Book Reviews

Biobehavioral Assessment of the Infant

Lynn Twarog Singer, Philip Sanford Zeskind editors. New York: Guilford Press; 2001. 476p. US $62.00.

This book is most probably already on the office shelves of infancy and early childhood researchers.

The editors have done a superb job ensuring that a uniform model of reporting the varied areas of infant research was used throughout. All chapters used the same format: giving a history of the construct studied a general description and an elaboration of the biobehavioral basis of a particular assessment. In addition, where applicable, all authors also reported the reliability and validity of the assessment instrument under study and the training requirements.

The twenty-two chapters in five sections covered introductory issues in infant development, prenatal growth and sensory development, arousal and regulation, learning and attention, and standard assessments. It is beyond this review to give a detailed description of the information contained in this scholarly book, however, I will give the gist of the most important points conveyed to me and leave readers to draw their own conclusions regarding the usefulness of this book for them.

At the very beginning, a review of the reliability and validity of the tools used in infant research challenged some commonly held views on the timing and methods of education for handicapped children. For instance, the speed of processing and memory counting for the relationships between 7-month visual recognition memory and 1-year cross-modal transfers to the IQ of the11-year-old! That kind of prediction power can often be used in directing parents in how to enhance their child's learning.

The second chapter on understanding development and risk was also an eye opener. This chapter allowed me to explore the true application of methodology in understanding infant development. Two points that were emphasized were the issue of the direction of effect sizes, and the size of effects in risk research. The effect sizes, as an easily understood quantitative index of change in predictor status, was presented with convincing statements. While fetal neurobehavioral research may not seem applicable to the majority of us and our work, this is where the growth in understanding of human development is proceeding rapidly. This book illustrated its importance to later development and why we need both to pay attention to it and incorporate it into the training curriculum.

Section III was probably designed with infant psychiatrists in mind and was the most pleasurable reading I've done for a while. The section is entitled arousal and regulation, terms used by all child psychiatrists almost on a daily basis. It comprised a discussion of the topic and assessment tools on vagal tone, infant temperament, sleep-wake states, infant crying, salivary cortisol measurement, and attachment assessment in the strange situation. The only Canadian contributor, Dr Goldberg gave a superb overview of the attachment assessment using the strange situation.

Section IV is devoted to learning and attention. A detailed look at three measures of learning and information processing were well described. Three important paradigms tapping into cognitive development were emphasized: habituation, learned expectancies, and instrumental conditioning. Part V is likely to be beneficial to clinicians and researchers alike. It reviewed developmental assessments that measure a variety of infant behaviors. The Bayley scales of infant development, motor assessment, and the neonatal behavioral basement scales as described would be familiar territory to most of us. This section also included the neurobehavioral assessment of the pre-term infant.

The reading was not easy because it included technical aspects of some assessment tools that are not necessarily in general usage. However, all the information was challenging and thought provoking. Overall I enjoyed reading this book and also learned new information about fetal neurodevelopmental assessment. Reading this book also clarified for me confusing issues in the application of statistical information to developmental models.

This book is highly relevant to researchers in early infancy and childhood. It requires concentration and sometimes several reads before one gets the "Eureka" experience. Section III on arousal and regulation is clearly the most applicable for all child psychiatrists.

***Pratibha Reebye MBBS**, Vancouver BC*

Freaks, Geeks, & Asperger Syndrome: A User Guide to Adolescence

Luke Jackson. London, UK: Jessica Kingsley Publishers; 2002. 240p. US $17.95

As a practitioner working with a large number children and adolescents with a diagnosis of an Autistic Spectrum Disorder (ASD) I have been somewhat reluctant to read all the burgeoning literature that has been published in the past two to three years. I was, however, excited to have the opportunity to review Freaks, Geeks & Asperger Disorder. Apart from the compelling title, I was pleased to see the focus on the long-overlooked adolescent population. The other intriguing fact about this book is that the author wrote it at the age of 13!

This book provides the reader with a unique insight into the mind of an adolescent with ASD through the author's self-reflection and commentary. The topics range from diet to dating and are supplemented with a variety of colourful vignettes, pictures, and drawings.

The book has a number of strengths that clinicians and families will appreciate. As an individual with Asperger's, the author was able to speak to the frustrations and tribulations commonly associated with this diagnosis. The reader is carried along with the author as he attempts to make sense of his ASD and teenage world. To that end, the author offered a number of personal and family vignettes that described his journey through a number of autistic symptoms.

From a clinical standpoint, this book offers a rich source of valuable information that helps illustrate the thinking and feeling processes of an individual on the autistic spectrum. In his candid and often humorous style, the author worked through a number of important issues that included bullying, conversational approaches, and socializing. The author also touched on a number of issues that many will find somewhat contentious including a strong endorsement for a gluten and casein free diet.

It is clear that the author received considerable assistance to write this book, however, it does read as though written by a teen. The writing style is quick and somewhat quirky with a number of jokes, drawings, and pictures that should appeal to the younger reader.

This book is a useful addition to any clinical library and is one that can be given to families and teens for a quick read on the topic.

***David Worling PhD**, Vancouver BC*

Gender Differences at Puberty

Chris Hayward editor. New York, NY: Cambridge University Press; 2003. 337p. US $27.00

This book is one of an important academic series managed by an international steering committee whose membership includes representatives from the World Health Organization. The series, International Studies on Child and Adolescent Health, covers a broad range of health issues that transcends traditional borders of physical vs. mental, east vs. west, and child vs. adolescent. Rather, the series is noted for its ability to integrated complex fields in order to provide cutting-edge science to researchers, clinicians, and decision makers.

This recent edition offers a detailed and evidence-based review of the literature on puberty. The biological chapters offer a clear and comprehensive review of the hormonal issues at play in puberty, and provide a detailed review of the biological issues of relevance in early or late puberty. Complimented by tables and illustrations, these offer a solid review for interested child and adolescent psychiatrists.

The biological components of this edition are complimented by large sections on the psychology of puberty, and reviews of some of the psychopathology associated with the onset of puberty. The section on "Puberty and Psychopathology" limited itself to a superficial review of depression and schizophrenia. The lack of attention paid to substance use disorders, adjustment disorders, eating, and anxiety disorders was notable. Toronto-based psychiatrist Dr. Mary Seeman's contribution to gender differences in schizophrenia was, however, of value to our discipline, and complimented her own book on this theme nicely.

The title of this book suggested that the gender differences in puberty will be reviewed in detail beyond the biological factors involved. To a degree, the editor accomplished this goal. There was a large section on the experience of girls and puberty, but the section on boys and puberty paled in comparison (49 vs. 23 pages respectively). The literature on themes such as sexual identity, orientation, and behaviour was not reviewed in any detail, nor were newer developments in social trends of masculinity and femininity reviewed. One section done particularly well was on aggression and girls. The significant shifts in epidemiology and impairment were well reviewed. However, the section on educational outcomes and boys was poorly done, and there was little mention of the challenges young men are facing in today's school systems. Finally, the health challenges of gender-disordered, or gender-questioning youth was very limited in spite of the growing literature in this area. As such, the approach to gender in this book appeared to be generally limited to girls – of value, but not the promise of the title.

Thus, this book may be of little interest to general child and adolescent psychiatrists. However, for those working primarily with girls or young women, consultation-liaison populations, or in shared care with paediatricians, this book will offer a useful review of the biology of puberty, and a detailed review of the important issues affecting our female patients. Gender differences in psychiatric medicine are of growing relevance and importance, and promise to be an important component of the DSM-V and mental health research in the next decade. This text is an important part of the development of literature in this area.

***Derek Puddester MD**, Ottawa ON*

Helping the Noncompliant Child: Family-Based Treatment For Oppositional Behaviour (Second Edition)

Robert J. McMahon and Rex L. Forehand. New York, NY: The Guilford Press; 2003. 313p. US $38

This revised and expanded edition focuses on a highly intensive behavioural parenting program that can be used with parents of children with Disruptive Behaviour Disorders. The book begins with an excellent chapter that investigates the root causes of oppositional behaviour. In addition, this chapter also outlines compliance and non-compliance in normally developing children. The second chapter of the book describes the development of parent training programs and compares the most commonly used behavioural parenting programs. The following chapters describe McMahon and Forehand's Helping the Noncompliant Child program and adaptations of the program that can be used for specific populations, such as children with developmental disabilities. The book ends with a review of current research in the area of behavioural parenting techniques and with a number of reproducible parent handouts.

Overall, this is an excellent book for any clinician who is working in an intensive treatment setting for children with behavioural difficulties. The first chapter, which reviews the development of behavioural difficulties, is a must for anyone who is working with children who present with oppositional behaviour. I plan to make it the first item my students read when they train with me. This chapter is an easy, enjoyable read and would be helpful for both clinicians and front-line staff in many settings. The second strength of the book is the reproducible parent handouts at the back of the book. They include instructions on Active Ignoring, Giving Clear Instructions and other important parenting techniques. The book also includes many excellent diagrams that show the progression and development of behavioural difficulties, and record sheets that can be filled out by parents when they are trying to implement a new technique. I also enjoyed the chapters describing McMahon and Forehand's parenting program, specifically the techniques used to quantify the parent's use of specific parent skills (e.g., attends, rewards), to determine areas needing further work and measures of improvement.

The most important weakness of this book, in my opinion, is the title. Many clinicians may read the title and assume that this book can guide their work in an office-based environment. In fact, the book describes an extremely intensive parenting program that involves training staff to watch parents and children through a one-way mirror or in the home environment. Optimal scheduling is described as twice a week for 75-90 minutes each time (5-14 sessions total). The authors note that weekly 50-minute sessions were less successful. Although the authors describe the program as flexible, it is clear when reading the book that this book is describing treatment techniques that would be best administered in a highly intensive setting. Many clinicians are not working in a clinic that provides the time or the appropriate setting for implementing the program, and would be better served by reading Forehand's book, Parenting the Strong Willed Child and some of the other excellent parenting books that are available.

Another weakness of the book is that on several occasions the authors discuss the use of spanking without discussing the multitude of research describing the negative effects of its use. On one occasion the authors note that they no longer recommend spanking but appear to gloss over their reasons for this change (noting that it has become "increasingly less acceptable"). On another occasion (p. 88) the authors note that they use "punishment of one sort or another (e.g., spanking, loss of privileges)". I believe that the authors had a real duty to fully outline the research on spanking, as this is an important subject that I discuss with all parents in my work.

Overall, I concluded that the parenting techniques provided in the book were excellent. However, I had some differences with the authors. On one occasion, they noted that they tell parents that active ignoring is "much easier to use than punishment". In my work, I have found that many parents of children with behaviour problems have anger management problems of their own. Therefore, parents often find active

ignoring to be an extremely difficult technique to learn and, in my opinion, benefit from a great deal of support about how tough it will be to implement.

Overall, this is an excellent book for any clinician who is able to implement an intensive, structured parent skills training program. However, for clinicians who work in public health clinics which do not allow for long sessions of observation and frequent appointments, they would be better off reading several of the other books aimed at clinicians. For my purposes, as a psychologist working in a Day Treatment setting, the book is a welcome addition to my bookcase and will be used often.

***Susan E. Jerrott PhD**, Halifax NS*

Self-Regulation in Early Childhood: Nature and Nurture

Martha B. Bronson. New York, NY: The Guilford Press; 2000. 296p. US $24.00 paperback.

This is a rather complex book about an equally complex but essential ingredient for our holistic understanding of child development.

The author, Martha Bronson EdD, is an Associate Professor of Developmental and Educational Psychology at Boston College, where she directs the early childhood program. Her academic background is primarily in Massachusetts, USA, as she received her bachelor's degree in psychology from Boston College and her master's and doctoral degrees from Harvard University.

The book is divided into two main parts and offers a broad canvas of academic theories and clinical examples, summarized in very detailed tables.

Part I, 'Theoretical and Research: Perspectives on Self-Regulation, reviewed many psychological theories relating to early infant development and inherent infant self-regulation. The most interesting of the 6 chapters for the practicing or academic child/ infant psychiatrist would be: Interrelation of motivation and self-regulation, Controlling emotion and behavior, Controlling cognitive processing and Self-regulation and control systems in the brain.

Bronson relied heavily on Social Learning Theorists such as Albert Bandura and Social Cognitive Theorists such as Lee Vygotsky and was rather cursory in her consideration of Piagetian, Ericksonian or psychoanalytic theories of development and their possible relationship to self-regulation. Motivation for self-regulation is particularly vulnerable to environmental influences. As Bronson pointed out "infants need experiences that support their interest in exploration and experimentation" and "toddlers need support for their burgeoning interest in independence and self-direction which allows them some degree of success in their efforts." As examples, she quoted Bandura's four cognitive processes in cognitive problem solving situations:

1 They have to learn to PAY ATTENTION to relevant environmental information and to their own cognitive processes.
2. They have to learn to represent and REMEMBER relevant information from the environment and from their own memory store.
3. Children must also acquire the ability to CARRY OUT specific cognitive learning and problem solving activities in particular cognitive tasks.
4. Children must be MOTIVATED to carry out the cognitive activity, believing that they can be successful in doing so.

Anyone who has treated children with severe ADHD or developmentally delayed children from abusive homes will see the challenges in Bandura's thesis.

Part II 'Research to Practice: Supporting Self-Regulation in Early Childhood' began with a beautifully articulated construct which captured the nature component of self-regulation. "The human brain is genetically designed to search for, discover, and impose order and meaning on experience. It spontaneously organizes itself in interaction with the environment and is innately rewarded by finding patterns, categories and predicable cause-effect sequences." Unfortunately, the review of the neurological and neuropsychiatric underpinnings of this statement was a bit one dimensional, only pursuing the role of the frontal lobes in self-regulation. However, Part II had some practical tables that gave specific suggestions for play therapy, language therapy and dyadic parent/child therapy, all of which have therapeutic significance for the management of self-regulation. The author included strategies that increase self-regulation in problem solving and learning 'self -instruction strategies,' by behavioral psychologists such as Meichenbaum.

Overall this is a valuable resource book for child/ infant psychiatrists involved with pre-school early intervention programs and early childhood programs. It is fashioned for a non-medical audience but has a wealth of information essential for clinical understanding and remediation of an increasingly recognized psychiatric population.

***Kieran D. O'Malley MB**, Calgary AB*

Suicide in Children and Adolescents

Robert King, Alan Apter editors. New York, NY: Cambridge University Press; 2003. 320p. US $65.00

King and Apter have assembled experienced authors in this clearly-written text to discuss pediatric suicidality (suicide and suicidal behavior) from the perspective of its epidemiology, nosology, assessment, associated risk factors, transcultural issues, dynamics, prevention and treatment programs, follow-up studies and issues of relevance to surviving family members.

Gould et al began with a thorough epidemiological overview of pediatric suicidality. They noted that the suicide rate increased until young adulthood and again in old age, suggesting a causal link with an increased incidence of depression with age and access to alcohol and drugs after pre-adolescence, but they omitted reference to developmental causes during adolescence. They explained the worldwide gender differences in suicide rates and described American racial variations in those rates over time, noting the absence of ethnic data prior to the late 1990s, except that Native American males had the highest rates in the US during 1979-1992. In addition, they noted that 90% of youth suicides had at least one major psychiatric disorder and 25% to 33% had previously attempted suicide.

The authors explored the myriad of social, psychological, academic and familial risk factors for suicidal behavior, without citing learning disorders. They observed that misclassification of death verdicts may vary as a function of method of death but that suicide mortality data is, overall, a valid source of information, and weakly argued that the consistency of psychological autopsy studies also heightened their validity. They considered how household surveys of non-lethal suicide behavior lack anonymity, but allowed time for interviewing multiple informants and catching dropouts, whereas clinically- and school-based samples had their own limitations. Their conclusions were not always substantiated by the data, but this did not detract from the chapter's merit.

King et al skillfully advocated a balanced perspective of adolescent suicidality as a heterogeneous entity. They observed that most studies in these areas were cross-sectional and thus "static", and lacked a developmental and integrated approach accounting for myriad risk factors interacting at different times during the life cycle, culminating in the distress manifested by suicidal behavior. Apter and Wasserman reported on the findings of the World Health Organization: Oregon Study and the Canterbury (New Zealand) Study concerning parasuicide (i.e. the spectrum of suicide short of completion). They reviewed the reasons for suicide attempts, the high spontaneous recovery rate and the relative contributions of impulsivity, negative affects and conduct, substance abuse and borderline personality disorders to the evolution of suicide. Brent and Mann reviewed adoption, twin, family and family environment studies in adolescent suicidality and the contribution of candidate genes and genetic variations as reflected in serotonin metabolism and receptor responses. They presented a good teaching model for familial transmission of suicidal behavior, but omitted the impact of parental care and loss "for the sake of simplicity" and lack of "empirical data". Apter focused narrowly on the inverse relationship between serotonin neurobiology and suicide proclivity as mediated by aggression and impulsivity, but provided a good conceptual framework for viewing suicidal behavior endophenotypically.

Following a sparse introduction, King masterfully integrated epidemiological and dynamic considerations with respect to adolescent suicidality, describing the suicide act as a culmination of a multitude of influences, including temperament, early attachment difficulties (Bowlby), chronic narcissistic insult, perhaps early trauma, and inability to live up to unrealistic, idealistic goals. Kelleher and Chambers thoroughly reviewed the impact of economic, religious, cultural, geographic, familial and temporal factors on the varying rates of suicidality around the world. Unfortunately, their terms "post-modern", "post-material values" and "existential security" were not clearly defined. Berman observed that "the case study …humanizes our epidemiological and psychiatric statistics – statistics which too often fail us when we consider the tragedy of the suicidal adolescent." In this way, he demonstrated both his ease with statistics and compassion for such youth as individuals. Pfeffer described the emotional, cognitive (citing Piaget) and social context contributing to youth suicide and advocates a quiet interview setting and a non-judgmental demeanor as essential components of the crisis assessment.

Orbach competently summarized the theoretical, developmental, social, familial and cognitive factors that contribute to youth suicidality and their corresponding treatment approaches. There was overlap between this chapter and the next one, in which Harrington clearly explained how Cognitive Behavior Therapy (CBT) could be applied to the treatment of the common co-morbid conditions (i.e. conduct and depressive disorders) of suicidal youth, and to their chronic problems (e.g. a broken home). He noted that a minimum of ego functioning was required for a patient to benefit from CBT and described the dearth of studies with adequate sample sizes and proper controls in this area. Bourger and Spirito reviewed limitations (i.e. methodology and subject variability) of follow-up designs of youth suicidality (i.e. retrospective, prospective, registry review and those studies involving both youth and adults). Finally, Gallo and Pfeffer documented the impact of a suicide on family members, offered guidelines for interventions with them and noted the challenges in distinguishing between bereavement, major depressive disorders and Post Traumatic Stress Disorder (PTSD).

This anthology is useful for investigators and clinicians in pediatric suicidality. It has a rich bibliography and comprehensive coverage of substantial themes. The contributions of King and Berman were particularly edifying.

***Brian Greenfield MD**, Montreal QC*

Television and Child Development, 3rd Edition

Judith Van Evra. Manwah, NJ: Lawrence Erlbaum Associates; 2004. 263p. US $29.95 paperbac

This book is written by a psychologist from the University of Waterloo. It offers a complete and comprehensive summary and synthesis of what is known about the media's role in and impact on children's cognitive, social and emotional development as well as touching on the complex interplay between other forces in a child's life and their various use of media.

Much of the organization of the first two editions has been retained in this edition, with updates on current research into the role of television and children. However, the explosive growth in new technologies (DVDs, realistic video games, cell phones, pagers and other wireless devices) is also addressed. Seven entirely new chapters include information on research methodology, cultural diversity and stereotypes; health-related matters and lifestyle choices, including sexual behaviour, drug and alcohol use, and nutrition and body image; media's impact on various social-emotional aspects of a child's development; and separate chapters for technology use for information and entertainment. Finally, an entire chapter is now devoted to intervention strategies, parent strategies and education.

Why bother reading this book? This is convincingly explained in the introduction: 1999 statistics from a Kaiser Family Foundation study reveal that children 8 years and older spend an average of 6 3/4 hours a day using media, most of which is televiewing. Only 5% spend less than an hour a day with media. More than one in six watch television for 5 hours a day. Even young children between 2 and 7 years old use media for 3½ hours a day. Nearly one third of children live in homes with four or more TVs; 40% live in homes where TV stays on "most of the time", and two thirds of children say it stays on during meals. Sixty-one percent of children 8 and over have no rules about what or how much television they watch at home, and they watch with parents only about 5% of the time. Given a conservative estimate of 2 ½ hours of watching television each day over a lifetime and assuming eight hours of sleep a night, the average American child would spend 7 years out of the approximately 47 waking years humans have by age 70 watching television.

Part I of this third edition begins with a comprehensive, if not in-depth, review of the major theoretical perspectives from psychology and communication theory that have been used to predict and explain many of the research findings, including social learning and social cognitive theory from the psychological literature and cultivation and uses and gratification theories from the communication literature. Basic research designs and methodologies and an integrative approach bridging both bodies of literature are offered. This section is of greatest interest to academic researchers.

Part II examines the cognitive aspects of children's media experience. It includes a detailed chapter on how children process information from a variety of sources, to better understand what and how they learn from the media, which material affects them, and how child and content variables interact to influence this process. Consideration of television's effects on children's cognitive development generally, as well as on their reading and academic performance specifically, is included in this section which will be of interest to early childhood educators and to parents who are familiar with the language of psychology.

Part III addresses the media's impact on various areas of children's and adolescents' social and emotional development and behaviour, with chapters on violence, advertising, cultural diversity and stereotypes, use of alcohol, tobacco and drugs, sexual behaviour and body image. Family issues in relation to media use are addressed in a separate chapter, which unfortunately talks only about television use in a family context, as opposed to general media use.

Part IV is devoted to the use of specific technologies and their impact on the development of beliefs, knowledge, attitudes and behaviour of children and adolescents. Separate chapters are devoted to the use of technology for information, with a rather narrow focus on the Internet and computers in classrooms, and to its use for entertainment, including computer and video games, music videos and chat rooms. Part V seems to be the most promising one, as it reviews intervention strategies including media literacy and parent education, as well as broadcaster and government responsibility and advocacy, but in a meager 10 pages, the author does little more than touch on these main topics briefly.

In summary, this third edition offers a detailed review of the literature on TV and children, a bird's eye view of how other media technologies might affect children and a hint of practical intervention strategies. It is excellent reference material, but don't expect clinical vignettes or how-to-manage-media guidelines.

***Arlette Lefebvre MD**, Toronto ON*

The Clinician's Guide To The Behavior Assessment System For Children

Cecil R. Reynolds & Randy W. Kamphaus. New York, NY: The Guilford Press; 2002. 288p. US $60.00

This book is a complete guide to the Behavioral Assessment System for Children (BASC), a multi-method, multi-dimensional approach to evaluating behaviour and self-perception of children ages 2 years 6 months to 18 years. It was designed to facilitate differential diagnosis and educational classification of a variety of emotional and behavioral difficulties and aid in the design of treatment plans. This BASC includes teacher (TRS) and parent (PRS) rating scales, a self-report of personality (SRP), a structured developmental history (SDH) and a student observation system (SOS). This book provides an overview of the components and uses (Chapter 1), detailed information about each scale (Chapter 2), and information regarding the interpretation of each scale (Chapter 3). A particular strength of the book is the large number of case examples (Chapter 4 & 5) and clinical application including special populations (Chapter 6 & 7). The book has a bibliography and a reference to a website listing many papers using the BASC in clinical practice and in research. The index is weak in that a number of topics that I had hoped to find were not listed in the index.

The BASC was designed to be used mainly by registered psychologists but appears to be used in the USA by pediatricians, psychiatrists, and school psychologists as well as other clinical disciplines. The authors recommend that users have adequate professional qualifications and have specific training in using the BASC before applying it to clinical practice.

The book demonstrates that the BASC is a clinically sound approach to assessing a number of domains. It measures both clinical and adaptive dimensions of behavior and personality. Scales may be used individually or as a group. The book includes a number of complimentary reports from clinicians who use the BASC regularly. Favorable remarks include that using the BASC at intake can lead to the initial clinical interview being more focused and selective and that the converging areas of need and the areas of discrepancy between the multiple raters are useful in directing treatment.

Colleagues who have used the BASC cited several strengths including an assessment of the youth's attitude towards school and teachers, a comparison of school maladjustment vs. clinical maladjustment, an assessment of locus of control, an assessment of the youth's sense of inadequacy, a youth self report for children 8-11 years, and adaptive functioning scales (e.g. relations with parents, interpersonal relationships, self esteem, self reliance). The case studies in this book show how the BASC is used in conjunction with other instruments and rating scales. A repeated negative comment by users of the BASC is the absence of the narrative questions on the first page of the Child Behavior Check List. Also, the BASC self-report scales are not useful for picking up youth at risk for specific emotional disorders and drug and alcohol use.

The BASC has been mandated in Ontario for Eating Disorders Programs as part of the province wide program evaluation. The decision to use the BASC rather than the Child Behavior Check List related to the larger number of scales addressing school maladjustment and personal adjustment that are not part of earlier instruments.

I have never had an opportunity to use the BASC in my clinical practice. It appears to be a clinically sound assessment tool. The BASC is not currently used at the children's mental health centre where I am employed. Adoption would either be a decision made by the centre's psychologists or would be mandated as part of an interagency common clinical assessment or program evaluation tool. In Ontario, the Ministries responsible for children's mental health services have adopted the Brief Child & Family Phone Interview (BCFPI) and Child & Adolescent Functional Assessment Scale (CAFAS) as common clinical assessment and program evaluation tools.

If I were in a solo private practice I would be unlikely to change to the BASC unless I had colleagues who were able to convince me that it was a far better system than earlier rating scales. The learning curve to adopt the BASC appears to be quite steep. I would also have to continue to use the condition specific rating scales that I currently use since the BASC does not provide adequate information to monitor specific conditions. A further consideration is the cost of purchasing the starter set and the ongoing costs of purchasing the rating scales and the computer scoring fees.

The mandated use in the Eating Disorders Programs will eventually give those programs enough broad experience to determine its full range of advantages and disadvantages. No doubt this will lead to further recommendations for use in major programs.

***G. T. Swart PhD, MD**, London ON*

CONFERENCE WATCH 2005

CANADIAN PSYCHIATRIC ASSOCIATION 55TH ANNUAL CONFERENCE

"*Building Networks, Crafting Excellence*"

November 3-6, 2005, Vancouver, British Columbia

Registration and Conference Details can be found at: www.cpa-apc.org

AACAP/CACAP JOINT ANNUAL MEETING

October 18-23, 2005, Toronto, Ontario

Registration and Conference Details can be found at: www.aacap.org/meeting/annual/2005

The Editorial staff wish to invite its members and readers to forward listings for upcoming conferences and meetings to be advertised in the Canadian Child & Adolescent Psychiatry Review "Conference Watch". Please submit listings to:

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Childhood Onset Schizophrenia Study

Child Psychiatry Branch

National Institute of Mental Health, National Institutes of Health, Department of Health and Human Services

Bethesda, Maryland USA

The Child Psychiatry Branch is interested in seeing children who are responders as well as non-responders to current treatments. Children and their families are brought to the National Institutes of Health, Clinical Center at our expense for an intensive research diagnostic evaluation and, when appropriate, clinical trials. Criteria: boys and girls 6-18 years old with onset of psychotic symptoms before the age of 13, with an IQ above 70 (pre-psychotic) and family involvement. Families of children with schizophrenia who are interested in participating in research are encouraged to fill out the NIMH Childhood Onset Schizophrenia Survey at http://chpwebsurvey.nimh.nih.gov. Any questions you can call Ms. Lenane at 1-888-254-3823.

A child's stage of development must be taken into account when considering a diagnosis of mental illness. Behaviors that are normal at one age may not be at another. Rarely, a healthy young child may report strange experiences - such as hearing voices - that would be considered abnormal at a later age. Clinicians look for a more persistent pattern of such behaviors. Parents may have reason for concern if a child of 7 years or older often hears voices saying derogatory things about him or her, or voices conversing with one another, talks to himself for herself, stares at scary things – snakes, spiders, shadows – that are not really there, and shows no interest in friendships. Such behaviors could be signs of schizophrenia, a chronic and disabling form of mental illness. Schizophrenia is very rare in children, affecting only about 1 in 30,000, compared to 1 in 100 in adults. Children with schizophrenia experience difficulty in managing everyday life. They share with their adult counterparts' psychotic symptoms (hallucinations, delusions), social withdrawal, flattened emotions, increased risk of suicide and loss of social and personal care skills.

Additional information can be obtained at the following NIMH websites:

http://www.nimh.nih.gov/publicat/schizkids.cfm

http://intramural.nimh.nih.gov/chp/cos/index.html

Source: NIMH.