major

implications for the development of attachment and the level of support required for parents of kids with disabilities.

The book is somewhat technical for practicing clinicians when discussing acoustic cry analysis for example, but has useful clinical information not generally available in the child psychiatry literature. It is definitely worth having in the department library.

Robin Friedlander MD FRCPC, Vancouver, British Columbia

Family Therapy: An Intimate History

Lynn Hoffman. New York, NY: W. W. Norton and Company, 2002, 294 pp. CA \$51.00.

It is a long time since I have reviewed a book as beautifully written as this. "Enter Melanie, with her bright spirit, dark tangled locks, impudent smile, and saucy answers", writes Lynn Hoffman (who could surely have been a great novelist), as she starts to tell us about a family that altered her attitude to change (page 93). Again, she tells us that the times when Jay Haley praised her, "stood out for me like meteors in the night sky" (page 11). So Hoffman has a fine gift for words.

Lynn Hoffman came to family therapy by an unusual path. She was awarded a Summa Cum Laude in English literature at Harvard, which no doubt explains why this book is so well written. Subsequently she did some home editing work, specializing in psychologists who couldn't write, until - in 1963 - she took a job editing Virginia Satir's *Conjoint Family Therapy*. She also used to watch Satir working with families, from behind the one-way screen. This piqued her interest in family therapy. *Conjoint Family Therapy* was published by Don Jackson under the stamp of his publishing house, Science and Behavior Books, and for a time thereafter Hoffman worked as an editor for Jackson.

In 1969 we find Hoffman in New York. Having no formal qualifications in any mental health discipline, she enrolls in an M.S.W. course and in due course graduates. She subsequently worked with, associated with, or observed the work of many of the foremost family therapists of the last 30+ years, and clearly learned from all of them. The list includes, among others, Jay Haley, Harry Aponte,

Peggy Papp, Olga Silverstein, Mara Selvini and the other members of the Milan group, Peggy Penn, Bradford Keeney, Harry Goolishian, Tom Andersen, Michael White and David Epston. She also has studied the work and writings of many others. Her studies have also extended to many from other disciplines, for example Michel Foucault, Jacques Derrida, Gregory Bateson and Umberto Maturana.

What we have here is an absorbing account of Hoffman's life in family therapy or, as she puts it, her "journey from an instrumental, causal approach to family therapy to a collaborative, communal one" (page xi). It is also an – admittedly selective – account of the development of family therapy over the last four decades. I cannot imagine that anyone who has even a passing interest in the field will not find it fascinating, even though some may not identify fully with Hoffman's perspectives, nor agree with all her opinions. As a bonus, the book is easy to read.

I have only one main caveat. Throughout the book, Hoffman seems to assume that each new insight she has, each new therapeutic approach she describes, is an advance on what has gone before. Chronologically it is, of course. But she does not address the question of whether it gets better results. I cannot criticize her for this. Family therapy must be among the most anecdotal of scientific endeavours – if indeed it has anything at all to do with science. Carrying out any sort of controlled trial comparing one family therapy approach with another presents difficulties which, I suspect, are virtually insurmountable. But change, when it happens, may be obvious (though Hoffman has reservations about therapy that aims for specific changes).

Over the years, Hoffman has moved beyond the earlier approaches, such as the structural therapy of Minuchin and his colleagues. But do we know whether Minuchin would have got better results than, for example Michael White, if working with similar families? I don't think we do. What does seem clear is that we therapists tend to use approaches with which we are familiar, and which we believe to be more effective, at least in our hands, than other approaches, however questionable such beliefs may be.

Despite this reservation, I wholeheartedly recommend this book to anyone with an interest in how family therapy has developed over the

last three or four decades. It is a worthy follow-up to the author's *Foundations of Family Therapy*.

Philip Barker MB BS FRCPC, Calgary, Alberta

Putting Children First: A Guide For Parents Breaking Up

Hanna McDonough and Christina Bartha.
University of Toronto Press: 1999, 184 pp.
CA \$45.00.

This soft cover handbook is an extremely well thought overview of the issues that separating parents need to address conceptually and practically in planning and implementing as atraumatic an experience for their children as possible. It is not too detailed, prioritizes the issues in a logical fashion, and is organized to allow the reader the freedom to choose those sections that are most relevant to their own circumstances.

Part 1 overviews the experience from the perspective of each parent, the child, and its implications on the specific manner in which the process would ideally unfold, highlighting the errors and attitudinal inclinations that are harmful to children and common to many separating parents. In italics, it provides clinical vignettes illustrating the points being made, while following these discussions with summarized succinct "boxes" that capture the essence being expressed. This permits the reader to highlight, while reading or with pen or pencil, the most salient and personally relevant passages.

Part 2 addresses the more problematic issues that can arise in the complicated and conflicted separations, again providing both the parents' and the child's perspectives on these intense situations and their age-specific norms and patterns. This section includes the solutions parents can apply in their own attitudes, and questionnaires to help parents elicit these attitudes.

Part 3 is a more detailed discussion about the assessment process when the courts are involved and addresses specialized issues that require unique discussion—the absent parent, spousal abuse, supervised access and sexual abuse allegations. The discussions are sufficient for the scope of a book of this type and the authors provide resources (names of contact

groups, phone numbers in the Toronto area) for use by the reader.

The main drawback of this book lies not in the book but more in how its usefulness could be extended and a more contemporary direction could be provided for the reader. Since this review was written six years after publication, any revision underway may already include the following comments.

First, I would suggest the addition of useful web sites to the resources section. Second, the book would be ideal as an audio-tape or a CD to be listened to by the parent during their daily routine, as the writing style and content lends itself to an easy understanding of the concepts and rapid retention of their relevance. The book would, in such circumstances, ideally come with a CD or audiotape in a pocket of the cover or be available in both formats (written and audio). The biggest problem most separating parents have is finding the time to sit down and read. Alternate formats would facilitate learning the ideas easily and quickly so they might be applied as the parents suffer through the experience with their children – the time that most of these books tend to be purchased in the first place. Rare is the parent or parents who are able to plan the unfolding of their separation and such a book is most relevant when it can be used by those unable to plan. A variety of formats would make that more likely and thus bring even greater benefits for children in such circumstances.

This book is not intended to be, and should not be seen as, the final word on how to handle the multiplicity of details related to separation and divorce as it impacts on kids. The comprehensive tomes by Dr. Richard Gardner and others have extensively addressed many of those details, as have other writers on separation and divorce since his groundbreaking approaches were written almost two decades ago. What this handbook does do, very well, is introduce parents to the most important ideas they need to keep central in their thinking and planning as they struggle with the adjustments to separation. It helps parents proceed with a focus on minimizing trauma to their kids when their minds are dominated by the trauma they themselves are experiencing. In that respect, it is the ideal gift to give to a friend or family member you know going through this difficult life transition. I would strongly recommend its use in such circumstances by both the participant in

and the observer of these difficult situations. Reading this will go a long way to help all those around children whose parents are separating better understand how to be helpful to them in their pain, as well as empower the parents themselves at this trying time of their life.

Gary Shomair MD, Toronto, Ontario

Rituals in Families & Family Therapy, Revised Edition

Evan Imber-Black, Janine Roberts, & Richard A. Whiting, Edit. New York, NY: Norton, 2003, 435 pp. CA \$37.50.

This is a new edition of the book originally published in 1988. The changes are modest, with many chapters virtually unchanged. Chapter 1 has been somewhat re-written with a few new references, while Chapters 2, 3, 4, 6 (5 in the first edition) and 7 (previously 6) are little changed, with only 1 new reference among them. Chapter 5 is new. It is a discussion of rituals for bicultural couples and families, by Lascelles W. Black. This will be useful for those working with families drawn from different backgrounds and cultures. Chapter 6 in the first edition, on the use of rituals in adolescents, has been dropped, as has Chapter 12, on “redocumenting” psychiatric history.

There are two other new chapters. Chapter 9 is by Janine Roberts and deals with rituals and serious illness. Chapter 13, entitled “September 11th: Ritual of Healing and Transformation”, is by Evan Imber-Black. She was in her office in New York when the planes struck the World Trade Center and describes the events that followed, as she experienced them. She describes some of the “authentic” rituals that people developed, contrasting these with the “inauthentic” rituals, such as the small urn of dirt from “Ground Zero” presented to survivors to mark the 6 month anniversary of 9/11 – seen more as a media event than as something useful to those concerned. Also described by Imber-Black are the multiple family therapy groups she and other therapists participated in. These seem to have been helpful in assisting survivors in dealing with their losses. This is a chapter well worth reading. I could not help wishing, though, that there was also a chapter on the ritual killing of 800,000 people during the Rwandan genocide, and its aftermath.

The remaining chapters are little changed from their predecessors in the first edition. There

are hardly any new references, even though 15 years had elapsed from the date of publication of the first edition. Surely there must have been some new findings and studies reported during those years! In Chapter 9 in the first edition, on "Assessing Family Rituals in Alcoholic Families", the authors mention, in writing of an interview format for the assessment of rituals within families, that "confirmation must necessarily await reliability studies currently in progress". This sentence is repeated in the new edition. Could such studies really have still been in progress 15 years later? I hoped that the outcome of these studies would be reported in the new edition, but I was out of luck.

I have the impression that much of this book has not been as rigorously revised as it might have been. Nevertheless it remains a valuable part of the family therapy literature. I'm sure it will be, as the first edition has been, a useful resource for family and other therapists. Those who own the first edition may not wish to purchase this new edition. Borrowing the book from a library to read the three new chapters may suffice. If you are not familiar with the first edition, this new edition may well be worth buying.

Philip Barker, MB BS FRCPC, Calgary, Alberta

Stop Arguing With Your Kids - How to Win the Battles of Wills by Making Your Children Feel Heard

Michael P. Nichols. New York, NY: Guilford Press, 2004, 227 pp. US \$15.95, CA \$20.95.

Recently I was out west visiting my grandchildren. My granddaughter, just turned 5, asked me what I was reading. I told her it was a book about getting children to stop arguing with their parents. She said, "I don't argue with my parents, as they listen to me". From the mouths of babes - this is what Mike Nichols' book is about. He calls it Responsive Listening. His thesis is that if parents really listen to their children and draw them out before making a parental decision, there will be much less arguing.

The book is divided into 3 parts. In the first, he describes what responsive listening is, giving many examples. In part 2, he discusses responsive listening with different age groups. Then, in the final part, he talks about complications.

The author describes responsive listening as a skill that must be learned and practiced to be successful. Step 1 involves at the first sign of an argument, to check the impulse to argue back and concentrate on listening to the child's feelings. Step 2 involves inviting the child to express his/her thoughts, feelings and wishes. In step 3, the parent feeds back in their words what they believe the child's position is, asking in step 4, for corrections or elaborations from the child's point of view. Finally, it is important for the parent to pause to consider the decision, and for more difficult situations to agree to talk more about it later before making a final decision.

"The point of response of listening isn't to reach some conclusion, but to get your child to talk about her wishes and opinions" (page 20) to open up conversations and get the child to talk. Nichols is not interested in why children argue, but how parents get caught into arguing back, so that the argument escalates. As he says, arguing reflects not just opposing wills, but also reading and mis-reading each other's intentions (page 103). Kids need to know that the parent is in charge and "no" means "no" - not maybe. Often parents get into too much explanation, which invites an argument.

It is important to separate arguing from quest for autonomy and protest from attack and reminders from nagging. Rules need to be clear and reasonable. Reward works better than punishment. Social reinforcement begets reinforcement and punishment begets punishment. Children learn more from what they see, modelled than from lectures. Parents of argumentative children often fail to see that the children are just mirroring their behaviour.

There is lots of wisdom in this book. I like the way it is set up with important points in darker print and insets. I would recommend the book to parents of defiant, argumentative children. Therapists can also learn from reading the book.

Elsa A. Broder, MD FRCPC, Toronto, Ontario

Survival Strategies for Parenting Children with Bipolar Disorder

Lynn, George T. London and Philadelphia: Jessica Kingsley Publisher, 2002, 236 pp. US \$19.95.

This book is intended to be a practical manual for parents of children with Bipolar Disorder (BD). The author is a psychotherapist who has worked with adults and children with BD. The book is divided into five sections. Section One, which has six chapters, focuses specifically on BD. Sections Two and Three focus on children with BD comorbid with Asperger's Syndrome (AS) and Tourette Syndrome (TS), respectively and are not as pertinent as the fourth section that addresses how Attention Deficit with Hyperactivity Disorder (ADHD) and BD differ. The last section discusses how to deal with schools, professionals, psychiatric hospitals and the police. The Conclusion looks at six keys to personal wellness for families of children with BD.

Chapter One provides an overview of BD. The author describes the youth with BD as having a Warrior Archetype and he provides a case history of an adolescent with BD. He describes the presentation of bipolar disorder in adults, including the concepts of hypomania, mania and depression, which are useful. He indicates that BD in children mixes the manic and depressive states together to form aggressive depression, rather than the more accurate term mixed state. From his clinical observations and research he outlines sixteen characteristics of BD in youth. Some of the characteristics are well described. Other characteristics do not seem as accurate eg. children with BD have a "seemingly malevolent enjoyment of knives, fire and dangerous behavior." Such a comment could be frightening to parents. He organizes the 16 characteristics into a checklist that he considers a self-awareness checklist rather than a diagnostic instrument.

Chapter 2 focuses on medications used to treat BD and related conditions. He discusses the role of mood stabilizers, antipsychotics, antidepressants, benzodiazepines and other drugs such as propranolol. A number of drug names are misspelled including citalopram and methylphenidate.

The third chapter begins with a case history to describe how to understand and manage rage in children with BD. Nine useful survival strategies for managing rage are described. The

American perspective is evident as the author states "If you have to call the police, let them know your child's diagnosis right away and tell her that if she is holding a knife when the police come in she is in danger of being shot." The author describes eight ways to distinguish the melt down of a youth with AS from rage related to BD which is not as helpful to most parents who have a child with BD as the most common comorbid condition is ADHD and not AS.

Chapter 4 focuses on helping an adolescent with BD, by using a model borrowed from Dr. Kurt Lewin. He describes five survival strategies; some of which appear useful eg a Mood Feedback Scale. Unfortunately some of his terminology is derogatory. For example, he makes the following statement: "Opening communication relieves parents of the terror that they are raising a deranged child."

Chapter Five is extremely confusing. The chapter centers on the empathy factor in children with BD. Lynn coins a term "anempathy" to mean the inability to experience empathy. Anempathy is described as a result of any of five factors: frontal-lobe dysfunction; "Alexithymia"; psychosis; Post Traumatic Stress; or AS. The author goes on to describe each factor and then provides survival strategies for managing anempathy in children and teens with impulsive, destructive and dangerous behavior.

Chapter 6 describes non-pharmacological treatment approaches for BD, ADHD, and Depression. The author states that research on the efficacy of naturopathic remedies is not well established but he has seen that they can reduce symptoms. He cautions that parents should check with their physician before using any over-the-counter supplement. He also has a fairly extensive section on electro-convulsive therapy that is rarely used in youth.

Parts Two and Three are centered on AS and TS respectively. The author devotes one chapter to each diagnosis on its own and a second chapter on each diagnosis comorbid with BD. Since the focus of the book is on BD, these chapters are not as relevant.

Part Four centers on the relationship of ADHD and BD. The overlap between ADHD and BD is appropriately described. Seven criteria for differentiating ADHD from BD are outlined, most of which are accurate. One differentiating criteria which does not appear as useful is the lack of understanding of the feelings of others. He summarizes the chapter with a discussion

about the importance of diagnosing BD early so appropriate treatment can be provided.

Part Five describes interactions with schools, professionals, psychiatric hospitals, and police. Parents are provided with some good ideas about choosing a physician, a psychotherapist, and educational plans. He makes an excellent point that hospitalization should never be considered as punishment, but rather facilitate medical evaluation or limit dangerous behavior. His comments about the downside of psychiatric hospitalization could be disconcerting to parents. The last chapter describes six principles for surviving the enormous stress of parenting these youth.

Despite some good descriptions of children with BD and some useful strategies for parents, I would not recommend this book to parents. I thought there was too much emphasis placed on AS and TS. I felt some comments made by the author were derogatory and inaccurate.

Margaret Steele MD FRCPC, London, Ontario

Treating Parent-Infant Relationship Problems: Strategies for Intervention

Arnold J Sameroff, Susan C McDonough and Katherine L. Rosenblum, Edit. New York, NY: Guilford Press, 2004, 304 pp. US \$ 40.00.

This book is founded on solid theoretical ground yet provides clinicians with practical help when dealing with parent infant relationship problems.

All three editors are well known founders of accepted principles in infant parent relationship literature. The transactional model of Dr. Arnold Sameroff, the interactional video feedback therapy of Dr. Susan McDonough and maternal representation linked to the mother infant relationship approach of Dr. Katherine Rosenblum, are well-accepted notions in infant mental health. However, the book portrays concepts beyond these well-known facts. Many prominent infant mental health researchers/clinicians have contributed to this clinician friendly book.

The logistics of the book are different from the usual multifaceted intervention books. The book addresses main themes, variations from these themes, and the concept of leverage in infant mental health, independently. One may ask how these three concepts hang together. I struggled with this question throughout the book. From my two readings of this book I concluded that perhaps I was dealing with three

different booklets. Each are a very high caliber that connected on ideological grounds but clinical cohesiveness was wanting. In fact, the third part is very appropriately named "CODA" signifying a section that is formally distinct and having an interest of its own.

The first part deals with "Themes" and has three chapters. Dr. Sameroff addresses the concept of port of entry and transactional processes that occur within parent child relationships. He describes three principles of intervention: redefine, reeducate, and remediate. Another well-known concept of the 'motherhood constellation' by Dr. Stern is again a must read. For most practicing infant therapists the subject matter is already familiar. Therefore, it may be slightly repetitious or overkill at this point. There is however, a powerful message of a portrait of a new clinical population in infant mental health, i.e. parents and infants with relational problems. This chapter raises two controversial points. One, the statement that any port of entry (through parent, infant or relationship) for therapy will not matter as the end results will be similar since the whole system will be changed (p.41). Second, the principle of equifinality, a different therapeutic approach, gives roughly the same results (p.37). These points reverberate healthy discussion in other parts of the book. Dr. Katherine Rosenblum superbly writes the third chapter on the assessment and diagnosis of the developmental perspective of relational difficulties. This chapter is very important for infant mental health therapists who are not psychiatrists or psychologists.

The second part is the heart of this book where currently existing intervention approaches are described by authors who are the originators of these modalities. Seven chapters are grouped under the theme "Variations." Dr. Susan McDonough and Dr. Alicia Lieberman contribute to chapters on interaction guidance and child-parent psychotherapy. These two approaches have given rise to multiple new sub variations of treatment modalities and hold an important place as a template for further advances. The points that were underscored were, the child's place as a central player and the psychological partnership between the parent and the child (p.98).

Among other contributors to this part, I enjoyed Nadia Bruschiweiler-Stern's description of a pediatric baby and a psychiatric baby. I liked

her use of the “the good ghosts in the nursery.” Winnie Dunn, an occupational therapist/researcher who described a sensory processing approach to support infant caregiver relationship, provided a new therapeutic slant. The combination of approaches described by authors Larrieu and Zeanah are commonsense approaches with one caveat. They have been successful in directing the clinical and legal mandates. I was slightly taken aback by the chapter on the “Lessons from STEEP.” **Steps Toward Effective Enjoyable Parenting** is a well-known preventive intervention program with an emphasis on parent infant relationships. The chapter written by Egeland and Erickson provides a well-written description of STEEP but it did not offer detailed empirical data regarding the strengths and weaknesses of this program. An innovative approach based on the Lausanne triadialogue play paradigm, offers an interesting perspective to treating infants and their families. Although still not widely applied, Elisabeth Fivaz-Depeursinge and her colleagues have confidently pushed this three-person model to the clinical forefront.

The third part, appropriately named “CODA” summarizes the book but also has its own core message about how to use leverage in infant mental health. The authors Emde, Everhart and Wise inform us about the use of ‘leverage’ that is a construct to indicate thinking about a maximum point of efficiency for intervention in the process of relationships influencing other relationships. This part I felt was applicable to any branch of medicine and definitely applicable when a review of programs is intended.

Coming back to my original question why I felt three different books were compressed into one. Maybe the editors stumbled on a similar question but resolved it by allowing for creativity and proliferation of ideologies quite typical for the infant mental health field.

I will recommend this book to every trainee in the infant mental health field. This book should be in all libraries and has the potential of becoming a resource text in the field of infant mental health. My rating is 8/10. This is not however, bedside reading as it requires much concentration and perseveration.

Pratibha Reebye MB BS, Vancouver, British Columbia

The Treatment of Anxiety Disorders: Clinician Guides and Patient Manuals, Second Edition

Andrew G., Creamer M., Crino R., Hunt C., Lampe L. & A. Page. Cambridge: Cambridge University Press, 2003, 611 pp. US \$60.00.

This book provides a comprehensive overview of specific anxiety disorders. It is a valuable clinician friendly contribution to the field of anxiety disorders.

The general layout is systematically organized with smooth transitions into subsequent sections of the chapters. The theme is on theory and practical application of Cognitive Behaviour Therapy. (CBT). The authors have eloquently simplified and described the core cognitions, which are fundamental to understanding what is required to promote change and cognitive restructuring for each of the disorders mentioned. The latest edition of this book retains a similar layout to the original, with additional information based on new research findings and fine-tuning of treatment techniques based on the personal experiences of the authors. The authors provide information on various assessment tools for each anxiety disorder including: its practicality; ease of administration; sensitivity and specificity. Clinicians will find this information invaluable when developing a disorder specific CBT program.

Four chapters are devoted to six different anxiety disorders which include: Panic disorder; Social phobia; Specific phobias; Obsessive Compulsive disorder; Generalized Anxiety disorder and finally Post-traumatic disorder. The authors provide an overview of each disorder with a particular emphasis on classification, differential diagnosis, assessment tools, aetiology, clinical features and the latest research findings.

The reader will appreciate that the authors have included a clinician guide for assessing patients for CBT, as well as monitoring treatment progress. They examine the reasons to support non-drug treatment for the aforementioned conditions but are not opposed to combining these methods with pharmacotherapy. Emphasis is placed on the additional bonus in cognitive behaviour therapy (CBT) that modifies the vulnerability factors that give rise to anxiety disorders.

In addition to the clinician guide, a patient manual is included for each disorder. Each manual has a psycho-educational component

that is essential for the patient to develop insights into their problem. The authors have also included various worksheets for task completion, scales to measure severity of symptoms, tools to monitor progress and step-by-step instruction for patients to carry out task assignments. The content in the patient manual is user friendly and is written in simple language for easy comprehension.

Obsessive Compulsive Disorder (OCD) is a complex and chronic condition. In this book, the intricate detail in making a proper assessment required to implement an effective behavioural intervention of OCD is very informative and enlightening. The book highlights difficulties with the assessment and monitoring progress since the clinician has to rely on patient self-report, more specifically, ruminative thoughts without rituals.

The chapter on Post-traumatic stress disorder is revised in this edition. It was only briefly discussed in the original edition. The authors are very resourceful in developing the graded exposure technique for traumatic memories.

The book contains a list of recommended resources, which can be found in the final section of the patient manual for each disorder. This is valuable information for the patient since it enables them to maintain their treatment gains once therapy with a clinician is no longer required. Some techniques are not disorder specific and may seem repetitive. However, this format allows the reader to focus their reading

on a specific disorder without having to refer to other chapters.

The final chapter provides a general discussion on CBT. It highlights the funding problem in designing a randomized placebo control trial similar to industry funded drug trials for valid comparison between drug and non-drug treatment outcome. The authors provide a balanced view regarding this issue.

The Treatment of Anxiety Disorders: Clinician Guides and Patient Manuals is an informative book covering CBT, however it does not comprehensively cover areas on pharmacotherapy and augmentation strategies. Addition of chapters covering these areas would have made this book more comprehensive for the treatment of anxiety disorders.

I enjoyed reading this book. It provided clinically relevant information along with an in-depth guide to developing a structured treatment plan. This book will appeal to those with an educational background and training in treating mental health disorders in the outpatient setting. The content in the treatment manual is designed for adult patients. However, Anxiety disorders have an early onset and are known to be a common clinical condition in the child and adolescent out-patient population. The treatment manual in this book can be easily modified and adapted to reflect the specific developmental needs of our young patients.

Dr. N. Sundaralingam MB BS FRCPC, Whitby, Ontario

Upcoming Conference:
Conduct Disorder in Children and Adolescents
 Friday, April 07, 2006
 London, Ontario

Dr. James Garbarino, Ph.D.

Recognized as a leading authority on child development and youth violence, Dr. Garbarino has appeared frequently on broadcast news and information programs including ABC-TV's 'Nightline', PBS-TV's 'NewsHour', CNN's 'Larry King Live' and many more. He also serves as a scientific expert witness in criminal and civil cases involving issues of violence.

Dr. Tracy Vaillancourt, Ph.D.

She is actively engaged in research that deals with bullying and peer victimization and the relation between these types of problematic peer interactions to bio-psychosocial functioning.

Presented by:

London Health Sciences Centre, Child And Adolescent Mental Health Care Program
 Children's Hospital of Western Ontario
 St. Joseph's Hospital, Regional Mental Health Care-London, Adolescent Program

To register: Contact Lorrie Vandersluis at 685-8500 ext. 52534 or Linda Yeoman at ext. 76640