

Book Reviews

Enhancing Early Attachments: Theory, Research, Intervention, and Policy

Berlin, L. J., Ziv, Y., Amaya-Jackson, L., and Greenberg, M. T. (Editors). Duke Series in Child Development and Public Policy. Guilford Press: New York, NY, 2005. 357 pp. US \$ 40.00.

This edited book is part of a series aimed at bringing research on child development to bear on public policy. It originated in a conference held at Duke University in the fall of 2003 on the topic of interventions to address dysfunctions in the parent-child attachment relationship.

The book is divided into three sections. The first section addresses the theoretical and empirical bases for interventions aimed at promoting improvements in attachment relationships between mothers and young children. The second section highlights various programs some of which focus exclusively on the attachment relationship while others include an attachment focus as part of a broader intervention. The third section offers commentaries by known luminaries in the field with discussions about current research questions, such as short term focused versus more broadly focused programs, and implications for public policy.

Lisa Berlin begins with a critical review of the current state of research on early intervention. She discusses, first, the prevailing model of transmission of attachment security that posits that parent's state of mind (internal working model) contributes to parental behaviour (sensitivity) and this to parent-child attachment security. The fact that research has shown only modest correlations between parental sensitivity and parent-child attachment, generally less than that between parent's internal working models and parent-child attachment, is referred to as the "transmission gap". This suggests that sensitivity per se may not fully mediate the transmission process. Possible explanations for this discrepancy include lack of sensitivity of measurement approaches but also lack of attention to contextual factors that could be expected to affect various aspects of the model, such as stress and parental mental illness.

She calls for further research that examines a broader array of factors that may impact on intervention. Berlin then proceeds to outline three theory- and research-based therapeutic tasks expected to contribute to a more refined transmission model. These include more attention to enhancing parental reflective function with respect to their own attachment experience and how that may impact their relationship with their infant, promoting parenting behaviours that more directly reflect Bowlby's notion of the parent as a "secure base" from which the child explores and lastly, examining how the parent-therapist relationship acts as a "secure base" for change in the parent.

Berlin proceeds to re-examine the present controversy in early intervention research stemming from the recent and conflicting meta-analyses that suggest that "less is more" (short, focused interventions are more efficacious) and that "more is better" (longer term, insight oriented interventions are better). These reviews based on roughly the same studies have provoked vigorous debate as to the appropriate targets and duration of interventions. She concludes that, as the effects of interventions are relatively weak, when measured rigorously, there is no clear cut answer to this debate but research should attempt to address aspects of the transmission model looking more systematically at factors that may make shorter interventions work for some while longer interventions may be needed for others. This includes a more systematic examination of the impact of interventions on those factors assumed to mediate the process. This chapter is rich and worth reading several times to appreciate its wealth of ideas.

In Chapter Two, again in an attempt to understand the "transmission gap" phenomenon, Cassidy and collaborators describe their preliminary findings from The First Year Project, an intensive exploration of maternal behaviours that seem related to infant attachment. They conclude that the global concept of maternal sensitivity, as presently measured, may not detect variations in the way that sensitive and insensitive mothers may be able to provide a secure base when the attachment system is activated. They speculate that even insensitive mothers may respond eventually to an infant's efforts at obtaining mother's soothing. They

do, however, comment that some behaviours, such as, frightening reactions, overt rejection and hostility, always seem to predict to an insecure attachment. They encourage research aimed at clarifying some of their speculations.

Yair Ziv provides a brief overview of how attachment interventions may add to, or elucidate, attachment theory. In a chapter entitled *The Developmental Neurobiology of Disrupted Attachment: Lessons from Animal Models and Child Abuse Research* Frank Putnam reviews the animal work that leads to alterations in stress reactivity. He discusses Meaney's work with high and low "licking and grooming behaviour" (LG) rat mothers as well as the separation studies that can increase resilience (high LG) and alternatively increase stress reactivity (low LG and long separations). Suomi's studies with rhesus macaques using early separation stress and cross-fostering, along with genetically predisposed stress reactive offspring, are used to illustrate the interaction between genes and the environment. Putnam then reviews the studies on maltreatment and their impact on the hypothalamic axis. He points out that traumatized individuals may demonstrate hypo- as well as hyper-cortisolemia, a situation that still lacks a compelling theory. Perhaps, more importantly the evidence from both animal and human studies suggests that traumatized individuals generally display long term alterations in stress reactivity. Putnam's chapter is a good overview of the neurobiology of stress reactivity and its connections with later disorders such as depression. It is less clear how these findings relate to attachment interventions although the Meaney work on high LG mothers is suggestive of the importance of handling or close physical contact. It is somewhat surprising that no mention is made of the Prairie and Montane voles, animals that differ markedly in their social interaction. Although the overall levels of brain oxytocin and vasopressin (thought to be involved in social behaviour) do not differ in these two species, there is a difference in the areas of the brain in which they are highest. In the Prairie voles (social species) oxytocin and vasopressin are found in greater amounts in the centres of the brain connected with reward. Comparisons have been made with very social/altruistic individuals where studies have demonstrated activation of similar

circuits in a social co-operation task. (See Charney 2004 for an excellent review of neurobiology of stress reactivity). This work is suggestive of variations in maternal and child neurobiology that may predispose to greater or lesser capacity in making attachments.

Alicia Lieberman and Lisa Amaya-Jackson offer a compelling argument from a dynamic perspective that many children labeled as having a disorganized attachment may be displaying symptoms of PTSD. Through a case illustration they show how the child's reaction to trauma when his mother may also be traumatized may produce behaviours that resemble a disorganized attachment. They argue that being aware of a history of traumatization may enhance understanding of the presentation and lead to a reworking of the trauma that decreases the child's sense of helplessness, thus contributing to increased security in the parent-child relationship. I think this kind of examination of the notion of disorganized attachment is very important. Beginning to look at other aspects of both a child's experience as well as his genetic predisposition to dysregulation is likely to provide a more clear understanding of this important area.

Beginning the section on interventions, Cooper, Hoffman, Powell and Marvin provide an overview of their 20 week group intervention called *The Circle of Security Project*. This program blends attachment with object relations theory. They teach parents about the child's needs in developing a secure attachment, that is, the need to explore versus the need to return to a secure base. They, then help parents learn to identify behaviours in both parent and child that miscue the other and, although designed to reduce discomfort, lead to skewed attachment patterns. Understanding why a parent or child reacts defensively is part of the learning about how past events affect present behaviour. They distinguish their intervention from a parent-education model by its emphasis on enhancing relationship capacity through identifying and exploring defensive processes that interfere with relationships. This is an interesting and well described intervention that is intuitively appealing. Evaluation of its efficacy is needed.

Arietta Slade and collaborators describe the theory behind their program "Keeping the Baby

in Mind". This dynamically oriented approach developed out of the seminal work by Fonagy, Target and others on reflective functioning (RF). These authors have speculated that a parent's capacity to understand their own and their child's feelings and desires enables a parent to respond sensitively to their child and thus promote a secure attachment. Following on this thinking and combined with their own research that showed a high correlation between maternal RF and adult and child attachment, Slade et al designed a program to enhance maternal RF. This program, aimed at high risk families, uses both Masters level nurse and social workers in a home visiting program. There is a dual emphasis on physical and mental health support. Although currently there is only pilot data, a randomized control trial is underway. Anecdotal evidence from the pilot study is highly suggestive that maternal reflective functioning can be enhanced and that doing so impacts positively on parent-child attachment and other developmental outcomes.

Dealing with the complicated needs of children in foster care motivated Dozier and colleagues to develop the Attachment and Biobehavioral Catch-up (ABC) Program. This innovative 10 week program operates on four components felt to be particularly germane to the attachment difficulties typical of infants in care. Recognizing that foster parents with dismissing or unresolved states of mind are likely to have children classified as disorganized, they support parents to be optimally nurturant especially when this does not come naturally for them. Secondly knowing that many children placed in care often give messages that they do not need or want care, foster parents are encouraged to provide nurturing care even when infants appear not to need or want that care. Common regulatory problems such as eating and sleeping are approached through touch and following the child's lead. Lastly knowing that many children in care are very sensitive to threat cues, the program emphasizes the importance of diminishing threatening behaviours in foster parents. Case studies suggest the likelihood of increasing secure attachment in these children but the efficacy of this intervention must await the current RCT for definitive results.

Zeannah and Smyke describe two programs

developed to deal with children exposed to severe neglect. The first is a clinical intervention for maltreated children removed from birth families in New Orleans and the other a research study comparing children in foster care versus institutional care in Romania. The authors point out the gap between clinical and developmental approaches to understanding attachment, the clinical providing diagnoses such as Reactive Attachment Disorder versus the developmental approach emphasizing security versus insecurity. Their approach builds on strong clinical skills in supporting nurturant parenting and reading the child's cues but emphasizes the parallel process of relationship security between therapist and foster mother creating a similar relationship between foster mother and child. Anecdotal evidence suggests improvement in attachment security in foster mothers and their children but less impact on decreasing the indiscriminate friendliness of many of these children.

David Olds provides an updated overview of the Nurse-Family Partnership with long term results from several of the research sites. The impact of this very important intervention is most apparent with high risk families and has allowed Olds to argue that it is not logically delivered as a universal program because of its cost and limited evidence of benefit in middle class families. The attachment component is emphasized in the teaching of sensitive responsive parenting behaviour but also in the relationship between nurse and mother. Olds is careful to point out that in high risk families much attention needs to be given to a wide range of family needs, including but not limited to sensitive parenting. Further he argues the importance of fidelity to the model particularly the use of highly trained professionals such as nurses.

In a chapter on Enhancing Early Attachments in the Context of Early Head Start, Spieker and colleagues review their rather disappointing results from a Parent-Child Communication Coaching Program, added on to an Early Head Start program. Despite being theory-based and ecologically-grounded they had trouble retaining subjects and concluded that what they learned most was the multitude of real-world problems that had to be navigated in transferring research into effective programs.

As the last chapter in the section on Interventions Nagle and Wightkin describe the onerous and complicated process that preceded the implementation of The Nurse-Family Partnership in Louisiana. Although not highly relevant to the Canadian scene it does provide an overview of the multitude of players who need to be brought onboard in order to leverage support for broad early intervention initiatives.

Beginning the commentaries, IJzendoorn, Bakermans-Kranenburg and Juffer review their various meta-analyses on changing parent sensitivity and infant attachment security. Their conclusion "Less is More" is supported by careful work and argued well. They advocate for brief, behaviourally focused interventions that attempt to increase parental sensitivity, and through this, enhance parent-child security. They do acknowledge that more studies are needed that focus on preventing disorganized attachment through decreasing frightening maternal behaviour. This is a good overview of one side of the argument.

O'Connor and Nilsen comment on the confusion in the minds of many about the difference between attachment security and attachment disorders. They argue for more attention to attachment disorders and more information about attachment to prevent the use of therapies such as "holding therapies" that actually contravene attachment principles. This is further illustrated in their comments about the needs of foster parents when attempting to address the behavioural and emotional needs of maltreated foster children.

In the final commentary Greenberg summarizes achievements in attachment research and points to the need for further well designed studies that can begin to answer 'what works for whom'. He emphasizes the need to examine differences between populations who may be "at risk" versus those who demonstrate clinical problems with attachment. This involves more careful assessment prior to intervention to ascertain a variety of risk factors that may be relevant to outcomes. He also raises the issue of what is the appropriate outcome, change in attachment security versus changes in other aspects of parenting behaviour that may relate to later social and emotional development.

This book is a valuable resource for anyone working in the area of early intervention. Not all

chapters are equally useful, but on the whole it provides a useful update in this rapidly advancing field.

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Reference

Charney, D. (2004). Psychobiological Mechanisms of Resilience and Vulnerability: Implications for Successful Adaptation to Extreme Stress. *American Journal of Psychiatry* 161: 195-216.

Evolving Thought Field Therapy: The Clinician's Handbook of Diagnosis, Treatment, and Theory

Diepold, J. Jr., Britt, V., Bender, S. W. W. Norton Press: New York, NY, 2004. 381 pp. CA \$52.50.

I am in no position to comment on the techniques, flow charts and strategies in a book whose main purpose is to function as a practical manual, and I suspect that I am not alone in this. So why review this book and what needs to be said about it?

This EvTFT (as the authors abbreviate it) book is part of publisher WW Norton's *Energy Psychology Series*¹. EvTFT "is a groundbreaking and paradigm challenging psychotherapy that utilizes the acupuncture meridian system to diagnose and treat psychological problems." (page 1). It belongs in the broad field of 'energy medicine',² a field which is not well understood or incorporated into conventional medicine, but some aspects appear to use the constructs developed in the acupuncture meridian system. Acupuncture is gaining more and more attention as randomized control trials continue to report efficacy in diverse pain states and this provides some further plausibility for exploring such ideas. In addition, recent brain imaging studies provide support for the existence of meridians as postulated by traditional Chinese medicine.^{3,4} Some individuals find such techniques very helpful. As patient overlap appears in work with mental, emotional and behavioural disorders, that seemed reason enough to examine this book.

The authors are two psychologists and a social worker whose "70 years of clinical experience has led us to include a wide variety of traditional and innovative psychotherapeutic methods in both our practice and teaching. Thought field therapy...has provided one of the

most valuable shifts in our abilities to... facilitate the resolution of emotional problems. Our experiences with the treatment effects...have had an immediate and profound impact on us as professionals and as people.”(page 2).

The book includes chapters that are of interest to a total novice or the practising professional. The introductory section was most helpful in guiding this novice reader into the contents of the chapters. The first three chapters on the initial history, paradigm challenge and introduction to the acupuncture meridian system and EvTFT provided an intriguing framework. A further 10 chapters described the techniques in sufficient detail that I almost thought I could do it. However, the authors clearly stated that workshops and training are essential. The last two chapters covered the integration of EvTFT into psychotherapy, and understanding the effectiveness of EvTFT.

The bulk of the book teaches the technique; summarizing it or commenting on the accuracy and usefulness of the technique is beyond the scope of a review done by a curious reader. For the professional familiar with the area, the appendices, flow charts and worksheets would be much appreciated additions to the chapter descriptions.

The final two chapters and epilogue appealed to the sceptic in me. It was in these that the authors made some of their most important statements. They are clear that there are many personal testimonials from both patients and practitioners that something is happening here and that it works in ways that seem foreign to the point of miraculous. Some of the web sites in this area provide even more testimonials. The authors advocate research. Their goal is to advance the health of the patients they work with, but they recognize the need for research to validate the approach. They want studies examining whether it works and how it compares to other treatment methods. They make an even stronger plea for research to examine the concepts behind the observations; the latter is particularly important. Thus, looking at associated web sites and potential explanations provided by the authors gave me the well-recognized image of the six blind men examining the elephant; there appears to be something big in the room but it is not very clear what it is.

The area of energy medicine has the potential to be fascinating for researchers and practitioners for years to come. If your interest is piqued, I have no hesitation in recommending this as one of the ways to pursue your curiosity.

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References

1. Gallo, F. (Ed.) (2002). *Energy Psychology and Psychotherapy*. New York, Norton.
2. National Center for Complementary and Alternative Medicine - nccam.nih.gov.
3. Cho, Z.-H. et al. (2001). Functional magnetic resonance imaging of the brain in the investigations of acupuncture. In: Stux, G. & Hammeschlag, R. (Ed.) *Clinical Acupuncture, Scientific Basis*. 83-95.
4. Siendentopf, G.M. et al. (2005). Laser acupuncture induced specific cerebral cortical and subcortical activations in humans. *Lasers in Medical Science*, 20, 68-73.

Protecting Children from Domestic Violence

Jaffe, P., Baker, L., and Cunningham, A. (Editors). The Guilford Press: New York, NY, 2004. 238 pp. CA \$47.95.

This is an important topic, as all too frequently children are exposed (as a witness or recipient) to domestic violence and scars are left.

This book resulted from a conference held in London, Ontario in 2001: the International Conference on Children Exposed to Domestic Violence. Nine out of twenty-eight of the contributors are from Canada with the rest from the United States. This volume is dedicated to Robbie Crossman (a contributor) who died in 2002. The book consists of fourteen chapters that touch on a variety of parameters of the subject.

Part I (four chapters) introduces the problem. Part II (four chapters) focuses on individual and group responses. In Part III (five chapters) systems level responses are explicated. In the final section (one chapter) conclusions are drawn and future directions identified. It was disappointing for me to note that there was no mention of domestic violence in aboriginal families; a significant oversight.

Unfortunately there hasn't been a lot of research in this area, leading the editors to espouse that much needs to be done. Nevertheless there is evidence that children exposed to loved ones being abused show evidence of hyper arousal and emotional dysfunction.

tion. In the custody situation, it was believed that children are at less risk once the parents are living separately. Bancroft and Silverman in their excellent chapter (chapter 7 pp 101 - 119) provide ample evidence that this is not so.

As mentioned above, there is no mention of domestic violence in aboriginal families. Rather what is described is happenings in the 18.4% of the Canadian immigrant population, with programs that have been developed to get the message across that violence is not acceptable.

Mention is made of the role of the police and the courts. A review by the London group (chapter 11, pp 171-187) demonstrated that there is a need for training. In particular, in custody cases there are many unfounded assumptions (e.g. kids are safe once the parents separate; it is detrimental for kids not to have access to their fathers even though he has demonstrated abusive behaviour). Assessors and the courts need to be educated as to the realities of risk. They conclude saying that, although more is known at this time, there is still much to learn. Research is necessary and long term follow up.

There are some real gems in the book but generally I found the book somewhat disappointing in that much was descriptive with little report of what research is available. I would not recommend buying this book but rather, if interested, borrow it from the library.

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Quick-Reference Sexual Assault for Health Care, Social Service, and Law Enforcement Professionals

Giardino, Angelo P., et.al. G. W. Medical Publishing: St. Louis, MO, 2003. 522 pp. CA \$79.95.

Sexual assault is a common problem with broad implications which require the involvement of many different professionals. This book presents a large amount of information in an easy-to-read, easy-to-access format. Special care was taken to specifically address the special situation of sexually abused children and adolescents.

Chapters are divided into logical domains covering topics of sexual abuse, genital anatomy, forensic evaluation of patients, differ-

ential diagnoses, sexually transmitted diseases, reporting and documentation, violence and rape, psychosocial aspects, legal issues and caregiver issues such as vicarious traumatization.

The majority of the information presented in this text is accurate and up-to-date although one must remember that it is provided as a quick reference and may need to be further supported/clarified by an expert in certain cases. Helpful diagrams and full-colour photographs support the text while extensive references are provided at the end of each chapter, for those seeking additional information.

The majority of the contributing authors are American, and as such, this manual reflects American practice. Canadian practice does differ in a number of key areas, such as the physician's role in interviewing the child victim of sexual assault. In addition, though helpful in providing guiding principles and helpful information, the sections on legal issues, investigation and prosecution are likely to be much less useful to the Canadian professional.

Health professionals, first responders, law enforcement officials, attorneys and therapists will surely find a wealth of useful information in this book. The point form presentation of the material will likely be appreciated by professionals seeking a quickly-read, easily understood reference to expand their knowledge of another professional's field of practice, as it relates to sexual assault.

This guide provides a broad summary of all the important aspects to consider when dealing with a sexually assaulted patient. Because of its nature as a quick-reference guide, this manual is somewhat limited in in-depth discussions of various topics. As a result, this book is likely to be more useful for professionals with some experience in the field of sexual assault as opposed to beginners looking for introductory material.

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Reducing the Stigma of Mental Illness: A Report from a Global Programme of the World Psychiatric Association

Sartorius, N. and Schulze, H. Cambridge University Press: Cambridge, 2005. 264 pp. CA \$55.89.

I chose to review this book because of my growing recognition of the ways in which stigma affects all aspects of my work with the seriously mentally ill. In the US, where I currently live and work, institutionalized stigma takes the elusive form of legislative negligence. There are no meaningful mental health parity laws (which would ensure that mental health care is covered by health insurance companies on an equal level with non-psychiatric conditions). As a result access to mental health care is not universally available, and the development of accessible, comprehensive mental health systems is the exception rather than the rule. In addition, the pervasive effects of stigma deeply affect all of the following: an individual's willingness to seek treatment, adherence to medication, housing opportunities, employment opportunities, entanglement with the criminal justice system, voting and parenting rights, family and caregiver stress, and limited social networks for affected individuals and their families. Moreover, there is evidence that stigma is growing despite ever increasing advances in our understanding of the etiology and treatment of psychiatric disorders.

In 1996, the World Psychiatric Association (WPA) began an international initiative to fight the stigma and discrimination associated with schizophrenia. Since then, the "Open the Doors" programme has been implemented in more than 20 countries and has involved more than 200 interventions aimed at reducing stigma against individuals with schizophrenia.

This book tells the story of how the global programme was developed. Individual chapters describe country specific reports on interventions taken, recommendations derived from that country's experience, and cautions relevant in considering whether to implement similar initiatives elsewhere. In addition, appendices are included which outline detailed instructions on how to plan and implement a local programme, along with a suggested timeline.

The book is organized as follows:

1. Developing the "Open the Doors" Programme
2. PHASE 1 - Calgary, Alberta
3. PHASE 2 - Spain & Austria
4. PHASE 3 - Germany, Italy, Greece, US, Poland and Japan

5. PHASE 4 - Slovakia, Turkey, Brazil, Egypt, Morocco, UK, Australia, Chile, India and Romania
6. Conclusions and Recommendations
7. Appendices

Reviewer's Comments:

This is a well-organized, enlightening resource for individuals who have some background knowledge regarding the issue of stigma and who are at the point of wanting support and knowledge re: the practical steps that can be taken to address this overwhelmingly broad issue at the local level. I especially liked the international perspective, the focus on the importance of collaboration in getting initiatives off the ground, targeting interventions to specific groups of individuals, and how to select a specific target group at the local level.

Weaknesses: This book provides less than a comprehensive review of the issue of stigma - for a more detailed review the reader might consider "On The Stigma of Mental Illness; Practical Strategies for Research and Social Change," edited by Patrick W. Corrigan, 2005, published by the American Psychological Association.

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Separation Anxiety in Children and Adolescents: An Individualized Approach to Assessment and Treatment

Eisen, A. R. and Schaefer, C. E. The Guildford Press: New York, NY, 2005. 298 pp. US \$35.00.

When I surreptitiously surveyed my colleagues' bookshelves I found March and Mulle's volume on Obsessional Compulsive Disorder (OCD) to be a favourite. Will Eisen and Schaefer's book on Separation Anxiety be as popular? I initially read this book from beginning to end in a day (the references and appendix take up a few pages) and was fascinated by it. Separation anxiety is common in clinical practice and often quite challenging to treat. The book is written for doctoral and masters level therapists, school psychologists, social workers and graduate students with a variety of backgrounds. The authors have interspersed vignettes of therapeutic dialogue with their 5 case examples as well as clinical tips through-

out the book which makes for lively reading. "The only way to overcome anxiety is to experience anxiety" resonated throughout my readings of exposure treatments.

The book is divided into six parts. Part I describes the nature of separation anxiety and the conceptual frame work emphasizing the authors' findings that specific symptom dimensions underlie the disorder. The symptom dimensions include fear of being alone (FBA), fear of physical illness (FPI), fear of abandonment (Fab), and worry about calamitous events (WCE), the latter two often being related. In Part II entitled "A prescriptive approach to assessment and treatment" the authors suggest a number of well recognized assessment measures of both child and parents to allow therapist to match client characteristics with the most effective interventions as well as to pinpoint the possible obstacles that will arise along the way. FBA and Fab respond best to an exposure based treatment whilst FPI responds best to relaxation. They introduce their own Separation Anxiety assessment scale, both child and parent version, (SAAS-C, SAAS-P) (Hahn et al 2003) specifically tailored to tease out the symptom dimensions.

Part III is about teaching child coping skills, the first of which is relaxation. I really enjoyed the relaxation scripts and look forward to trying them out on wriggly little boys whom, in my experience have no interest in relaxation what so ever, but the authors suggest the very measured use of rewards for cooperation. The second chapter emphasizes treatment of cognitive distortion, the use of self control acronyms, and other cognitive therapy techniques.

Next comes a section on teaching parent coping skills which starts with psycho-education about the nature of separation anxiety and the implications of co-morbid behaviors. They also educate about the contribution that parental anxiety may make to the child and "help parents to make decisions based on their values and instincts, not their anxiety." Parental competence and parenting stress are taken into account in treatment planning as well as the temperamental characteristics of the child. Pathological levels of parental anxiety and over-protection indicate that parental individual therapy would be indicated as a first step.

Then comes a discussion on rewards and the art of rewarding unambiguously to a criterion, with a reminder not to forget the siblings who perhaps could work on their own issues. Part V focuses on skills building, hierarchy development and treatment planning in the illustrative cases in a variety of settings with an emphasis on maintaining a perception of control, modifying safety signals and overcoming resistance.

Finally, there is discussion of the treatment implications of co-morbidity, including OCD and learning disorders, as well as the use of pharmacotherapy. Tips for terminating therapy and the possible need for booster sessions are described as well.

The case examples range from a 3 year little girl, terrified of sleeping alone, who on waking would cry hysterically and vomit and whose treatment prescription was individualized parent training, to a 15 year old with fear of physical illness as well as fear of being alone who was treated with cognitive interventions and relaxation.

Included in the appendix are a number of assessment instruments including the SAAS-C and SAAS-P. There are also handouts including a relaxation script and a contingency contract which detail the rewards for both complete and partial success.

I found this book full of clinical wisdom, well written and succinct. Perhaps a handout to the parents about the disorder and its treatment would be a useful addition in the appendix, though the reader is referred to another treatment manual by the authors. Perhaps the parental and family contribution to the maintenance of this disorder could warrant a little more elaboration. The second author has written extensively elsewhere about play therapy which is recommended but not described as an engagement technique. My experience has been that treatment, especially of fear of being alone at night, really depends on parental endurance of sleep deprivation. However, with the VRI (validate, remind of coping skills, ignore) acronym memorized, how could any parent fail? I did appreciate the suggestion of the use of walkie talkies if fatigue really sets in.

I think this book is reasonably priced and will be a very useful addition to all child and

adolescent outpatient libraries and for all practitioners who treat this disorder.

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Treating Explosive Kids: The Collaborative Problem Solving Approach

Greene, R. and Ablon, S. Guilford Publication: New York, NY, 2006. 422 pp. US \$32.00.

This book by Ross Greene and his colleague, Stuart Ablon, is an excellent manual for clinicians dealing with a very common problem in child psychiatry; namely, children with significant oppositional defiant behaviour and explosive outbursts of temper and rage. It is a follow up to Ross Greene's very successful and popular book written in the late nineties called "The Explosive Child." The current diagnosis for these children in DSM IV is that of oppositional defiant disorder. However, as the authors note these children at different times have been called defiant, aggressive, angry, raging, intransigent, resistant, willful, non-compliant, challenging, stubborn and so on. In the first chapter of the book titled "The Need for a Different Paradigm" Ross Greene outlines his philosophy of children and dealing with these challenging children. It is the premise of his book that explosive kids have lagging skills in the global domains of flexibility or adaptability, frustration tolerance and problem solving. He presents a deficit model for understanding and dealing with these challenging children. He sees these children as having deficits in a variety of skills, including executive skills, language processing skills, emotional regulation, cognitive flexibility, social skills and recommends a skills teaching intervention for these children and their families.

This is very much a hands on "how to do it" book. The parents are asked to describe an explosive episode and the motto, which accompanies this request, is that "a story is just a story unless it is used to identify a pathway or a trigger." In other words contained within each story is information about cognitive skills that the child or the adult caregivers lack or precipitants that heighten the child's frustration. Ross Greene summarizes his initial advice to parents and caregivers dealing with explosive children as follows:

Plan A, Plan B and Plan C. In Ross Greene's model Plan A is what many parents or caregivers do when a child does not meet expectations; namely, to insist more intensively. In ordinary children this imposition of adult will does not typically have major adverse ramifications and the child ultimately meets the parents' expectations. However in the case of explosive children, imposition of adult will (Plan A) greatly increases the probability of an explosive episode and therefore does have major adverse ramifications.

Plan C is the opposite of Plan A. This involves reducing or removing a given expectation. For example, if a child is not brushing their teeth (as opposed to Plan A where the parent would more strenuously insist that the child brush their teeth properly), using Plan C the parent would say nothing or simply convey that they do not object to the child bulking at brushing their teeth. The goal is to reduce the likelihood of an explosive outburst. The authors describe Plan C as a viable and often the only option once explosive outbursts get out of control. They recognize that this is "giving in" to the child, but they see this as the beginning of a new parenting strategy. The ultimate goal is to use Plan B, which is to teach the child cognitive skills that are lacking, but to do this teaching at a different time of the day, not when the child and parent are emotionally charged and drained. This is very much a collaborative problem solving approach, hence, the subtitle of this book "The Collaborative Problem Solving Approach." The book describes Plan B in detail and then, using multiple case vignettes, describes the way this strategy works in the consulting room. The approach then is described in other settings including schools, child psychiatry inpatient units, as well as in youth detention centers.

In my opinion, the book is well worth reading. It is well written and easy to read. The ideas make sense and are consistent with an increasing interest in child psychiatry in developing nonconfrontational supportive means of managing explosive children. The book is highly recommended. The main criticisms are as follows:

1. The authors are anti diagnosis and view the use of DSM IV diagnoses as completely irrelevant to the understanding

and management of such kids. Nevertheless, this method can easily be incorporated into a standard biopsychosocial approval.

2. The book is good at identifying the cognitive deficits, but less explicit in providing solid advice as to what exactly to

do to remedy these deficits.

3. Traditional parent management training is labeled coercive. Practitioners of this well validated behavioural method may disagree with that description of it.

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