

Book Reviews

Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians

Morrison, James. *The Guilford Press: New York, 2007. 316 pp. CA \$47.50.*

I was excited at the prospect of reviewing this book. Dr. Morrison has extensive experience writing about how clinical psychiatrists might improve their skills at diagnosis, and helping families and patients understand the diagnostic process. As he is a skilled general adult psychiatrist, I was curious as to whether his suggestions would be transferable to the assessment of child and adolescent patients. To begin, I comment on the book's content for the purposes of adult diagnosis - its intended focus.

The book was easy to read and interesting, with complex case examples for consideration at several points in each chapter. In most chapters, there were succinct flow charts which summarized the main learning points, and some also provided algorithms for diagnosis which would be indispensable for the teaching of students.

The book was organized in three broad sections. The first, "*The basics of diagnosis*" reviewed various challenges of working with the DSM approach, such as overlapping symptoms generating uncertainty, how to best determine the primary diagnosis and when the designation of comorbidity is useful. These points are essential for the novice diagnostician; but for the experienced, should serve as a refresher. Nonetheless, the suggestions he provides are practically useful for anyone faced with the formulation of a difficult patient presentation.

The second section, "*The building blocks of diagnosis*" reviewed the assessment of psychosocial context and how to integrate this into the multi-axial diagnosis. This section contained chapters on psychoactive substance use, physical illness and somatization. I applaud Dr. Morrison for his emphasis on medical workup, drug interactions and medical safety as the first considerations when generating the mental health differential. On the other hand, I would have appreciated more emphasis being paid to how the developmental

and early family history might have been used in making the diagnosis.

The final section "*Applying the diagnostic techniques*" provided examples of how to distinguish between various primary diagnoses within mood, anxiety, psychosis, cognitive, substance use and personality disorders. There were also flow charts for diagnosing within each of these sub-categories. I thought these were each very well presented, and I learned several things. First, he reinforced that the diagnosis "not otherwise specified (NOS)" is not helpful to write in the patient chart, as it may lead other diagnosticians to constrain their thinking to that syndrome area. Instead, he suggested using the term "undiagnosed" for those syndromes that people present with that do not fit either the symptom profile or course that would be expected. He states that doing so will help reduce the rate of false positives and false negative diagnoses. He also emphasized that as humans, we are better at ruling diagnoses in than ruling them out, particularly with respect to personality disorders, and as such, we should not be quick to diagnose anything without a high level of certainty.

As previously mentioned, there were many strengths to the book: the ease of reading, the excellent algorithms to aid diagnosis, the pearls of wisdom from a skilled clinician such as "beware of somatization disorder", "do not diagnose Axis 2 in the presence of active Axis 1", and "when the story is too prototypical, it often is (beware of malingering)." From the way he writes, one can infer that Dr. Morrison ascribes to the value of following patients over time, and empathizes with the consultant who does not have the luxury of time or accessing multiple informants to make the best diagnosis.

There was only one, albeit significant, point I felt was lacking in a book of such substance. Dr. Morrison wrote very cautiously about the diagnosis of Axis 2 pathology, suggesting that such diagnoses should not be made without longitudinal follow up. While this is a good rule of thumb, good history taking skills, multiple informants and more than one appointment should make this possible to achieve for an experienced clinician, and I was hoping that Dr. Morrison could have provided suggestions in this regard.

As child psychiatrists, we have limited

access to diagnostic tools available to the adult psychiatrist, such as course of illness, ability to assess day to day functioning, and very often, a non-compliant patient in terms of personal history. It therefore behooves us to develop our own text to make child psychiatric diagnosis easier! Alternatively, his co-authored book with Thomas Anders *Interviewing Children and Adolescents: Skills and Strategies for Effective DSM-IV Diagnosis* (2001) might be an excellent substitute. However, for improving the ease of adult diagnosis, this is a very useful book.

I had hoped that by reviewing this book, I would find tips that would make the diagnostic process easier. While I do not feel that this is the outcome, I would say that by following the recommendations of Dr. Morrison, that diagnoses I make might be more accurate and less ambiguous.

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Developmental Origins of Aggression

Tremblay R. E., Hartup W. W., Archer J., (Editors). The Guilford Press: New York, 2005. 480 pp. US \$60.00.

This book brought me closer to young children I see in my practice. Every chapter made me think about origins of aggression in these vulnerable children. This is probably one of fewer books that I have read, re-read, scribbled, and pondered over. Let me then describe the seminal work that is contained in these 480 pages divided into three parts and twenty-one chapters.

In the introductory first chapter, one of the editors, William Hartup, describes three changes in the research field that are focused on the development of aggression. First, the shift from observing aggressive acts to aggressive individuals has occurred; second, a meeting point is achieved between research on aggression and antisocial behavior; and third, there is now a trend in studying aggression from the developmental perspective. The author emphasizes the need to organize empirical studies on aggression as a series of "nests." This chapter serves an important function of setting the tone of what is next outlined and conceptualizes the research efforts in this area in one sentence, "We stand at the edge of the

nest, then, regarding what we know about the development of aggression." (page 19).

Chapter two brings the important point of needing to provide a universal definition of aggression that would be applicable to all researchers that are exploring aspects of aggression. The authors then provide a multi-level analysis of aggression in animals and humans. Their analysis is a multifaceted process and offers examination of the aggressive behavior into its antecedents, expressions and consequences.

The third chapter is differently presented on the topic of "play fighting" and written in a playful manner. I thoroughly enjoyed reading about how rats play fight. In Norway, rats play fighting is more common in males and continues in adulthood. It involves attacking and defending the nape. It was interesting to note that in rats the attack and defense sequence during play fighting keeps 50:50 rule, possibly useful as a "*precocial expression of sexual behavior by juveniles.*" (page 59). I also read with interest author's suggestion that playfighting in humans also might have a place in the promotion of socio-cognitive skills.

Chapter four is a primer of research involving the socially inappropriate aggression in rhesus monkeys. Of importance are 1) discussion on peer-reared versus mother-reared monkeys; 2) association of low CSF 5- HIAA concentration and aggression; 3) effects of maternal buffering on aggressivity; and 4) speculation about cross fostering by mothers with high CSF 5-HIAA versus low CSF 5-HIAA concentrations. The author, Stephen Suomi is very humble and contributes his research efforts largely to Markin Linnoila, his mentor. Many leads provided by this laboratory's research findings are followed by prominent researchers such as Michael Meaney, who is studying molecular genetic approaches to biobehavioral consequences.

Chapter five is the heart of this volume. Tremblay and Nagin describe the origins of physical aggression in humans. The authors describe their efforts in summarizing all relevant research in this domain as patchwork of longitudinal studies. This patchwork is far from being a haphazard object; it is a real art piece which I would describe as a jigsaw fitting perfectly. The most important finding of note is the

peak of frequency of aggression in humans is between the end of 2nd and 4th year after birth. This chapter has to be read in conjunction with chapter 21, the very last chapter of this book, also written by Tremblay with another co-author. I will comment on that synthesis shortly.

I have read the chapter of "The Beginnings of Aggression in Infancy" several times. There are important messages in this chapter. The factors noted by the author (Dale Hay) are the presence of rudimentary understanding of intent behind aggression by the second year of life; and "aggressive competence" is achieved in a gradual manner. The author distinguishes the term aggressive competence from aggressive performance. The aggressive competence is described as the ability to deploy aggression in a species characteristic manner when faced with a conflictual situation.

Chapters seven, eight and nine inform readers about the importance of rough and tumble play, a good description of the mirror neuron system, distinguishing features between the direct and indirect aggression, and a beautiful description of developmental aspects of proactive and reactive aggression.

Chapter ten is important for child psychiatrists and adult psychiatrists. The authors trace developmental trajectories of homicidal and violent behaviors. This chapter is a good directory for definitions and understanding of developmental pathway, developmental trajectories, population heterogeneity, state dependence and escalation and mixed theories.

The authors present a model of three pathways to understand antisocial behavior. These pathways are an authority conflict pathway, a covert pathway emerging before age 15, and an overt pathway starting with minor physical aggression. From a Pittsburgh youth study the following predictors of violence were described: Maternal use of smoking or alcohol intake during pregnancy in the early onset of delinquent behavior, cruelty and low school motivation. Demographic factors include teenage motherhood and low SES.

Homicide offenders were more likely to carry a weapon, have a diagnosis of conduct disorder and a positive attitude to substance use. The authors make an excellent plea for prevention, emphasizing that the process of escalation of violent behavior takes years, thus

providing a window of opportunity to intervene.

Chapters 11 to 20 constitute Part II of this volume. There are contributions from world experts in the field of aggression, and the topics covered are genetics, brain mapping and the role of neuromodulators, hormones involved in the development of aggression, executive function, language development, peer relationships and sex differences. Two topics did not exactly fit into this list: intergenerational transmission of aggression and anti-social behavior; and the social capital and its influence on aggressive behavior.

Genetic contributions for aggressive behavior are non-conclusive at the present time, but they are heavily relying on gene environmental effects and identification of a phenotype. The neuromodulator list involved with aggressive behavior includes serotonin, dopamine, norepinephrine and GABA. Human studies on cortisol and aggression are not very conclusive. Whereas there are studies reporting a relationship between lower levels of cortisol and high aggressive behavior, an inverse relationship is also reported. Mixed results in child and adolescent aggression might be due to methodological problems. One explanation of why aggressively acting individuals have lower HPA Axis activity is due to genetic and early traumatic events that program the HPA axis (page 295).

Chapter 15 on the executive function in early physical aggression deserves some discussion. The authors include self-regulation of thought, action, and emotion processes that depend on the integrity of neural systems involving prefrontal cortex in their definition of executive functioning. There is a good description of how executive function develops in childhood. The important change occurs in preschool years, which are documented using usage and compliance with rules. By the time a child attains the age of five years, he/she is able to switch between two incompatible rules. There were concepts of hot and cold executive function that was informative. Here, hot executive functions mean those that are affect laden versus the "cold" or purely cognitive tasks. The cool executive control was related to behavioral control. If the object was attractive, then a hot executive function was activated. The authors conclude that poor executive function is

reflected in externalizing problems in the preschool period.

Language and aggression links are explored well in chapter 16. The author states that how language and aggression are linked needs to be explored. In the chapter titled "Intergenerational Transmission of Aggression", the important factor was not how longitudinal studies have not established causality between childhood aggression and parental antisocial disorder; but about well conceptualized future directions for research in this area.

Peer relationships and aggressive behavior in preschoolers is not well supported. The authors suggest experimental manipulations of exposing aggressive children to non-aggressive peers to avert further escalation of aggression. I liked the discussion of how social capital influences developmental trajectories of aggression. Social capital is defined as interpersonal relationships that facilitate action (page 398). When this definition is applied to the child welfare system and at family level, different results emerge. However, I will comment on the author's discussion on daycare and early childhood development centers and the school capital. The emergence of aggression related to daycares is explained as the function of quality of day care. However, a study of Canadian 2-3 year olds found that children of high risk families who were not sent to daycare were more likely to exhibit aggression than children sent to daycares (Borge, Rutter, Cote, & Tremblay, 2004). There is a scholarly discussion on the aspects of negative social capital; i.e. gangs, criminal subcultures.

Important points to note from the discussion on gender effects and aggression in chapter 20 are that early developmental trajectories reflect more boys engaging in physical aggression, and that later on, girls are more likely to follow relational aggression. The last chapter is the most important one that reviews and synthesizes all the evidence regarding the developmental origins of aggression and future directions.

Overall, I have learned a lot reading this scholarly volume. It evoked curiosity and some frustration that all these facts from cutting edge research are not incorporated in our clinical practice on a routine basis. My rating for this book is 10/10; this is a volume worth

keeping in one's personal collection.

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Infants' Sense of People: Precursors to a Theory of Mind

Legerstee, Maria. Cambridge University Press: New York, NY, 2005. 230 pp. CA \$45.95 paperback.

Maria Legerstee is a professor of psychology at York University where she established the Centre for Infancy Studies in 1991. This book presents an academic summary of her 25 years of thinking, innovative research and contributions to the understanding of the development of infants.

Psychiatry residents and staff are all familiar with the many ways in which theoreticians over the years have examined the contributions of child development to adult functioning and pathology, and the seminal work of early researchers such as Piaget. Since then, much has been learned and key issues have been addressed by careful experimentation. Dr. Legerstee's book is as much argument and theoretical discussion as it is research. The arguments illustrate the contrasting theories of development, and the experiments help determine which side of the argument Dr. Legerstee now supports.

At about 4 years of age, children produce a variety of internal state terms when describing people's actions, such as believing, thinking and feeling. Because infants do not start out with this complexity, the phenomenon is called the infant's developing Theory of Mind (ToM). Theory of Mind allows the attribution of intention to the behaviors of others in the infant and child's life, but much needs to be learned about the relationship between intention and ToM and how ToM develops.

This end result sets the stage to illustrate the conceptual differences between different researchers and theorists. Are there psychological precursors to this at birth with a progress of continuous development, and does the infant start at birth without psychological precursors, suggesting a discontinuous development? Are infants born with an innate sense of intentionality or do they learn it through inter-

actions with adults who behave ‘as if’ infants have intentionality? Do infants start with innate biological processes interacting with environmental stimuli that prepare them to recognize intentionality by 8-10 months – do infants start out as ‘behaviorists’ before they become ‘psychologists’? Do infants start out with an understanding of the physical world, out of which they differentiate the social world, or is the sense of people different from the start?

Dr. Legerstee takes a *constraint constructivist* point of view postulating three predispositions that give infants a head start in developing a ToM. From the beginning, infants have a self-inferential process that allows an awareness of mental states through the perception of their own emotions. Infants have an interpersonal awareness that allows them to recognize the emotions of others. Infants have an innate sense of emotional attunement.

Much of the book covers the theories, arguments and research that allowed the predispositions to evolve in Dr. Legerstee’s thinking. By the last chapter she sets up three major theories of infant development and reviews an ingenious experiment that successfully differentiates the theories and illustrates the validity of the hypotheses of one of the theories. One key to her experiments was to separate infants into two groups: those with mothers who have high levels of affective mirroring (HAM), high attunement to interactions with their infants’ smiles, vocalizations, facial expressions and gazes, and those who did not (LAM). This distinction should alert the reader to the process of attachment. Indeed, she cited research that a lack of emotional sharing and co-regulation has devastating effects on the infant’s well being.

By the conclusion, Dr. Legerstee had made powerful arguments and produced a coherent body of research that supported her original hypotheses. It was clear also that high affective attunement played a significant role in the development of the infant’s competence in the emotional, cognitive and social spheres—resulting in a Theory of Mind.

In a shorter summary, the significant outcome of a secure attachment was the development of a Theory of Mind in the infant. As psychiatrists, we work with many children who have not had the benefit of a secure attachment and whose Theory of Mind has been

grossly underdeveloped or distorted.

This returned me to the beginning, why was this book important? The work compiled prospective and comparative research studies, and was not theorizing about infants from those who work with older age groups. The fundamentals that are laid down in the ToM affect the rest of that child’s life, personality, as well as pathology. We would do well to understand research such as this, and that in *The Development of the Person*¹ if we want to do our best work as clinicians and therapists with children, adolescents and adults later in life. Without this basis in science, we become prey to the latest theorists and have little information upon which to base our arguments or disagreements.

I close with some words about the book itself. It is not an easy read. The information and arguments are densely packed into the pages. The language is clearly meant for the graduate level student and professional. The book is frustrating at times with the appearance of acronyms that don’t seem connected to the words or that change in the order of the letters sometimes. The inclusion of authors of references throughout the book extends some sentences to a length that one has to reread it to get the sentence—all the names start to seem like clutter. The conclusions at the end of chapters could have been clearer and more consistent in their messages—perhaps a chart starting with the predispositions and relevant developments discovered by the research would have helped.

On the plus, the persistent reader will be rewarded with a much clearer understanding of the theories, arguments and importance both of the research and of the actual developmental trajectories of infants. It does much to bring attachment theory to life. It begs the case for early infant intervention to identify the mothers with low affective mirroring, and helping them so their infants will develop a well-functioning theory of mind. As a society, we would all benefit when the parent–child dyad allows optimal theory of mind development. Such infants become much better prepared to take part in the great challenge of growth and development that we must all traverse on the road to adulthood.

The Development of the Person: The Minnesota Study of Risk and Adaptation from

Birth to Adulthood. Sroufe, A., Egeland, B., Carlson, E. & Collins, A. The Guildford Press: New York, NY, 2005.

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Out of Options: A Cognitive Model of Adolescent Suicide and Risk Taking

Sofronoff, K., Dalgliesh, L. & Kosky, R. Cambridge University Press: 2005. 205 pp. US \$75.00.

There are 13 chapters in this book, which attempts to suggest a new conceptual model of adolescent suicide and risk-taking behavior (S/RT). Almost half of the book (seven chapters) consists of an exhaustive review of the topic of suicide and of risk taking behavior in youth. This is followed by the description of a cognitive model that is quite poorly contrasted with existing ones. The authors then proceed with an empirical evaluation of their model and conclude with a hypothetical impact on treatment.

The problem of this book, which carries an attractive and promising title, is that it is written like a PhD thesis rather than a true sharing of knowledge. The main author had in fact obtained her PhD in Psychology on the same topic a few years earlier, and probably didn't bother to modify the style of her writing. Consequently, I found the reading of this book rather tedious. It is too dry, too long, too abstract, too repetitive, non reflective and too far from clinical work. I must confess that I had the same experience with academically generated psychology research work that addresses clinical issues while being quite disconnected from it.

The book revolves around two theories: first that suicide and risk taking behavior – here defined as conduct problems and substance use - have shared pathways and, second, that these pathways show variables that are “significant mediators between earlier indications of risk and later adverse behavior” (p.9). These variables consist of cognitive factors, problem solving, hopelessness, protective factors and decision-making. On the other hand, negative life stressors, child abuse, family history of psychopathology, family dysfunction and genetic predisposition are risk factors for depression and behavior problems. The cogni-

tive factors mentioned above are possible mediating constructs in the pathway from risk factors of depression (or behavior problems) and towards suicidal behavior or conduct disorder. In addition, substance use is considered as a “behavioral variable” (p.94), whereas alcohol use, peer influence and life stressors are additional influences on the mediating factors. The innovation here is the idea of considering the cognitive factors within a pathway as a conceptual construct that evolves over time rather than simply risk factors for self destructive behavior.

This model expands on the one proposed by Yang and Clum (1996) (p.93) by adding a time perspective and therefore a progression from risk factors to S/RT behavior. Any clinician knows that and the chapter on the implication for treatment adds nothing to well known CBT programs listed by the authors and doesn't include a single clinical example.

The interest of the book is maybe in the large and detailed review of the topics and its 280 references. This review is so exhaustive that even Melanie Klein is mentioned (p.157) in a section on problem solving skills (yes); and Peter Fonagy (p.158) on “the value of the development of meaningful narratives about one's life as providing resilience for mothers and babies.” Unfortunately this book is missing the kind of narrative that would have made it meaningful to the clinicians.

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Posttraumatic Stress Disorders in Children and Adolescents (Handbook)

Silva, Raul R. (Editor). W. W. Norton & Company: New York. 371 pp. US \$22.95, CA \$34.50.

Dr. Steve Berkowitz of Yale University School of Medicine and Child Study Center, and Medical Director of the National Center for Children Exposed to Violence, wrote an acclaim that the book is undoubtedly the most comprehensive psychiatric text on the subject of young people and PTSD. The 28 contributors are from the New York University School of Medicine, the George University Hospital and Balamand University in Beirut, Lebanon; and are from multidisciplines: research, epidemiology, social

work, psychology, law and medicine. Each chapter was extensively referenced.

The first half of the textbook was dedicated to the theoretical aspects of the disorder. These included epidemiology, resiliency and vulnerability factors, risk factors, legal aspects, neurobiology, etiology and pathogenesis, clinical findings regarding its presentation in children and adolescents, gender differences, and intergenerational links. The first few chapters seemed rich in traditional as well as current information. For epidemiology, I found it useful to refer to the index as the chapter mainly dealt with prevalence. Other epidemiological aspects were referenced to other topics in the book. The chapter on Intergenerational Links covered many of the issues we see in our daily Practice - wherein children exposed to chronic traumatic events exhibit subclinical threshold criteria for PTSD, but nevertheless, experience substantial functional impairment in their development and daily lives. This chapter included the authors' study on the association between maternal PTSD and child risk for PTSD. Their samples were gathered from those exposed to community violence and domestic violence. The study was from a social ecological perspective on child development which is a new largely uncharted area of inquiry.

Two chapters were devoted to assessing children and adolescents with PTSD and differentiating the syndrome from those in adults. The authors advocated a multisource (child, parent, medical records) and multimethod assessment paradigm i.e. clinical interviews and structured interviews. Lack of research on the validity of the structured interviews was pointed out. The diagnostic process through a team approach was suggested. The chapter on treatment presenting the argument for CBT was summarized through a study with reference to similar studies in the past. It included a table summarizing studies on psychopharmacological intervention up to the year 2002. Combined intervention of pharmacological and psychosocial intervention was suggested for severe symptomatology such as agoraphobia and suicidality with mention of the absence of empirical investigations on combined treatment at this time.

Clinical cases presented included physical assault, sexual assault, those presenting like

accidents and attempted abduction. Salient points contributing to the criteria for the diagnosis of PTSD were discussed. The final chapter was dedicated to war children experiencing dual trauma of violence and bereavement, with mention of the impact on children repeatedly exposed to these violent images through television. It included a historical or literature review, a study, questions on theoretical models for group therapy as well as morbid or realistic statements of a world bracing for future wars or isolated acts of terrors based on current events.

Truly, the content and approach of the authors in this text handbook, *PTSD in Children and Adolescents* have a thought-provoking effect as it combines understanding and clinical care of the youth with the realities and limitations of a scientific approach. I feel that it is unique in its presentation and I look forward to the future update or edition.

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Protecting Aboriginal Children

Walmsley, Christopher. UBC Press: Vancouver/Toronto, 2005. 171 pp. CA \$29.95 paperback, CA \$85.00 hardcover.

Many child psychiatrists have had frustrating experiences with child protection services. At times children are removed swiftly, with little or no intervention or support to the family. But at other times, when we believe children are being abused or neglected, protection services seem tardy or even disinterested. Here in B.C., where the author is based, we have seen multiple attempts to reorganize child welfare services, and periodic massive cutbacks. Workers in child protection services confide that they feel beleaguered, overworked, crippled by rules and regulations, and pilloried over supposed mistakes.

This book, based on interviews with child protection workers, attempts to tap the beliefs, ideologies and idiosyncrasies that inform protection workers decisions. Work situations in aboriginal and non-aboriginal agencies are compared and contrasted. While the book analyzes the socio-political, organizational and community contexts of child protection practices

with all children, the main focus is on aboriginal children.

The Royal Commission on Aboriginal Peoples found that many more aboriginal children are in care than would be expected from their percentage of the general population. Walmsley's chapter on the historical context helps readers understand how the practice of seizing young aboriginal children from their parents and attempting to educate them and socialize them according to white secular and religious beliefs was so devastatingly destructive to aboriginal family life. As this practice waned, the residential schools tended to be used as a placement for difficult children from dysfunctional families. Then, as schools were phased out, the "sixties scoop" of aboriginal children into white foster families continued the trend.

The body of the book — examining the rationale for child protection practices and decisions - is an eye opener. It helps us understand why child protection decisions seem illogical at times, and why workers in traditional child protection services may have a mandate that differs from those working in aboriginal agencies. In this study, workers in aboriginal agencies tended to enjoy their work, felt free to disregard government policies at times, and were more family and community oriented than their government counterparts.

This small volume is clearly written and well organized. It can be read without the detailed information about the theoretical framework, study methods and data analysis. These are included as appendices. Although the study was based in BC, the findings can be readily generalized to other provinces. The well researched body of the book, by an author who teaches social work, is pertinent to other western industrialized countries, especially those with an indigenous population.

Protecting Aboriginal Children is highly recommended for those in the health professions and social sciences as a source of demystification of protection practices, and of detailed understanding of the plight of many aboriginal families and children. Constructive ideas for change provide further food for thought.

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The Pictorial World of the Child

Cox, Maureen. Cambridge University Press: New York, NY, 2005. 357 pp. US \$45.00.

The Pictorial World of the Child is a valuable resource for anyone working with children. It takes the mind of the reader away from reality and into the colourful world of childhood fantasies where everything is possible, and even the most bizarre things seem to be natural. The author, Maureen Cox, well known from her previous publications on artistic development, approaches the topic very seriously. She emphasizes that childhood drawings are not just scribbles, but real artwork and need to be recognized as such. To support her position she borrows these words from Picasso: "Previously I used to draw like Rafael, but it's taken my entire lifetime to learn to draw like children do" (page 149).

The book is not intended to be a reference textbook. Rather, it is a beautifully written and informative study that facilitates personal and professional growth for anyone working with children or interested in that field. It should be of interest to professionals such as psychologists, social workers, psychiatrists, paediatricians, art therapists and teachers. Before digging into this fascinating book, readers might find it useful to refresh their knowledge of art history, since the author makes frequent reference to famous painters and their styles, and to general artistic trends. Another prerequisite would be a familiarity with theories of child development and its stages.

The book is organized into 13 chapters. Each chapter focuses on one specific problem which is thoroughly discussed and analysed by the author. She does it through asking numerous hypothetical questions and attempting to answer them by reviewing pertinent literature and citing applicable research studies. Her goal is not to prove a point but to raise awareness of certain concepts. The chapters conclude with summaries of her findings.

The first chapter is an overview of the entire book and gives the reader a general idea of its content and flavour. From it the reader can quickly assess what to focus on and what to skip or gloss over. Chapters 2 and 3 analyse children's understanding of what a picture is, the mechanism of their understanding the emo-

tional content of those pictures, and their perception of the artist's intention. In this part the author also explores children's preferences with respect to art – do they prefer pictures that are realistic or abstract? Chapter 4 is devoted to first childhood scribbles and their impact on later development. Chapter 5 focuses on further stages of childhood drawing development - investigating intellectual realism (what a child knows about a picture) and visual realism (what a child really sees). The next two chapters discuss the topic of a picture's spatial organization on paper and children's ways of expressing emotion in their art, as well as their ability to interpret artists' emotions. In chapter 8 the author makes an interesting comparison between the development of childhood art and the natural history of art, suggesting that "the development of the individual re-enacts the development of the species" (page 153). Chapter 9 focuses on the art of developmentally challenged children (utilizing samples of drawings by children that are developmentally delayed, autistic or even blind). Chapter 10 explores cultural influences on children's art, and Chapter 11 discusses the use of childhood art as a part of clinical assessment, its validity and reliability as well as its role in interviewing and the therapy process. Lastly, chapter 12 focuses on an art education and different approaches to it. Chapter 13 summarizes the book and points out that childhood drawing is a universal phenomenon occurring all around the world. The appendix contains a brief review of the main theories of visual perception of art, such as Gestalt theory, computational theory and others. There is also an extensive list of references (over 40 pages) which can be extremely useful for those wishing to do further investigation on artwork. Following this is an alphabetical index of cited authors and researchers. The book then ends with eight colourful plates filled with childhood pictures.

To me, the biggest disappointment of this publication is that samples of childhood drawings throughout the book are in black and white (and there are over a hundred of them). I only wish the next edition can be in full colour. And as I pointed out before, the book does not provide an easy recipe for the interpretation of childhood drawings. It is however, a beautifully written, sophisticated and professional text

exploring different concepts related to childhood art.

As a clinician, I was particularly interested in two chapters - chapter 9, which discusses the drawings of developmentally challenged children, and chapter 11, which analyses the use of childhood drawings for clinical purposes such as the assessment of intellectual development, diagnosing emotional problems, and assisting in explorative interviewing for past traumatic events. I have to admit that the research presented by the author challenged my previous beliefs.

The strength of this text lies in its richness through its drawing on studies from different times and countries. Another strength of the book is its discussion of the cultural dimension in childhood art, which brings to this publication an international flavor. At times the author becomes quite detailed in her explorations, but this is not a significant distraction for the reader. I have no hesitation in recommending this book as an excellent read for anyone interested in the topic.

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Working with Traumatized Youth in Child Welfare

Nancy Boyd Webb (Editor). Guilford Press: New York, 2005. 316 pp. US \$36.00.

This interesting book is a look at traumatized children and youth in the child welfare system. This is an important issue as most traumatized children treated by child psychiatrists (as well as the *severely traumatized*), are likely captured under this scenario (have been, will be, or currently are in the care of Child Welfare).

As a practitioner in this field (the regional Trauma/Attachment Program in Edmonton) I believe this book serves several purposes. Firstly, for child psychiatry, it gives a good overview of the problem from a social work perspective, something we can prosper from in our own sometimes conflicted dealings with the child welfare system. It helps to see that we all have a similar motive, even though the welfare and health systems appear to deflect problems onto each other. In our training as biopsychosocial physicians, this book adds a healthy

dimension of the social aspect and thus a greater ability to integrate.

Secondly, for all practitioners who treat or are responsible for these children, this book is an up-to-date review of the current biopsychosocial understanding and treatment of the problem. Part I (five chapters) covers impact of trauma to children, the effects of placement in care, trauma pathology and its neurosequential developmental impacts, assessing trauma, assessing medical and social factors that mediate resiliency and, how to identify and make use of these. Then in Part II (eight chapters), specific aspects of treatment are reviewed, including structured groups, individual play and expressive therapy, CBT, EMDR and Animal Assisted Therapy. Of note for child psychiatry is that no chapters are dedicated to the pharmacological approaches to these conditions. Part III (two chapters) deals with collaboration between child welfare and mental health. Although the authors are all USA based, I find the general principles equally relevant in Canada.

The editor is Nancy Boyd Webb, a well respected author in this area. The other authors include Ph.D., M.S.W., Ed. D or DSW backgrounds covering the fields of child welfare, education, developmental psychology and trauma therapy in many forms. As well Chapter 3 is by Bruce Perry, M.D., who gives an excellent overview of "The Neurosequential Model of Therapeutics" (N.M.T.) (see www.childtrauma.org). This chapter is worth the book itself. The final chapter by Marilyn Benoit, M.D., past president of the American Academy

of Child and Adolescent Psychiatry, gives an excellent overview of the collaboration on these children in the child welfare system from a mental health perspective. She emphasizes how important attachment is regarding the development of resiliency in trauma pathology and the associated conditions of ADHD, chronic anxiety, depression or other comorbidity. These chapters are "state of the art" and easily translated into clinical usefulness.

One possible criticism of the book is that there is not enough attention given to the attachment disorders these children invariably have. Trauma and attachment pathologies are intertwined. Many boundary issues arise in this population, and it has been my experience that not until basic trust in a dyadic attachment and a true sense of inner 'safe place' has been restored, can one expect to move through trauma healing with much success. Further, acute regression in these children often has as much to do with attachment pathology as with their trauma pathology. This in turn guides the strategies one might use in these critical moments.

Overall this book was considerably helpful in understanding this population. It will be shared with staff, students, social workers, and foster parents. It allows one to see how collaboration amongst disciplines helps achieve the overall goal of a Trauma and Attachment Program - that of a "realistic and coherent life narrative" for the resolution of trauma and attachment in a way that allows for normal functioning and ongoing progressive development.

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