

BOOK REVIEWS

Psychotherapy with Infants and Young Children: Repairing the Effects of Stress and Trauma on Early Attachment

Lieberman, A. E. & Van Horn, P. The Guilford Press: New York, 2008. 366 pp, US \$40.00.

This book provided information about treatment modalities for children who face stress and trauma in their early years. It was written by two prominent clinicians who are known for their clinical expertise with childhood trauma.

In the first chapter, the authors presented their child parent psychotherapy (CPP) approach specifically designed for children from birth to their fifth birthday. The term CPP instead of infant parent psychotherapy or toddler parent psychotherapy was used to illustrate commonalities across infancy and early childhood.

The second chapter elaborated the stress-trauma continuum and how young brains and bodies react to it. The discussion on interpersonal trauma and the implications of a failure to provide protection to children was poignantly illustrated through clinical vignettes. The authors paraphrased children's statements to safeguard their confidentiality, however the authentic air portrayed by clinical scenarios remained unharmed.

Chapter 3 was the heart of this volume. Here, readers were led to the inner sanctum of the relational therapies. It tabulated the twelve principles of early child development; common sense statements that are often omitted from clinicians' interventions. Some of those principles are: "separation distress is an expression of the child's fear of losing their parent," and, "memory starts at birth." A further example was, "babies and young children remember experiences long before they can speak about them." (Page 83). There was a range of guidance provided from how to choose ports of entry to providing unstructured reflective developmental guidance, modeling appropriate behavior, insight oriented interpretation, assessing traumatic reminders through trauma narratives to retrieving benevolent memories.

The next two chapters focused on the assessment process providing multiple clinical pearls to intervene with perturbations in early relationships. These chapters provided information on the clinical parent who is a "not good enough parent".

Chapter six, "Ghosts and Angels in the Nursery" described much more about the process of uncovering traumatogenic memories when the child is exhibiting a disorder rather than a simple perturbation. I was slightly disappointed with this chapter. I was hoping to learn different ways of wakening these angels in the nursery, meaning the factors relating to resilience. I thought there was too much focus on the ghosts in the nursery in this chapter.

Chapter seven described three variations in treatment using CPP. The point made through three beautiful clinical vignettes was that CPP need not always be dyadic in nature. This was an important chapter because in reality, clinicians may not always find a dyad suitable for CPP in a classical sense.

The chapter titled "Lapses in Attunement" is a "must-read" for psychotherapy trainees. Several obstacles to therapeutic attunement were described and common mistakes such as overidentification with the child at the expense of the parent or vice versa were candidly discussed. This chapter also touched upon the importance of clinical supervision.

The ninth chapter described how the CPP would look when seen through different systems of care. There was useful discussion of the obstacles to a therapeutic relationship with parents in the child protection system. Reading about how to handle troubled parents when the assessments are mandated, affirmed for me that resistance shown by these troubled parents was universal and needed a system integrated approach. There were useful hints on the limits of confidentiality when the CPP is provided as a mandatory treatment. This chapter also described systemic problems in resolving dilemmas faced by traumatized children. Although the case examples came from the USA, they seemed so similar to our own plight in providing systemically cohesive treatment plans for traumatized children.

The last chapter "Closing Thoughts" discussed the limits of psychotherapy and ambiguities around it. In spite of ambiguities, it was suggested that CPP can address traumatized children's needs in the following categories: responding realistically to danger, differentiating between remembering and reliving, normalizing traumatic responses, and placing the trauma in perspective.

The authors stated that the book could appeal to "clinicians with a wide range of experience, from seasoned practitioners to graduate students and interns in psychology and social work and residents in psychiatry." (Page XI). I beg to differ here, this is not a book for the novice, in fact, it might provide a false notion to the inexperienced that the main therapeutic tool described in this book, CPP, is the only authentic treatment modality.

In summary, the authors emphasized that CPP is a relationship therapy rather than a dyadic therapy, that its ultimate goal is the child's mental health, and that it is based on three conceptual frameworks — psychoanalysis / attachment theory, stress and trauma work and developmental psychopathology. There was not much emphasis in describing the empirical evidence pertaining to relationship modalities. I hope that the next edition will make that its priority.

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Growing up Resilient: Ways to build resilience in children and youth

Barankin, T., & Khanlou, N. CAMH Publications, 2007. 97 pp. CA \$12.50.

The authors of this book, both award-winning leaders in their field of work, have produced here a comprehensive, easy to read, and well-outlined approach to the topic of resilience. It is useful for students and professionals involved in the direct care of children, as well as for officials involved in legislating policies for children and their families. Both authors work at the University of Toronto; Dr. Barankin is a child psychiatrist and Dr. Nazilla Khanlou is an associate professor with the Faculty of Nursing and the Department of Psychiatry.

Professional health care involves the assessment of pathology, diagnosis, and treatment. We use labels in order to understand and communicate with each other in conducting scientific studies meant to ultimately benefit patients. This book adds to the pathology-based lexicon a perspective of the key factors affecting resiliency. This focus on resiliency adds encouragement for recovery from trauma, and makes a plea for the recognition of strength in young patients. It further emphasizes the value of social factors in helping the young achieve their potential.

This book is divided into five chapters. The first chapter, entitled the "Power of Resilience" is a brief statement of the authors' interest in the topic, and a review of the current thinking on resilience. It also establishes the authors' positive tone in focusing on means of adaptive coping in patients. The second chapter develops an understanding of the concept of resilience. In it the authors explain that resilience, as it applies to mental health, includes more than just bouncing back or recovering from setbacks, but also encompasses the development of personal strengths such as empathy, communication and problem solving so that a child becomes better equipped for future challenging and difficult circumstances. The last three chapters consist of a discussion of the individual, family, and environmental factors that enhance resilience.

Each chapter starts with a real story of a person who has risen above difficulties. Some are examples of well-known people that lead us to think of similar stories of ordinary families and their disabled children who have triumphed over their difficulties. The reader wonders what saves these children, and how others might have the same chance at recovery. It is this question that inspired the authors' focus on resiliency. Each chapter has a list of resiliency building tips and a summary of protective and risk factors. The latter add up to a formulation or understanding of the situation at hand, while the former could be a checklist of possible goals that a person can aim for. This book also has other helpful lists such as one related to authoritative parenting that serves as a useful reference in assessing and supporting families.

Often children and their parents look for "how to"

rather than "why" when it comes to doing something about their problems. The training of professionals can be wrongfully limited to the "why" of disease, which can bring insight but may not, on its own, lead to actual change. Some patients return for repeated sessions in the hope that they get to the bottom of their problem. For them, insights, though novel, can be disappointing without the experience and resource to implement a change in behaviour. This book can help with effecting real change.

The end section of the book is adequate, listing a general reference as well as a list of resources, websites and crisis lines which many families generally appreciate. There is also a glossary for readers who may not be familiar with terms used such as self-concept, self-esteem, attachment, cognitive behavioural therapy and the like.

This book has many uses and I am happy to keep it as one of my daily references. I would also share it with others who feel trapped or burnt out in the care of some of the most difficult, though resilient children.

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Nix Your Tics! Eliminating Unwanted Tic Symptoms: A How-To Guide for Young People

McKinlay, B. D. Life's A Twitch Publishing Company: London, ON, 2008. 144 pp, CA \$25.00.

This is an amazing little book written for youth with tics. It is short, factual, easy to read, and enticing. Dr. McKinlay, also known as Dr. Dunc, liberally includes clinical stories, mostly related to his own life experience with severe Tourette Syndrome, to illustrate the condition and how to manage tics.

The book has four parts. The first section, titled "The "Getting Up To Speed" Stuff", defines tics and provides a number of ways to make life easier for the person with tics. The author discusses some options for managing tics and then provides an introduction to a new evidence based behavioral therapy called Comprehensive Behavioural Intervention for Tics (CBIT) – also classically known as Habit - Reversal Training (HRT).

The second section, "The "Good Stuff" Stuff", describes the six steps of the HRT process in great detail. The third section, "The "Stuff to Make the Good Stuff Work Even Better" Stuff", starts with a description of what happens to the individual who undertakes HRT, including a vivid description of how initially the targeted tic seems to be much worse than before starting HRT. It is added that when a tic is eliminated, there may be a later spontaneous return, but with continued persistence in using HRT, the tic can fade away permanently. This section provides a great deal of support for the person using HRT and the people who are close to the individual using HRT. Dr. Dunc also addresses here a number of myths about HRT. The last section – "The "Back of the Book" Stuff" includes a treat-

ment summary, a catalogue of competing responses to specific common tics, a list of resources regarding tic disorders, and some HRT exercise worksheets.

The process described on these pages may work well, but it takes a great deal of effort on the part of the individual with tics to get maximum benefit from HRT. The individual using this treatment deserves a great deal of encouragement and support from the people around them.

While the book was written for adolescents with tics, it would be useful for adults affected by tics as well. It is a "must have" book for any psychiatrist working with people who have tics.

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Understanding Regulation Disorders of Sensory Processing: Management Strategies for Parents and Professionals

Reebye, P., & Stalker, A. Jessica Kingsley Press, 2007. 160 pp, CA \$19.95.

Self regulation capacities in infants and young children exist on a continuum. There have always existed "fussy", colicky or difficult-to-soothe children. Until recently, many of these behaviors were considered within the normal range of development, and parents were often advised to wait until the child's nervous system matured further before seeking interventions. Observation and monitoring was previously the first response with these disorders. However, as the authors Reebye and Stalker point out in this book, the impact of early experiences on the developing brain cannot be overestimated, and it is important to help children with sensory dysregulation as soon as possible.

Regulatory Disorders of Sensory Processing (RDSP) constitute a specific diagnostic category in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-3R). Prior to the 2005 revision, this group was referred to as Regulatory Disorders in the DC:0-3. The reason for this revision was to highlight the importance of sensory processing difficulties in this disorder. This change in nomenclature has led to increased recognition not only of the resulting difficulties, but also of potential comorbidity and differential diagnoses, thus allowing more effective targeting of appropriate interventions. Children with regulation disorders exhibit specific symptom constellations in sensory, motor and behavioural domains. Their symptoms are often difficult for parents to manage. Without appropriate interventions, children with these disorders may encounter increasing difficulty in typical daily activities which can then lead to further complications such as decreased self-esteem, ongoing difficulties with motor activities, increased behavioural and social difficulties and stigmatization, with specific challenges depending on their specific pattern of difficulties. In this work, the authors share many practical management strategies to

help these children navigate their world, decrease their distress and hopefully mitigate potential complications from the secondary consequences.

"Understanding Regulation Disorders of Sensory Processing in Children" is an excellent resource for professionals and parents alike. The authors provide an easily understandable and practical resource to assist children with regulation disorders. The book contains thirteen easily read and well-organized chapters that are grouped into three sections. The first section includes a descriptive introduction to the topic of regulation disorders, a review of neurological development through infancy and childhood, and a clear explanation of the diagnostic criteria and assessment strategies used for treating patients with RDSP, as well as a brief review of useful assessment scales and the presentation of RDSP through childhood. The second section focuses on a review of the important aspects of a management plan and provides numerous practical management strategies. These strategies are further broken down by specific area of regulation difficulty (*e.g.* sensory, motor, physiological, affect regulation, *etc.*) which makes this textbook a practical resource for parents looking for specific strategies. The third section examines the impact of RDSP on school participation, social skills and family needs, and discusses related management strategies. Summaries at the end of each chapter help the reader consolidate the major points from each chapter and also allow for future easy reference.

A particular strength of this book is that the authors are able to make a complex diagnostic process very accessible to the average reader by use of case examples and graphical models. Using this format, the authors walk the reader through an assessment process, illustrating the various areas of functional impairment and how these evolve over time. Parents can then use this same method to reflect on their own child's strengths, needs and current intervention priorities.

Other strengths of this book include the clear delineation of assessment (including specific questions to review with parents for each area of concern) and numerous specific management strategies for each area of functional difficulty. The book summarizes relevant background information including a review of neurological development, the basics of attachment/bonding and the importance of experiences and parent-child interactions on brain development. This information is particularly useful to help parents better understand their child's situation in a broader context and potentially mitigate some of the frustration with seeing their child struggle with typical daily activities. Additionally, this text can be a useful resource for parents as they learn to better advocate for their children within their family and community.

Overall, this book is a well-referenced and comprehensive resource guide that covers a wide range of potential clinical situations and provides parents and professionals with practical suggestions for a variety of

behavioural concerns. Dr. Reebye and Ms. Stalker have kept the language clear enough for non-medical readers but the content is sufficiently advanced to serve as a useful introductory text for health care professionals new to Regulatory Disorders of Sensory Processing.

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Socioemotional Development in the Toddler Years: Transitions and Transformations

Brownell, C. A., & Kopp, C. B. (eds). New York, London: The Guilford Press; 2007. 497 pp. US \$55.00.

The contributors to this multi-authored book are researchers — predominantly academic psychologists — who conceptualise toddler socioemotional development across multiple developing systems, recognising that the interwoven strands are inseparable and mutually supportive. The editors' introductory chapter "Transitions in toddler socioemotional development" summarises transitions in behaviour, understanding and relationships in toddler socioemotional development, and introduces the five sections of the book that follow. These are: understanding self and others; play and communication; self-regulation; biological and cultural perspectives; and individual differences and applications. In each chapter the various facets of socioemotional development are underpinned by three fundamental organisers: emotion; objective self-awareness and inhibitory and attentional control. An evolutionary perspective is introduced, outlining that three systems, three conserved behavioural patterns, have evolved over millions of years and are entrenched in today's toddlers. Two of these, object permanence and physical aggression, are found in non-human primates, while upright locomotion is exclusive to humans. Parents are surprised to hear that aggression is at its peak in the toddler years and more able to be patient as they struggle with the biting, kicking, hitting and tantrums of their "terrible two."

The chapter "Taming the tempest in the teapot" by Thompson and Goodwin, links the development of emotional regulation to physiological maturation, cognitive development and environmental influences. An increased ability to understand emotions, the security of attachment, parenting skills, the family emotional climate, and the child's temperament all play a part in the self-regulation of emotions. The biological underpinnings of self-regulation are further explored in Bell and Wolfe's chapter "The cognitive science of early socioemotional development." Research has shown that infants with high heart rate variability and more labile autonomic systems were more emotionally expressive and reactive. Both punitive and permissive approaches to tantrums put children at risk for emotional dysregulation argue Mascolo and Fischer in their chapter on "The codevelopment of self and sociomoral emotions during the toddler years." In

these and other chapters the multiple causes of the escalating non-compliance and explosiveness, seen frequently in referred children, are clearly laid out and gave me a new appreciation of the difficulties of devising management strategies for the oppositional, aggressive and over-reactive toddlers and preschoolers, brought in by weary, frustrated parents, often referred to our Infant Psychiatry Clinic at BC Children's Hospital.

The chapters on play and communication, based on Noam Chomsky's linguistic theories, develop a mechanistic model that likens the child to an enormously powerful computer, and transformed my understanding of language development. In her chapter "Becoming a language user: entering a symbolic world" Nelson views language development occurring alongside other developing skills, within a social and cultural context, and catalysed by adults who interact with and communicate with the child.

The final section of the book includes Hobson's "Social relations, self-awareness and symbolising" using research on autism, with its deficits in social relations, symbolic play, and language, to understand normal toddler development. The book ends with "A systematic approach to assessment of normative and atypical socioemotional function in toddlers" by Fitzgerald, Barnes and Almerici, in which general guidelines are supplemented by a lengthy list of tests and checklists for assessing the child, parents and family environment. For instance, the "Confusion, Hubbub and Order Scale" or CHAOS assesses disorder in the home environment (page 473).

The predominant focus of this book, the template for development of the "normal" child, is the nuclear family found in western industrialised nations. Do current models of development apply in different cultural contexts? More information about other cultures where multiple caregivers are the norm, and cultural values and expectations for children's and parent's behaviour are significantly different, would be interesting and useful for those of us who struggle to understand and help parents from various cultures. This was partially addressed in the relatively short chapter by Perez and Gauvain "The sociocultural context of transitions in early socioemotional development," but actual examples were limited to brief passages about Mexican, Polynesian, and !Kung San children.

This rich, detailed, well referenced book is of interest in its entirety to graduate students, academics and researchers. The busy clinician is likely to use it as a reference book, or dip into several chapters to find descriptions and theories about the astoundingly complex, rapid and inter-related development in the toddler period, which is loosely defined as 12-36 months. There is little practical advice on management, although this could often be inferred from the details of intrapersonal, interpersonal, and contextual variables.

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