Book Reviews

Helping Bereaved Children: A Handbook for Practitioners

Nancy Boyd Webb, editor. New York, NY: Guilford Press; 2002. 384 pp. $42.00 US.

Four percent of children endure the death of a parent before they reach 18, similar numbers suffer the death of a sibling, and many more experience death of grandparents, friends and pets. Death, or impending death, of a significant person is often a central or important factor in the difficulties of children and adolescents that we see or consult about. It can explain otherwise inexplicable, or even bizarre, behaviour. While reading this book, many of my own experiences came to mind. These included: a 2-year-old's frozen watchfulness and refusal to eat after witnessing his mother's murder; a 15 year old, previously well-adjusted, who suddenly became seriously delinquent during the period his father was dying in hospital; an anxious, obsessive girl of 8 whose famous father's suicide was never mentioned in the family; a 5 year old who hit and bit nurses and doctors in the emergency department, certain that he was going to disappear into the bowels of the hospital - as had his sibling that died just after birth; the anguish of children whose parents have died of AIDS; the teenager who claims to be in thrall to an irresistible imperative - to repeat the family tradition of suicide; and a phone call from a family doctor, from an isolated area, expressing concerns about a plan to send young children away to relatives following a mining accident, because their mother was so acutely distressed.

Constructive ideas about all these situations, and many others, can be gained from this handbook. Deaths of parents, grandparents, siblings, friends, and schoolmates are described, covering theoretical issues and using case examples that include counselling strategies. "Normal grief" is separated from the more complicated reactions to suicide of a family member, to multiple losses, and to sudden violent deaths or deaths resulting from terrorism. Assessment and a variety of interventions are described in detail. The editor, who wrote 6 of the 16 chapters, incorporates a "tripartite" approach to assessment that will be familiar to most readers. The interaction of individual factors, such as developmental level, previous adjustment, and temperament, with death related factors and with family/social/ religious/cultural factors must be pursued. The chapters on bereavement groups, art therapy and story telling contain many techniques and suggestions about ways of helping children with the grief process.

Missing from this book was a chapter written by a health professional, that would be more directly helpful to those of us working in a hospital or clinic where issues of death and dying are frequent, compelling and often, very disturbing to staff, as well as families. What about nurses on intensive care, oncology and neurology wards who have to face the demise of many of their charges? Some ideas can be extrapolated from the chapter on "Self care for bereavement counsellors," but much more is needed. What about the intense anger and distress of siblings of extremely premature or seriously ill children whose parents appear to have abandoned them, spending all their time in the hospital, and then become emotionally unavailable when the child dies?

Although this book does contain much useful information, as a multiple authored book it suffers from some duplication and unevenness. It seems to contain presentations aimed at specific groups, as chapter three which refers specifically to social workers and social work practice. Despite these faults and omissions this handbook is recommended for clinicians who come into frequent contact with, consult about, or teach about bereaved children and families. As a reference book, or source book, it deserves a place in libraries of hospitals and clinics.

Sue Penfold MD*, Vancouver BC*

Attention, Development and Psychopathology

John A. Burack and James T. Enns, editors. New York, NY: Guilford Press; 1997. 434 pp., $45.00 US.

Stars lead off, Moonbeams bring up the rear, with precious metals and gems along the way! This activity-based workbook is designed to assisThe stated goal of the book is to provide an initial forum for researchers within specific areas of development such as attention and memory, as they relate to development and different types of psychopathology.

The book is a compilation of separately authored chapters divided into four sections of varying lengths. The first section contains a single introductory chapter entitled: Attention, Development and Psychopathology: Bridging Disciplines – by the editors. This chapter provides a brief historical summary of the young field of developmental psychopathology. It contrasts the constructivist view of development of psychopathology, which focuses on the "understanding and documenting of universal laws for a holistically organized organism", with the de-constructivist and mechanistic discipline of psychopathology, which focuses on "impairments in specific processes and mechanisms."

The book also addresses different perspectives from which attention has been studied including the developmental, the evolutionary, theoretical perspectives and research approaches. Gibson sees a progression from undifferentiated attention to increasing differentiation and integration. Still others see it as the development of the skills to perform a task of responding to stimuli, analyzing, synthesizing, and coordinating the sensory experiences. The distributive systems approach sees development as the process of bringing the processing of information from the primary sensory systems progressively under higher level (cortical) control.

Section 2, reviews the development of visual and selective attention across the lifespan.

Section 3, Infancy Attention and the Psychopathology, discusses the limited research on attention regulation in infants born at-risk including: prematurity, cocaine exposure, Down Syndrome and Attention-deficit/Hyperactivity Disorder. The research to date is generally limited. It was useful to learn that pre-term and cocaine exposed infants show different patterns of attention impairment with different developmental implications. Pre-term infants are less efficient in quoting information during sustained attention, and have longer latencies before shifting attention, while cocaine exposed infants show problems in regulation of arousal, which in turn affects attention. If arousal level in cocaine-abused infants can re-stabilize to achieve attention, they are able to process and encode information similar to non-exposed infants.

The next chapter on ADHD was most interesting. It focused on attentional processes in infants that may be related to attentional processes in ADHD. It related identified attentional deficiencies in ADHD to comparable deficiencies in infancy, focusing in particular on the discrimination problem-solving approach and on commonalities across the age groups. The authors make the point that the problems with sustained and

selective attention (which is common in ADHD) cannot be identified with certainty as a primary attention problem. Review of the research leads to the conclusion that attention skills in ADHD patients is more inefficient and variable with an either slower or variable response time.

Attention in ADHD, therefore, has to be assessed dynamically taking into account how attention may actually be deployed under the demands of solving a particular problem or task. The discrimination problem-solving task which has been used in the study of infants below one year, as well as in five- to seven- year old ADHD children is proposed, as such an approach focuses on the assessment of "attentional functioning" as opposed to attentional performance. The preliminary research shows that both infants and older children use hypothesis to guide their attention to solve problems and that hypothesis testing appears to be deficient in ADHD. It appears that such testing was not available outside of the research setting at the time of publication of the book.

The fourth and last section of the book addresses attention problems in several psychiatric disorders under the heading: 'Childhood, Attention and Psychopathology'. In eight chapters it covers the teratogenic effects of alcohol on attention; ADHD in mental retardation; executive dysfunction in autism; attention problems in Alzheimer's; attention problems in individuals at risk for schizophrenia; attention problems in anxiety and depression; as well as attention problems in psychopaths. A middle chapter on: The Study of Selective Visual Attention in Cognitive Neuroscience, seems out of place, though quite interesting.

Of most interest were the chapters on alcohol exposure, schizophrenia, depression and anxiety. It was surprising how few conclusive research findings there are in these areas regarding the relationship of attention to specific psychopathology. Pre-natal alcohol exposure appears to be causally related to attention problems, especially to vigilance in infancy, that are still detectable in adolescence, and to be a manifestation of alcohol related CNS dysfunction. Attention problems in children at risk for schizophrenia are multiple and varied and do not fit a single explanatory theory. In anxiety and depression, the focus has been more on the content aspects of the attention problem. This was disappointing since these disorders often co-occur with ADHD, requiring the need to diagnose and treat differentially the attention as part of the anxiety or depression, or as part of ADHD. Between anxiety and depression, anxiety is marked by selective attentional bias towards negative or threatening aspects of the environment with a future orientation, while in depression, attention is biased selectively towards past memories and the encoding of emotionally negative stimuli in both children and adults. The contribution of development is still a matter of theoretical speculation.

The material covered in this book is often quite involved, requiring more background knowledge of neuroscience than the average child psychiatrist has, but detailed descriptions of key studies keep the reader interested, though fully challenged. Most chapters contain a summary paragraph crystallizing the take-home lessons. Most also evaluate the quality of the research and point to future directions, sometimes with specific proposals. Tables and diagrams help in assimilating the information.

This book is intended mainly for students in the field of developmental psychopathology with a research focus or interest. Although not comprehensive in the breadth of content, it can provide a very useful reference in the areas covered. There were minor typographical errors. Despite these flaws, I would recommend this as a very useful reference for students in the field, as well as for teachers and clinical researchers in the area of ADHD who wish to deepen their understanding of the clinical phenomena. The book was already more than five years old at the time of review. An updated edition would no doubt contain additional useful and current information.

Well recommended.

Llewellyn W. Joseph MD, *Toronto, ON*

Basic Family Therapy. Fourth Edition

Philip Barker. Don Mills, ON: Oxford University; 1998. 297 pp. Paperback $58.50 Cdn.

As a fan of Dr. Barker's concise and direct style (e.g. Basic Child Psychiatry), I was keen to review his introductory book on family therapy, now available in this Fourth Edition. I was pleased to see that his style and depth of knowledge come together in what stands as a very solid overview of this area.

For starters, his ability to encapsulate the gist of its history in 11 pages was impressive. He then reviews some issues in normal family development, wisely referring the issue of ethnicity and family therapy to McGoldrick's work. His ability to illustrate some of the basic concepts in the field, including some of the trickier ones borrowed from general systems theory, is also commendable.

Naturally, this text includes his summary of the key models and schools in family therapy to date, including more recent "brief therapy" approaches. However, Dr. Barker moves beyond theory to usable descriptions of particular techniques from direct injunctions to family sculpting to the appropriate use of paradox. He puts the use of family therapy in a broader clinical context and gives practical pointers about engagement, contracting, spacing of sessions, interruptions and termination. There are some useful, if perhaps overly brief, guidelines about use of self and transference issues. There is a brief review of couple therapy that defers to other sources regarding sex therapy techniques. Barker concludes with useful reviews of teaching, research and ethical issues related to family therapy.

If there was one area that I worried might get lost in this smorgasbord of history, theory and differing schools and techniques in family therapy, it was the matter of what an individual should actually be doing once the proverbial therapy door is closed. However, Dr. Barker spends a chapter describing how he operates, which is probably about as far as one clinician can go to direct another's choice of strategies in this field.

I would strongly endorse this text to anyone looking for anything from an introduction to a stimulating refresher in theory and techniques. This would be an excellent book for students and residents, far preferable to the usual smattering of articles (although the reference section likely includes many of the key authors and writings). Rarely is a book so genuinely scholarly such a pleasure to read.

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Cognitive Therapy with Children and Adolescents: A Casebook for Clinical Practice. 2nd Edition

Mark A. Reinecke, Frank M. Dattilio, Arthur Freeman editors. New York, NY: Guilford Press; 2003. 467 pp., $48.00 US.

The second edition of this volume documents the substantial development of the field of cognitive behavioral therapy (CBT) for children during the past 10 years. While all three editors are students and followers of Aaron Beck and are thus faithful to the basic discoveries associated with this form of treatment, they also have a vision which goes much beyond discussing the value of CBT to help youngsters with depression or anxiety spectrum disorders. Thus we also find chapters that discuss using CBT principles with children suffering from Attention-deficit/ Hyperactivity Disorder (ADHD), academic skill problems, personality disorders, addictions and Asperger's Syndrome. This created the excitement of the book for me but it also presented me with questions as to the appropriateness of this treatment for an ever-wider range of conditions.

There are other unusual aspects to this volume. As the subtitle of 'casebook for clinical practice' suggests, each chapter provides a case example, described in detail, and often including appropriate test results. In some cases, there is even a partial record of the verbatim dialogue between therapist and patient, giving these cases a very meaningful clinical flavor. For me, it was of interest how often the therapist addressed emotional needs of the child in question and how many of these dialogues could also be heard in a more traditional psychotherapeutic session.

The other important general theme of this book is its developmental perspective. In their opening chapter, entitled 'what makes for an effective treatment', the three editors highlighted the need to think about the attachment of children to their families; the effect an unstable family can have on the thinking of school aged children - just as the need to search for an adult identity profoundly effects the thinking of adolescents. This is obviously reassuring for the child psychiatrist who may think that CBT is identical to a tightly scripted program requiring the therapist to discuss specific predetermined issues at each of the 12 permitted sessions.

Overall, the 16 chapters of the present volume address a wide range of conditions that may potentially be modified by cognitive therapy. Besides chapters on the traditional internalizing disorders, there are suggestions on how to use CBT in children with oppositional defiant disorders, PTSD, low self-esteem, eating disorders, ADHD--as mentioned above, academic skills problems, addictions, personality disorders and Asperger's Syndrome. Some of these chapters are exceptional in their clarity, evidence base and developmental conceptualization of the CBT process. Examples here are the chapters by Curry and Reinecke about treatment of major depression, the treatment of social anxiety disorders discussed by Albano, the chapters on PTSD, play therapy with a sexually abused child and children with eating disorders. This obviously does not mean that CBT has been documented to be the treatment of choice for all of these conditions (e.g. eating disorders or sexual abuse in children). However, even if the respective case presentations make clinical sense, and the authors use a way of talking to the child that includes a discussion of his or her thoughts, such treatments do not qualify to be called CBT.

I found the final group of chapters difficult to understand. Epstein and Schlesinger described a number of cognitive distortions that are frequently found in family dysfunction. Mothers may have faulty attributions about one of their children, or have unrealistic expectations or assumptions of others. They may also, according to the authors, have 'behavior change skills deficits' and therefore need to build 'cognitive self-monitoring skills'. While this all sounds impressive, my clinical experience is that such difficulties are based primarily on emotional factors and need to be treated as such. In fact, it was this and the chapter entitled "The quadripartite model revisited: promoting positive mental health in children" that caused me to believe that some aspects of the book would have benefited from more child psychiatric input. The whole question of creating positive mental health in children is clearly much more complex than having positive cognitions--and to imagine that one can somehow teach this concept preventively in a classroom may well be both unrealistic and unwarranted. Recent work on resilience and the finding that resilience usually encompasses only individual characteristics, which in turn can change as development proceeds, should caution us against overextending our sense of knowledge.

In summary, I would say that this volume contains much interesting information that will assist clinicians who have at least some experience with cognitive behavior therapy. It may be of less value to the uninitiated therapist or clinician because it does not provide a formal introduction to the field.

***Klaus Minde, MD**, Montreal QC*

Antisocial Behaviour by Young People

M. Rutter, H. Giller, A. Hagell. New York, NY: Cambridge University Press; 1998. 478 pp. Paperback $21.95 US.

Dr. Rutter's latest work is a welcome addition to the spate of books and articles which have appeared in recent years on this topic - especially welcome since the title tells us where he stands. This text is about the variety of appearances of behaviour that puts others at risk, independent of cause or presumptive etiology. It does not attempt to characterize antisocial acts as necessarily Psychiatric, and he is careful not to force fit them into the rubric of Conduct Disorder, as so many American texts have and continue to do, with the implication of a defineable etiologic pathway. In this sense, his book is far more Sociologic than Psychiatric.

Having said that, it is praiseworthy in its scope, and as is typical for this author, for the sheer number of references cited - about seventy-five pages of them. It is, and is intended to be, a scholarly text - a reference book, not an evening's read. There are thirteen chapters, each of which is well-organized, with an introduction, frequent headings, extensive use of bulletted lists and extremely good charts, and each with a summary of the main points. The introductory chapter makes it plain that the authors intend to abjure categorical reductionism, and they largely succeed. If there is a fault to this text, is that it tries perhaps too hard to do so - it appears to avoid conclusions regarding causation ('splitting' versus 'lumping') to the point where it can be difficult to derive an organizing perspective. Where putative 'pathways' to delinquent behaviour are discussed, there tends to be a reluctance to single out one among many such possible pathways as being of special significance.

For the researcher, this book is invaluable, by virtue of the scope and quality of statistical reporting, if not always analysis. I was fascinated by the richness of the data, drawn primarily from the British Home Office, but frequently incorporating some of the excellent databases developed in Sweden. Where available, attempt has been made by the authors to retrieve data from as many countries in the world as possible. One gets the distinct feeling that a principle hurdle facing the authors is that many countries do not collect the same data as others, or collect it in such an idiosyncratic fashion as to defy comparison with other countries. I could not help but notice that reporting crime rates by ethnic origin seems to be less 'politically-incorrect' in British publications than American.

Of special interest was a chart that must have been very difficult to compile, which broke down the reported rate of crime by victims versus

the number of arrests made, and then the number of cases handled short of prosecution versus those that go to trial. I had never seen anything quite like this in other texts. It certainly brought home the message that what comes to the attention of law enforcement agencies 'on the street' bears little resemblance to the population most-frequently studied by Forensic Psychiatrists - youth in detention.

This text should be on the shelf of any criminologist or Forensic Psychiatrist, and serves as an invaluable tool for academic Psychiatrists writing articles and/or teaching courses on disruptive behaviour disorders. The respect for the topic by the authors is evident, as is the firm adherence to presentation of facts (as they are available) in lieu of conclusion - premature or not - with respect to causation. I look forward to the possibility of a next edition of this work, as the world statistics are open to the careful filtering of Dr. Rutter and his colleagues.

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Conducting School-Based Assessments of Child and Adolescent Behavior

Edward Shapiro and Thomas Kratochwill, editors. New York, NY: Guilford Press; 2000. 318 pp. $35.00 US

This book provides an in-depth view of the basic assumptions that underlie contemporary behaviorism, as well as a review of the methods generally used to assess child psychopathology. It is aimed at school psychologists. Therefore, the book described the various methods of behavioral assessment keeping in mind their application in school settings. The editors are well known in this field.

In the early seventies behavioral assessment was characterized by strong rejection of methods that incorporated non-observed events. Since then, however, even hard-core behaviorists recognized that the complexities of human behavior were too vast to be judged by observable behavior alone. Simple explanations of behavior based on observable events were not sufficient to understand and predict future behavior. The importance of cognitive and emotional events and of environmental context in understanding behavior was recognized. As a result, behavioral assessment became a blur between traditional methods such as psychodynamic and family systems perspectives and those more consistent with original behaviorism. Hence we now have a broadening of assessment methods, placed on a continuum ranging from direct observation to indirect forms of assessment such as informant reports.

The book is divided into parts that follow the logic of behavioral assessment, starting with the most direct methods, "multidimensional behavioral assessment," and ending with the most indirect ones. After an introduction that explains behavioral assessment evolution, the second chapter reviews basic principles and procedures of direct observation. Then comes analogue assessment. In analogue assessment, simulated situations such as role-play procedures are set up to mimic real-life situations and study the behavior of interest. Analogue assessment is mainly used to assess anxiety, poor social skills, and non-compliant behavior, as well as monitoring intervention effectiveness. Because the methods used (e.g. role-play) are often incorporated into treatment, the distinction between assessment and intervention is often seamless. Chapter four is dedicated to functional analysis. The continued occurrence of problem behavior in schools has resulted in a growing body of technologies. Functional analysis aims to identify what maintains problem behaviors, e.g. attention seeking, avoidance, etc. Effective interventions are based on the function of the target behavior to increase the likelihood of behavioral change. In the USA, the Individuals with Disabilities Education Act (IDEA) requires that such an assessment be conducted prior to disciplinary action. Chapter five discusses self-monitoring, primarily used as an intervention procedure rather than an assessment technique. Advantages, limitations, and numerous examples of the methods of self-monitoring for use with students are presented. This chapter ends the review of direct methods of behavioral assessment.

The review of indirect methods of behavioral assessment (chapter 6) starts with a description of self-report rating scales that are divided between scales that assess a wide area of behaviors (broad-band), e.g. Achenbach's Youth Self-Report, and scales assessing specific dimensions of behavior (narrow-band), e.g. Reynolds' Child Depression Scale. This is followed by another chapter dedicated to clinical interviews of children, and the description of a semi-structured instrument. The next two chapters offer an overview of major teacher-completed rating scales for assessment of behavior problems (chapter 8), and of the necessary skills needed for interviewing informants. The final chapter discusses the importance of culture and language in conducting assessment.

The book wants to be an update on the recent evolution of behavioral assessment and provides comprehensive coverage. It is replete with examples, guidelines, case illustrations, specific tests, and behavioral observation strategies. Nonetheless, it thoroughly covers many of the theoretical subtleties of contemporary behaviorism.

It is well written and logically organized. It clearly targets an audience of school practitioner-clinicians. One may only wish that school psychologists have the necessary time to implement the array of assessment techniques covered.

Jean-Pierre Valla MD*, Montreal QC*

Emotional and Behavioural Problems of Young Children: Effective Interventions in the Preschool and Kindergarten Years

Gretchen A. Gimpel and Melissa L. Holland. New York, NY: Guilford Press; 2003. 176 pp. Paperback $25.00 US.

Two clinical psychologists with extensive experience in behavioural and emotional problems of young children wrote this book. The authors have focused on children aged 3-6 years, and provided practical suggestions to resolve their common behavioural and emotional problems.

This book is divided into an overview of emotional and behavioural problems of young children in chapter one, followed by an assessment of mental health issues in preschool and kindergarten children in the second chapter. This chapter also provides useful observational and play assessment techniques. The authors do a splendid job of demonstrating how to construct a behavioural log. The third chapter is devoted to treating externalizing problems. This book confidently raises some good points about behavioural management. The authors effectively demonstrated when and how to use time-out techniques and implement the privileges worksheet.

Chapter four addresses internalizing problems and interventions. This chapter further provides a comprehensive way of looking at anxieties and fears in young children as well as providing scripts and relaxation techniques that parents or professionals can use.

The next chapter entitled, "Managing and preventing everyday problems", includes discussion regarding encopresis, enuresis, feeding, and sleeping problems. This was a disappointing chapter. It overemphasized the importance of the behavioural management of disorders. Similarly, the last chapter on "working with children who have been abused" proved to be too simplistic.

Although authors have met their goals of providing practical suggestions for behavioural and emotional disorders in young children, the discussion and intervention strategies are too behaviorally oriented.

On one side, the book provides some practical grounding treating young children with difficulties, however, the over simplification has left major lacunae with regards to currently available therapeutic interventions. Elaboration on evidence-based treatment interventions would have helped in judging the effectiveness of different approaches. Lastly, this book does provide helpful handouts, good suggestions for behavioural logs, and sample wording for difficult clinical situations.

This book is not likely to be very useful for child psychiatrists who are trained in more eclectic and biopsychosocial models for assessment and intervention. However, it would be useful with non-medical child clinicians who provide help to parents with their behaviorally and /or emotionally disturbed children.

My rating is 5/10.

Pratibha Reebye MBBS*, Vancouver BC*

Full Time Academic Child and Adolescent Psychiatrist

Day Treatment Program

London Health Sciences Centre and the University of Western Ontario, Division of Child Psychiatry, have an excellent opportunity for a full time academic Child and Adolescent Psychiatrist in the Day Treatment Program. London, Ontario, Canada is a city of over 330,000 people and is located two hours from Detroit, Buffalo, and Toronto.

The Child and Adolescent Mental Health Care Day Treatment Program provides assessment and treatment for 10 children and adolescents, ranging in age from 10 to 17. The following diagnoses are treated: mood disorders, anxiety disorders, early psychosis, and psychosomatic illness. The successful applicant would be involved with clinical service, education, and research.

Successful candidates must be licensed, or eligible for a license, to practice in Ontario. The Division of Child Psychiatry at the University of Western Ontario is an expanding and stimulating environment. The position offers excellent benefits and remuneration is commensurate with academic rank.

Interested applicants should send their curriculum vitae and a letter describing their qualifications and interests to:

Margaret Steele, MD, FRCP(C)
Chair, Division of Child Psychiatry
University of Western Ontario, Physician Lead
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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.