

## Book Reviews

### **A Clinician's Handbook of Child and Adolescent Psychiatry**

*Gillberg, C., Harrington, R., Steinhausen, H-C. (Editors). Cambridge University Press: New York, 2006, 751 pp., US \$100.00.*

This volume is described as a deskbook aimed at giving a comprehensive overview of the relevant objectives of child and adolescent psychiatry in clinical practice and to help with quality control for child and adolescent psychiatrists and other specialists concerned with child mental health. The editors state that the authors intention is not to cover exhaustively all the relevant science but to present in condensed form any research findings that are significant for clinical practice.

The 24 chapters all share a common format, written by 28 experts in their field mainly from the UK, Europe and Scandinavia and with 5 authors from North America. After an introduction, definition and comparison of both ICD-10 and DSM IV classifications and their strengths and weaknesses, epidemiology, the clinical picture, etiology, treatment and outcome are specifically outlined for each disorder. There are many useful treatment algorithms. There are suggested readings and appendices with screening instruments. There are no separate chapters specifically on the child psychiatric interview, early intervention, infant psychiatry other than attachment disorder, or on the use of other investigational methods. There is a chapter on personality disorder. Psychopharmacology is addressed as deemed necessary by each of the authors.

It is succinct to the extreme...30 pages on schizophrenia and schizophrenia like disorders in which the author raises the specter of diagnostic uncertainty but does not directly aid the reader with advice as to how to proceed when confronted with such a dilemma.

I enjoyed the chapter on brain disorders which covered brain injury, infectious disorders, cerebral palsy, epilepsy, brain tumors and minimal brain dysfunction. I found the table of syndromes attributed to minimal brain dysfunction particularly useful but wished the labels could have been more fully ICD and DSM cross referenced.

I did query some of the Table 1.3 listed side effects of medications used to treat brain injured adolescents but put this down to my lack of experience in this population. There was a useful table listing interview questions to elicit neuropsychological deficits and the corresponding psychological tests.

The book serves as commemoration to Richard Harrington who died just before the manuscript was finalized and who wrote the chapter on affective disorders. His advice is practical, firmly addressing the difficulty of differentiation of the normal mood swings of adolescence from the pathological, as well as addressing the comorbidity of affective disorder. The concept of preadolescent bipolar disorder is relegated to three diplomatic sentences. Diagnostic instruments are recommended.

Christopher Gillberg wrote the informative chapters on autism, mental retardation/learning disability and co-authored the chapter of brain disorders. I found the chapter on elimination disorders with the accompanying parental questionnaire very useful. Another excellent, comprehensive chapter is on sleep disorders. The chapter on anxiety disorders with the numerous recommended assessment instruments and a practical relaxation script is useful but perhaps a little short on references to other experts in the field.

If this book genuinely represents the clinical practice of each of the experts writing the chapters in the most skeletal outline, it is a fascinating and sort of northern hemisphere guide to contemporary clinical practice. However, in my opinion, it failed because of its stark format to adequately address issues specific to child and adolescent practice, to stress that comorbidity and subsyndromal presentations, as well as psychosocial and service resourcing variables often compound the best laid evidenced based plans.

Given that the textbook is a work of such erudite clinicians and presented as a deskbook of evidence based practice, it may be too much to ask that a section at the end of each chapter be relegated to emerging questions and current controversies. The European bias certainly widened my knowledge. The uniformity of each chapter makes for easier reading. Its succinctness can be appealing too...being lighter to read in bed. But it relies heavily on the references for

adequate coverage of the subject, and I would have appreciated more suggested readings especially for recommended treatment manuals.

I do intend to consider it as a tool for discussion with the multi-disciplinary team with whom I work and look forward the controversies to which it will doubtless lead with the psychologists involved. I think it would be a valuable addition to a departmental library. In my opinion this book is reasonably priced for a hard covered volume of this nature.

**Hilary Le Page MB Ch**, Armsdale, Western Australia

**Attention-Deficit Hyperactivity Disorder:  
A Handbook For Diagnosis And Treatment,  
Third Edition**

*Barkley, Russell A. The Guilford Press:  
New York, 2006, 770 pp., US \$75.00.*

The third edition of the initial version, *Hyperactive Children: A Handbook for Diagnosis and Treatment*, retains its authoritative tone and a "one stop" information reservoir. Dr. Barkley has managed to bring many principal authors from the 1998 edition and added new research findings on all the chapters.

The book has three clearly divided sections named 1) the Nature of ADHD (Attention Deficit Hyperactivity Disorder); 2) Assessment; and 3) Treatment. These three sections house twenty-two chapters, each ending with a key clinical points list.

The book opens with a historical description of ADHD. As in the previous editions, the discussion of primary symptoms and diagnostic criteria retain central importance. Even in this chapter with many familiar facts and observations, there was new information. For example, there was a good description of a subtype of predominantly inattentive type as a heterogeneous group, and an updated review of prevalence research concerning ADHD.

Chapters two and three discuss associated and comorbid conditions with ADHD. The concept of associated reduced life expectancy in ADHD is a serious one, as is the impaired driving capacity of persons with ADHD. Another alarming factor discussed by the author is the greater utilization of the medical care system

by children with ADHD. An important clinical observation that children with ADHD are more likely to have parents with ADHD is well discussed. In ADHD-PI, the subset with sluggish cognitive tempo (SCT) is more likely to manifest in internalizing disorders is another clinical reality that is affirmed.

The chapter on "etiologies" is well supported by empirical data. Of importance is the review of molecular genetic research suggesting the role of DRD4 in its 48-bp form and with 7 or more repeats. D5 dopamine receptor gene also has been associated with ADHD. Psychosocial factors are seen as non contributing as a causative factor for ADHD.

The sixth chapter covers ADHD in adults, and I thought it is sensitively written. Instead of merely focusing on the characteristics of adults with ADHD, it gives a balanced perspective of adults who were diagnosed as children with ADHD and self referred adults with ADHD. Two important points are made here: that adult ADHD is an authentic disorder and that neuropsychological functions are disturbed in self referring adults with ADHD. In this chapter key clinical points cover all ongoing risks in the life cycle of a person with ADHD. Risks such as academic, social risks, of having comorbid disorders, high risk sexual behaviors, accident proneness and risk taking behaviors reflected in adaptive functions are well described.

Chapter seven is difficult to read and conceptualize. It deals with "a theory of ADHD." Dr. Barkley presents this theory or model as a hybrid between self regulation and executive functions. Fortunately, there are many diagrams explaining the different components of this theory. Behavioral inhibition on which four executive functions depend is tackled first. These four executive functions are nonverbal working memory, verbal working memory, the self regulation of affect and motivation/arousal, and reconstitution (page 331). The prominent discussion is about how these executive functions assume an important place in guiding outer behaviors by inner actions. The main tenet of theory is that behavioral inhibition deficits are important in ADHD as well as being a disorder of self-regulation. In my opinion this chapter should have been placed earlier, even before the phenomenology of ADHD is described.

The best part of this tedious chapter is when the implications of this theory for treatment of ADHD are explored. The discussion that ensues is useful in explaining what ADHD is doing to the affected person, rather than absolving the person from the consequences of ADHD. I loved Barkley's idea of explaining "blindness to time is the ultimate yet nearly invisible disability afflicting those with ADHD." (page 326). Most clinicians working in ADHD clinics already know about the veracity of this statement. No patient with ADHD consistently comes on time; some have arrived one week later or a few days earlier. The second idea is even more down to earth. He advocates that useful treatments should be offered at the point of performance. The goal of this endeavor is to assist persons with ADHD to exhibit the skills that they have and doing what one knows. There is a good rationale provided for the use of medications in ADHD. The author argues that the only treatment that would bring out improvement in inhibition is a medication treatment with psychostimulants and other medications that can help whilst the medication remains within the brain. Along with this approach, externalization of motivation is important. Finally, a chronic disability perspective is suggested in the overall management of ADHD.

With chapter eight we embark upon the assessment section. In the next four chapters, we learn about the interview techniques, rating scales, and observational measures useful in the assessment of ADHD. This chapter has a table that gives differential diagnostic tips for distinguishing other comorbid mental disorders from ADHD. I think all clinicians that diagnose and treat ADHD should have this table ready on their desks for quick reference. This chapter is definitely clinician friendly. It now gives us additional information on how to handle legal and ethical issues arising in treating persons with ADHD. Three main issues in this domain are guardianship/custody issues, disclosing of suspected physical and sexual abuse or neglect of the child, and the legal accountability of children with ADHD.

Chapter nine attests that psychological testing is not diagnostic of ADHD. The CPTs (continuous performance tests) are the most evidence based tests to diagnose ADHD.

Chapter ten is a must read. It provides ten actual clinical cases to illustrate fine points of applying theoretical knowledge to actual cases. Although most child psychiatrists can identify with these cases from their practices, these vignettes are important to young trainees and academicians involved in research to remind of the overall purpose of assessing and understanding the nature of ADHD; i.e. to help clinical cases.

An assessment of adults with ADHD is systematically explored in chapter eleven. Four central issues to the evaluation are defined: establishing the presence of symptoms before age of 12, documenting evidence of impairment across multiple domains, exploring other reasons for the presenting symptoms, and clarification of the existence of comorbid disorders.

The treatment section is the last section, but quite dense with eleven chapters. Parent training treatment format is explored in chapter 12. The next chapter, in contrast, describes parent training in large groups. A COPE model (community parent education program) is described in regards to the integration of principles involved and the structure of large groups, and with comments on cost efficacy and limitations of this model. I read the limitations with interest. The author describes problems of accessibility and reduced service utilization by families with affected members, and notes that not all the families will benefit from COPE programs. COPE however has been evaluated and compared to other interventions such as social learning parent training models.

Chapter 14 gives readers a solid tool to deal with adolescents with ADHD. The author gives a biobehavioral family systems model. I liked the focused style of this chapter which clearly outlines the principles for parenting the adolescent with ADHD and describes one intervention at a time, giving several clinical excerpts.

The next chapter targets teachers and the school system for treatment intervention. This chapter buzzes with lots of good information we could apply in assisting our patients. The two goals of school based interventions are to educate teachers about the nature of ADHD and to increase home/school collaboration. Authors recommend functional assessments of

behavior and the nine management strategies. The core interventions include common sense approaches such as altering the physical layout of the classroom and modifying academic program to suit the child's abilities.

An interesting twist to intervention is described in chapter 16 where peers are assisting children with ADHD in regulating impulsive behavior. The author describes this as student-mediated conflict resolution programs. Playground mediation is well described, along with its main purpose in reducing the bullying experiences.

Chapter 17 provides adequate information on the history, indications, basic pharmacology and clinical effects of stimulants. An interesting read in this chapter is about the treatment of comorbid symptoms in ADHD and the thorough discussion of acute side effects. In the brief, relevant next chapter (chapter 18) the treatment with antidepressants and SNRIs is described. The key clinical points made in chapter 19 are relevant to the difficult, hard-to-treat cases of ADHD. This chapter discusses the use of antidepressants, modafinil, and clonidine. The chapter also describes the use of anticonvulsants and special populations where antipsychotic medications might be indicated. Useful guidelines are provided for when clinicians have to use multiple drugs in treating ADHD (examples include Tourettes disorder and severe anxiety).

Chapter 20 advocates the use of combined child therapies to alleviate symptoms. Not all of the psychosocial treatments are without side effects. A phenomenon of behavioral contagion is described in a social skills training program for children with ADHD, as well as the escalation of conflicts during behavioral family therapy. The following two chapters describe psychological counseling and pharmacotherapy interventions for adults with ADHD.

This book is well referenced and has all the updated information. I had read the first edition and, to me, this book seemed more attractively presented. It is a good reference book to keep in one's personal library, and a definite place needs to be found in departmental libraries.

**Pratibha Reebye MBBS, FRCPC**, Vancouver, British Columbia

### **Attention-Deficit Hyperactivity Disorder: A Clinical Workbook, Third Edition**

*Barkley R. A. and Murphy K. R. The Guilford Press: New York, 2006, 165 pp., US \$33.00 paperback.*

This manual is to accompany the revised third edition of *Attention-Deficit Hyperactivity Disorder: A Handbook For Diagnosis And Treatment. Third Edition*. It consists of three main sections and mini chapters that are organized with forms for use with children and adolescents, forms for the evaluation of adults, and forms for use during medication treatment. This mini book is a treasure of tools that every clinician will benefit from ready use in their clinical practice.

It is important to note that all the forms have limited photocopy license, meaning the publisher has granted permission to reproduce the handouts and forms for use with their own clients and patients. As there are nine new handouts, this could be a good excuse to buy the third revised edition.

I have found this workbook invaluable in the past and it has served as my transitional object in the ADHD clinic. I have no hesitation in recommending it to all clinicians who see children, adolescents and adults with ADHD.

**Pratibha Reebye MBBS, FRCPC**, Vancouver, British Columbia

### **Assessing and Managing Violence Risk in Juveniles**

*Borum, R. & Verhaagen, D. The Guilford Press: New York, 2006, 226 pp. CA \$41.35.*

The authors' objective for this book was to "bridge the gap between science and practice in assessing and managing violence risk in adolescents". They addressed risk assessment, intervention, and prevention of violence. Part I addressed trends and processes in youth violence, risk factors, and mental and behavioural disorders and violent behaviour. Part II described the process and principles of conducting violence risk assessments with juveniles, including the use of psychological tests and assessment instruments as well as structured interviewing. Report writing and commu-



nication of risk was demonstrated with excellent examples. Within this section particular topics such as targeted violence, threat assessment, bullying, sexual offending, fire setting and homicide were addressed in greater detail. Part III focused on effective interventions and research based principles for treatment and reducing risk for future violence.

The book was well written with only rare typographical errors. It was an excellent and succinct review that was well referenced and had a functional index. The recommended process for conducting the assessment and preparing the report was practical, evidenced based, and complete. Several specific risk assessment instruments as well as sources for additional instruments were discussed. There were many case examples to illustrate the process. Of particular benefit was the format for structuring the report. The focus for report writing was on presenting data so that the non-clinician who read the report clearly understood the report and found the assessment report useful. In this era of fiscal restraint it was refreshing to be reminded that it is best to recommend the interventions that are needed rather than only recommend interventions that are available. This way service gaps were identified. The section on identifying treatment needs and writing treatment goals focused on making treatment outcomes measurable. The only thing missing from this book was a discussion of the special group of youth with mental retardation who have violent behaviours.

The authors' met their stated objectives of bridging the gap between science and practice. I recommend this book to anyone who works with youth who have a history of violence.

**GT Swart MD**, London, Ontario

**Families Across Cultures; A 30-Nation Psychological Study**

*Georgas, J., Berry, J. W., von de Vijver, F. J. R., Kagitcibasi, C., and Poortinga, Y. H. Cambridge University Press: Cambridge, UK, 2006, 552pp. US \$50.00.*

The five authors of this extraordinary book are all professors of psychology with a special interest in cross-cultural psychology and work

at universities in Greece, Canada, the Netherlands, Turkey and Belgium. They came together in their quest to learn more about the relationship between the changes of the ecocultural realities such as economic organization, political institutions, legal and educational systems and religion in 30 nations and the family, as expressed by family structure, demographics, family rules, functions, values and observed changes. Their hope was to clarify to what extent globalization or an increase in educational opportunities modifies family traditions, such as relationships between family members, parental divorce rates, the role of fathers and mothers etc. This is based on the authors premise that the family is an institution which is adapted to its ecological, cultural and sociopolitical situation and provides the main context for the ontogenetic development from infancy to adulthood.

To obtain reliable and valid data, they interviewed and evaluated the opinions of some 5,500 students at colleges and universities in 30 countries, chosen to reflect specific geopolitical zones. There was a northern, central and southern zone of North America, including the US, Canada, Mexico, Chile and Brazil; a northern and southern zone in Europe, including the UK, Germany, Holland, Greece, Bulgaria, Cyprus etc; a North (Algeria), East (Saudi Arabia), Central (Ghana) and South African zone, and a western (Iran, Ukraine), southern (Pakistan, India), eastern (China, Japan, South Korea) and Oceania (Indonesia) zone in Asia. The chosen countries also reflected the major religious groups in the world.

The book is divided into 2 parts. In part 1, the reader is introduced to the theoretical aspect of the study in 8 distinctive chapters. Beginning with a historical review of families and family change, one learns about methodologies used in assessing family functioning over time and the results of past studies. Other chapters describe the methodology of the present study, explain its hypotheses and provide the statistical data forming the results. In part 2, the 30 nations are examined individually, using very similar overall criteria. These include: a historical outline of the country described; important ecological features (e.g. location, size, weather, special challenges such as annual dry winds, etc.); economic organiza-

tion; political and legal institutions; the major educational systems and main religions. The family is discussed by detailing marital traditions (e.g., restrictions of marrying direct relatives, choosing a wife, etc.); family structure (patriarchal, nuclear, patrilocal, e.g., determining how close sons have to live to their father after marriage, etc.) or kinship ties; family roles and functions (role and powers of mother, father, grandparents, etc.); and recent changes observed in the family. There are also appendices providing copies of the various questionnaires, scales and other assessment instruments used in the study.

While the authors provide many interesting data, there are some overarching findings. Despite the popular impression that there are more three generation families in the "Majority World" (denoting the world outside North America and Europe), this is incorrect as keeping three generations and/or large families in one house requires money which is not plentiful in the majority world. Cultural differences overall, based on emotional and material interdependence vs. independence, are more pronounced between rural and agricultural populations in the western and majority world. This means that in addition to the emotional value, children retain financial value only in agricultural and rural populations of the majority world while middle class city people all over the world and those living in western rural areas value their children's material independence but support their emotional interdependence. This dialectic synthesis suggests that even in westernized societies we find an increasing interdependent emotional aspect of the family which reminds us of our past cultural heritage. This is also shown in the high value kinship relationships have all over the world, expressed by the number of telephone calls made to relatives in the west and visits to relatives in the majority world. Another example of these cultural universals that have not been modified despite our more global existence is the fact that fathers universally still do not do much housework while mothers everywhere are more engaged in child care. Nevertheless, the authoritarian hierarchy based role of fathers has declined in all cultural groups, regardless of religion and income although there remain significant differences among the 30 nations.

The book's main shortcoming is the relatively small number of subjects, varying from 65 to 450 per nation that the authors could enroll and, as university students, their potentially biased view of their own culture. While this may bias the collected data, the authors' effort to use standardized instruments and questionnaires and their most thoughtful interpretation of their data provide the reader with a fascinating look into both cultural universals and differences in family characteristics across cultures.

**Klaus Minde MD**, Montreal, Quebec

**Handbook of Preschool Mental Health: Development, Disorders and Treatment**

*Luby, J. L. (Editor), The Guildford Press: New York, 2006, 430 pp. US \$55.00.*

The Handbook of Preschool Mental Health fills an important gap. While there has been an increasing demand from clinicians to identify and treat disorders in the preschool period, young children's mental health is understudied. The structure of the handbook is in three parts: I - Normative Development in the Preschool Period; II - Mental Disorders Arising in the Preschool Period; and III - Assessment and Intervention in the Preschool Period. Half the book comprises psychopathological disorders (Part II) which weighs as a dominant section of the book. The range of authors has good depth and chapters are well written.

Part I on normal development is restricted to three developmental areas with importance to psychopathology: social development, cognitive development and emotional competence (for social functioning). These three chapters gave a developmental psychological approach to preschoolers with breadth in the approach, particularly the chapter on social development.

In the section on disorders, all nine chapters are common disorders in the preschool population. For example, the Attention-Deficit/Hyperactivity Disorder chapter was a very rich contribution to preschool diagnosis and treatment. Naturally with the vast research on ADHD, this particular chapter had elegant analysis and a thorough source of material upon which to draw.

Oppositional Defiant Disorder is very important in this population. It is probably underdiagnosed, particularly in comorbid children. The chapter tackled validity, clinical meaning of the symptoms and the utility of making the diagnosis in preschoolers. This chapter alone makes the excellent book well worth buying for its breadth and depth.

The Anxiety Disorders chapter presented a very good review of the prevalence, risk factors and diagnostic issues. Assessment was presented in a way that many of us will immediately use. The treatment section of the chapter presented for clinicians, residents, and graduate students an immediate method of coping with lack of evidence on how to treat and what to do about it.

Similarly, the PTSD chapter dealt with the literature on traumatized preschoolers, and spelled out diagnostic alternative criteria for preschoolers. Considering the lack of time this condition has been researched, information on clinical course, assessment methods and treatment are progressing quite systematically. The developmental differences table was very helpful as it reviews evidence based approach.

Attachment Disorders chapter provided up-to-date examination of the field of diagnosis of Reactive Attachment Disorder: its course, assessment, comorbidity and treatment. It also dealt carefully with the caution necessary in defining a serious condition with such broad criteria. Equally, they were careful on descriptions of possible clinical treatments. The chapter contained a subsection in comorbidity examining RAD and PTSD in children which was the best description that I have seen of how they may interact.

The Autism Spectrum Disorders chapter would update professionals very well on all the psychopathological sections needed for diagnosis and treatment. Particularly helpful were sections on early manifestations, comorbid diagnoses and associated conditions and the range of assessment instruments available. The treatment section was much less thoroughly dealt with because a whole chapter was devoted to Early Intervention for Autism in the third section of the book. This second chapter supplied a useful table on interventions and their evidence.

Part III, Assessment and Intervention in the

Preschool Period had some gems. Neuropsychological Assessment by Mrakotsky and Hellefingger was easy to read and full of good information in understanding cognitive and skill development in preschoolers. The chapter on Psychopharmacology had breadth — addressing developmental neuropsychopharmacological issues, ethics, “off label” issues and a very good table on psychotropics reported in the literature with preschool children.

What was missing? Perhaps the most important was a chapter on relationship disorders which zero-to-three's have been tackling. Not including it firmly puts this book into the DSM system, whereas there may be a need for transition between the two diagnostic methods in this age group. Also, while the book examined issues of diagnoses and their efficacy in preschoolers from an individual disorder perspective, it lacks an overall section on these concerns. Despite these two areas, I highly recommend this book to our colleagues in the Academy.

**Esther Cherland MD**, Saskatoon,  
Saskatchewan

### **Handbook of Pediatric Psychology, Third Edition**

*Roberts, Michael C. (Editor), The Guilford Press: New York, 2003, 772 pp., CA \$119.95.*

I chose to review a textbook on pediatric psychology in order to appreciate a different approach to my own field of child and adolescent psychiatry. This thorough volume does that and more! Its emphasis on the concept of close collaboration between psychology and medicine, albeit with pediatrics, was introduced early, and the primary emphasis was on the collaboration of the psychologist with the medical team, where the psychiatrist is generally involved in consult liaison. Summaries of most chapters are helpful for a quick review. Ethical questions are introduced often and biophysical research agendas are included.

In Part I the editor also explores a wide variety of issues beyond the strictly clinical, including training issues, the importance of research, and ethics. Beginning with the history

of the field of pediatric psychology, the emphasis on evidence-based practice laid a foundation for what is perhaps the strongest feature of the book - the discussion in nearly every chapter of areas for further investigation. This makes it an excellent source for ideas for the thoughtful researcher. The chapter on training issues would be of equal interest to those involved in the education of psychiatrists, with its emphasis on promoting multidisciplinary experiences. The chapter on ethical issues is particularly strong, practical and relevant.

Part II covers the areas of practice that cut across diagnoses, such as health promotion, disease prevention, promotion of coping skills, adherence, and chronic pain. These are all of tremendous importance and would be of interest to any physician. Beginning with health promotion, the determinants of health-related behaviour and interventions to affect them are discussed. A review of programs aimed at children, their environments and public policy emphasizes that psychology informs these programs; but, perhaps more importantly, demonstrates that not all prevention is effective and that evaluation is much needed to promote efficacy. Chapters review the literature on promoting coping and adaptation in youth and their families with acute and chronic medical illness, and the stress that results from treatment. The chapter on adherence includes material on the difficulties of measurement, its determinants and evidence regarding increasing it. A literature review of adjustment in children with chronic diseases demonstrates the lack of consistent data concerning this major issue. A chapter emphasizes that larger entities, such as the medical system and school, play in the adjustment of or lack of it to a child who is ill. I was particularly interested in the lack of training of doctors in dealing with "difficult" patients. Quality of peer relationships is highly co-related with both school success and future social adjustment; an excellent chapter looks at the factors which support these relationships. Pain management and the rationale for its importance indicate another reason for psychologists and psychiatrists to be involved with the medical team.

A section on psychopharmacology is included and the various medications employed are reviewed. The sections on medication are

out of date, which may be due to its being published in 2003. For example, the section on depression lacks information about efficacy and suicidality, the cardiac risks of Imipramine are not mentioned, and the use of atypical antipsychotics in treating tics or disruptive behaviour disorders are not mentioned. This is not a problem for child psychiatrists who are reading it, but is a weakness for psychologists and other non-physicians who would benefit from practical information about the medications their clients are taking. This subject may have been better dealt with by referring the reader elsewhere.

The text next deals with difficulties associated with an impressive series of specific conditions. Separate chapters discuss neonatal illness and prematurity, asthma, cystic fibrosis, diabetes mellitus, sickle cell disease, hemophilia, cancer, HIV/AIDS, traumatic brain injury, spinal cord injury, muscular dystrophy, juvenile rheumatoid arthritis, cardiovascular disease, burns, and gastrointestinal illness. These are areas that are less directly a part of the day-to-day practice of child psychiatrists who are not involved in consultation liaison, but who nevertheless may treat children with these illnesses.

Outlined are the benefits to the psychiatrist of informing his practice of the medical aspects of these disorders and the impact they have on the patient and their family. Another section deals with failure to thrive, feeding problems, pervasive developmental disorders, mental retardation, childhood obesity, enuresis, tics, bruxism, trichotillomania, and sleep problems. An excellent chapter on behaviour problems discusses the clinical interview, the use of scales and techniques that have proved to be effective with children and their parents. The chapter on ADHD reviews its etiology and epidemiology, but then provides only the briefest reference to treatment. The estimates of persistence in adulthood are also low and the impressive body of research on this subject is mentioned only briefly in passing.

The book is completed by chapters on child maltreatment, sexual behaviours, and problems of adolescents including programs promoting safe sex. Racial and ethnic health disparities, problems of accessing care, health related quality of life in pediatric populations, pediatric psychology and public health, the



importance of evaluating effectiveness as well as efficacy, genetic disorders and testing, telehealth and international pediatric psychology are all reviewed.

Despite its overall strengths, a few drawbacks should be mentioned. By necessity, chapters were limited in length. As is the case with all compendiums, there is some unevenness and overlap. Canadian readers will find that the sections on ethics and inequities in health care are excellent, but are taken from the point of view of practitioners in the United States. Less than 10% of the references were from articles published within five years of this book's printing, making them somewhat out of date. In particular, the general medical overviews, though helpful, suffered as a result. Some terms were named incorrectly (Down syndrome, FAS not FAE). Finally, the chapter on ADHD was disappointing and a major flaw, given the importance of this topic.

Nevertheless, this handbook is an excellent resource and a comprehensive but engaging read.

**Tamison Doey MD, FRCPC**, Windsor, Ontario

### **Deviant Peer Influences in Programs for Youth (Problems and Solutions)**

*Dodge, K. A., Dishion, T. J. and Lansford, J. E. (Editors), The Guilford Press: New York, 2006, 462 pp. US \$49.00 hardcover, US \$26.00 softcover.*

This is the fourth volume in the Duke Series in Child Development and Public Policy and, as outlined by the editors, follows previous works that have dealt with delinquent and aggressive behavior in girls, attachment relationships between parents and infants, and the state of African American families in the 21<sup>st</sup> century.

This edition deals with a topic no less arduous or important. It is that of deviant peer influence that paradoxically emboldens, models and adversely influences children and adolescents while attending programs meant to do just the opposite. No social scientist, psychiatrist, psychologist or youth counselor would deny that youth with conduct disorder carry the threat of contagion into the classroom, hospital or secure facility. This belief is generally held as

a sort of cultural myth by those who work with youth - a kind of professionally held archetype - made the more comfortable by its common belief. But from whence has this knowledge come? For those committed to the difficult task of dealing validly with delinquent youth, this book offers the academic underpinning that answers many of their questions. And for those worried about deviant peer influences, here is the evidence-based foundation for action in the field.

The editors form the organizing phalanx for twenty-eight esteemed contributors who are experts in their fields of Epidemiology, Law, Psychology, Education and Public Policy, specifically as they relate to youth and their group interactions. These contributors bring academic rigor to bear on what surely must be all important and pertinent bibliographies of their topics. With methodical persistence, each applies expertise to available literature and pushes with slow relentlessness towards conclusion. And for the dedicated reader (and with due effort applied) their theses take on fresh nuance and validity.

Their references are myriad. For example, youth with an aggressive history are more susceptible to aggressive contagion in the classroom (Kellum, et al, 1998, Chapter 4); adult monitoring is important to decrease deviant peer influence (Dishion and Dodge, Chapter 2); school retention has failed to show consistent advantage in achievement or motivation (Jimerson, 2001; Jimerson & Kaufman, 2003, Chapter 7); children placed in "individualized" foster care have better outcomes than those placed in group-care settings (Barber, 2001, Chapter 11); and programs meant to have deviant youth "scared straight" have, in fact, produced a measurable negative effect (Lewis, 1983, Chapter 6), with this information, sadly, not being considered while striking public policy in this decade (Sherman & Strang, 2004, Chapter 6).

As with all texts based on a collection of co-contributors, there is a challenge to have the book move forward, as with the purpose and pleasure of a swiftly read, cohesive "story". The editors do their best. With a straightforward and plainly understood Introduction and Table of Contents, they herald and outline purpose and theme to a difficult collection of

diligent and academically rigorous essays. (These are, after all, works that use meta-analysis, complex terminology, and even algebraic formulae to corral and explain the phenomenon of deviant peer influences).

In Chapter 13, Malcolm W. Klien - as if fortified by years of experience - departs from the usual academic format of this book and risks personal narrative. He concludes his essay on street gangs with his visit to a rose garden in Los Angeles in 2003 where a new youth rehabilitation centre had been established. He reflects, "The local correctional halfway house had come to the rose garden.... And as I walked up and out of the garden, I noticed what I had overlooked on the way in-gang graffiti along the walls. No roses there." For Klien, this ironic juxtaposition is conveyed with a sentiment of disappointment; but, between the lines, there seems from him a palpable wish for something better. Captured in his story, surely, is the sentiment that drives all the contributors of this book.

The first and final chapters are written by the editors and here (especially in the last) are the full efforts of their formulation. Stretched before them were the eighteen essays of their peers - essays that had each inhaled and exhaled just once upon the page. Invited forward, the editors must have been somewhat daunted by the mass of material that lay in front of them. But they have done a credible job of synthesis and conclusion; and they offer a series of findings: *peer contagion occurs naturally; aggregating deviant peers, although cost saving initially, is ineffective, perhaps harmful, and in the end, costly to society; youth should receive individual treatment while remaining in normative peer groups; group treatments are less effective, and collections of deviant peers erode treatment effects, but factors that affect*

*outcome are subtle, and variant; and by variance and subtlety, outcomes can be affected. These factors include age, gender, degree of deviance, time in group, time to interact outside of group, ratio of deviant to non-deviant group members, group structure, leadership expertise, and cultural context.* And the editors are not shy about their recommendations; indeed, they offer for public policy makers 38 programs and policies in Education, Juvenile Justice, Mental Health and Community Programming *that should be avoided.* And they offer "viable alternatives" to aggregating deviant peers - *some 42 in total.*

Public policy makers might be tempted to rush to the final pages of Chapter 20 so as to obtain direction. (In fact, the authors offer a condensed pamphlet for public policy makers just so inclined - as a sort of primer for the overwhelmed and busy, *Series Editors' Note, page x*). But, keeping in mind the lessons of past public policy (dubiously informed by assumption), this text is an invitation to scholarship when completely read, and it offers the so-inclined a full and complete foundation for valid programming.

The book should be oblivious to picayune criticism, if for nothing else, based solely on the fortitude of its scholarly recommendations. If this text is short on humor, it is pardoned by its ferocious adherence to duty; if it lacks the soft appeal of a gripping personal story, it compensates by serious regard to previous inane and damaging presumptions; and if it slows under the rigors of methodical scholarship, it offers itself as a base and anchor for further action and study. It is, as most monumental works are, difficult, sometimes laborious, but extremely important.

**John C. Rogers MD**, Halifax, Nova Scotia