BOOK REVIEWS

Treating Bulimia in Adolescents: A Family-Based Approach
le Grange, D. & Lock, J. The Guilford Press: New York, 2007. 260 pp. US $35.00.

There are a large number of treatment studies for adults with bulimia nervosa (BN). The evidence of this literature strongly supports cognitive-behavioral therapy (a manualized treatment) as the most effective treatment. Contrary to the adult BN literature, there had until recently been no evidence-based treatment for adolescents with BN. In 2001, le Grange and Lock (with Agras and Dare) published *Treatment Manual for Anorexia Nervosa: A Family-Based Approach*, a manualized family-based treatment (FBT) which has proven effective for adolescent anorexia nervosa (AN). In their recently published *Treating Bulimia in Adolescents: A Family-Based Approach* (2007), le Grange and Lock have adapted their FBT for adolescent AN to provide clinicians with a practical manual on how to carry out FBT for adolescent BN. This treatment is supported by a recently-completed randomized controlled study, making it one of the few evidence-based treatments for adolescent BN.

Le Grange and Lock begin the manual by giving an overview of BN in adolescents and talking about the clinical differences between adolescent AN and BN. A major difference between FBT for adolescent BN and FBT for adolescent AN is the fact that the adolescent with BN is encouraged to collaborate with her parents in their effort at her recovery. This more collaborative approach is possible because of the ego-dystonic nature of BN symptoms in adolescents, whereas symptoms in adolescent AN are experienced as ego-syntonic. Another important distinction is the symptomatic emphasis in BN being on binge eating and the subsequent compensatory behaviours, while in AN the emphasis is clearly on the weight loss. In addition, because of the secretive nature of BN symptoms, the absence of obvious signs of starvation, and the appearance of greater independence in adolescents with BN, parents' motivation for treatment can be lower and the therapist may have to work harder to engage them. The treatment can also be derailed by the numerous psychiatric comorbidities that often accompany BN in adolescents.

The treatment is based on the Maudsley approach, a FBT for adolescent AN originally developed at the Maudsley Hospital in London, UK. The Maudsley approach views the parents and other family members as key resources in helping adolescent patients with BN. The family is not perceived as the cause of the illness; in fact, the cause is considered unknown. The adolescent with an eating disorder is seen as ill and out of control around eating (the illness is therefore separated from the patient in order to reduce the blame and the shame involved). The crucial aspect of the treatment is for the parents to take charge of normalizing the eating behaviours in their adolescent. This involvement of the parents is limited to the eating aspects and is temporary (the control of eating will be returned back to the adolescent when normalized). The focus of the therapy remains on the eating disorder symptoms until they have been eliminated. Work on adolescent and family issues has to be deferred until then. The therapist's role in the treatment is one of consultant; the therapist avoids giving specific solutions and reminds the parents of their skills.

FBT for adolescent BN is an outpatient treatment. It involves 20 sessions over a 6 month period, occurring weekly for the first 2-3 months, with less frequent sessions as therapy moves forward. The treatment is divided into 3 distinct phases. In Phase I, the primary goal is for the parents to re-establish healthy eating in their adolescent and to supervise post-meal time to prevent the occurrence of compensatory behaviours. To be successful, it is crucially important for the parents to work as a team. The adolescent is invited to collaborate in the process. The role of siblings is to uncritically support the adolescent. One of the sessions in Phase I is devoted to a family meal with the therapist that aims to empower the parents in their ability to re-establish healthy eating in their adolescent. Phase II begins only when the adolescent's eating is normalized. During that second phase, the control of eating is gradually returned to the adolescent, under the parents' supervision. Phase III starts when the adolescent can eat normally without parental supervision. General (non food-related) adolescent and

family issues and termination are then addressed.

The manual is well written, clear, and concise. It is divided into fourteen chapters. After the two introductory chapters on BN and FBT, the treatment is systematically outlined; each phase of treatment is described in a distinct chapter that is followed by a case example. The different goals and interventions for each phase are delineated, and the "why" and "how" of each specific intervention are explained. Each phase ends with a troubleshooting section that answers commonly–asked questions.

One of the most interesting aspects of the treatment is the fact that the re-establishment of healthy eating is done at home, in the adolescent's natural environment. This avoids the high costs and the disruption of the adolescent's usual life that are associated with a stay in an inpatient facility. This may also be associated with a lower risk of a relapse. Indeed, unlike inpatient treatments that usually somewhat exclude the parents from the management of the eating disorder, FBT for adolescent BN involves the parents all along the process. As a result, there are better chances in FBT that the parents will have the skills to be able to support their BN adolescent when the treatment ends.

However, as is often the case when a new evidence-based treatment is developed, there are risks that other valuable treatments that do not have the same level of evidence will not be considered. Moreover, the authors acknowledge that, even though the treatment can be effective for a significant number of patients, it may not be appropriate or effective for all cases. Hence, the availability of other types of treatment (e.g. individual therapy, group therapy, intensive treatments) will still remain important for some patients.

In summary, the book represents a very important addition to the eating disorder field, since it is the first evidence-based treatment provided to clinicians for the care of adolescents with BN. This is without doubt a must-read for any clinicians working with eating disorders. For those who do not work with eating disorders but do treat children and adolescents, the book is still recommended since it shows an innovative treatment approach that empowers the parents to take charge of their child's mental disorder.

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Bipolar Disorders: Mixed States, Rapid Cycling and Atypical Forms
Marneros, A. & Goodwin, F. (Editors). Cambridge University Press: New York, 2005. 395 pp. CA $120.00.

If you enjoy the term "phenomenological polymorphism of mania" you will enjoy this book on bipolar disorders. It is first of all a historical study of the concepts of mania and melancholia back to Hippocrates in 2500 B.C., and the precision of the early formulations is stunning. Mixed states were first described by Heinroth while Kraepelin systematized the field and Weygandt his pupil published the first book in 1899. The term refers to the co-existence of the main symptoms of both mania and depression, which are now understood as transitional forms of affective illness moving from one pole to the other, or the majority view that these mixed states are in fact the norm and far more prevalent than pure mania or depression. Enfolded in the latter are rapid cycling and atypical forms.

The thrust of this historical, phenomenological and therapeutic research savvy book is that bipolar disorder remains "a source of confusion for many psychiatrists" which often leads to inappropriate treatment. The mixed forms of bipolar disorder are poorly responsive to lithium and are induced or aggravated by the use of antidepressants. So the clinical nuggets here are to look for the diagnostic subtleties, avoid or minimize the use of antidepressants, and focus on atypicals and mood stabilizers. Another tip is to be aware that antidepressants and atypicals can induce dysphoria apart from the mood disorder one is trying to treat.

The cross-sectional definition of schizoaffective disorder (p. 30) is the simultaneous occurrence of a schizophrenic and a mood disorder, independent of the time course. "Longitudinal research demonstrates that the course of schizoaffective disorders can be very unstable because schizoaffective episodes, pure mood episodes, and pure schizophrenic episodes can each occur at different points in the patient's longitudinal course." (p. 31).

Another layer of meaning is the idea of affective temperaments (depressive, hyperthymic, cyclothymic and irritable) formulated by Akiskal, which refers to "subaffective trait expressions that represent the earliest subclinical trait phenotypes of affective disorders, and which persist as the subthreshold interepisodic phase of these disorders" (p. 54). Such temperamental dysregulation might underlie the exquisite sensitivity of these patients to antidepressants, alcohol and stimulants.

The proper identification of a mixed state resolves confusion vs. unipolar agitated depression, delusional depression, schizophrenia, borderline personality disorder and organic mental disorder. Rapid cycling bipolar disorder is a world unto itself. The depressive phase is far more common, onsets more frequently, receives more treatment and if that includes antidepressants may precipitate rapid cycling. Bipolar II is a severe pathology with higher episode frequency, comorbidity, suicidal behaviour and rapid cycling (p.89).

Benazzi's question and answer format in Chapter 6 on the relation of atypical depression to the bipolar spectrum makes for fractured reading but compresses a great deal his of his research into a few pages. I was encouraged by his comment that, "Mood disorder patients in tertiary care centers may not be representative of patients who are usually treated in clinical practice." Agitated depression and psychotic depression respond poorly to antidepressants and very well to Electro Convulsive Therapy, which questions their nosological status as depressive states. Acute and transient psychotic disorder may be a form of bipolar disorder. Fig. 8.10 of the affective continuum on page 202 is worth the price of the book.

The chapter on "Bipolar disorder in children and adolescents" is disappointing in terms of the meagerness of the research compared to that in adults. There is a discussion of this very point. However, many children have rapid cycling and mixed bipolar presentations which make the entire book particularly relevant to the teaching and practice of child psychiatry. The broad phenotype includes continuous mood lability, affective storms, irritability, anger, aggressiveness, periodic agitation, explosiveness, and Attention Deficit Hyperactivity Disorder (ADHD)-like symptoms. Only symptoms specific for Bipolar disorder, including grandiosity, elation, flight of ideas and hypersexuality, distinguish it from ADHD. Severe psychopathology is the norm with high rates of psychosis, suicide attempts and conduct disorder. Irritability is present equally in 90% of BP and MDD patients. Misdiagnosis as ADHD or depression, with antidepressant or stimulant treatment, without concomitant mood-stabilizer treatment, may worsen the course of illness.

Bipolar Disorders is heavy reading but in terms of useful ideas per page it is high value and the cost is only one billable hour. There is a great deal to learn here but the rewards are greater treatment success and personal satisfaction.

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Biology of Personality and Individual Differences

Turhan Canli. The Guilford Press; New York, 2006. 462 pp. CDN $68.00.

This book is the result of a conference held on the campus of Stoney Book University in 2004. Like many multi-authored books arising out of a conference, this one has its strengths and limitations. The book is organized into six sections: An Overview and Historical Perspective, Studies of Extroversion and Related Traits; Age and Sex as Determinants of Individual Differences; Genetic and Neuroanalyses of Anxiety-related Traits; Individual Differences in Children and Personality in Animals. Each section is intended to present current empirical work placed in a larger, scholarly context.

The first section dealing with Jeffrey Gray's contributions to theories of anxiety, personality and psychopathology seems better suited for a college level course. He is known for his proposals of a behavioural inhibition system and his attempt to identify neurobiological substrates by which anxiety is mediated. Section 2 has eight chapters on extroversion and related traits. It includes genetic studies on sensation-seeking, the structure of personality with particular reference to four or five higher order personality traits. Section 3 addresses neurostructures such as the amygdala and the orbital frontal cortex involved in emotional

control and men's and women's brain responses during sexual behaviour.

Section 4 includes four papers on genetic and neural analysis of anxiety-related traits suggesting that there are certain genes predisposing individuals to anxiety and depression. Covariation between anxiety and depression are thought to be influenced by the same genes but are differentiated by unique environmental stressors. The authors premise is that there are genetically-driven differences in the response of brain regions underlying emotional behaviour. Section 5 on individual differences in children includes two interesting findings that have clinical relevance: the reference to a study of over 7,000 twins in which elevated levels of callous, unemotional traits were shown to be under strong genetic influence and the finding that the earlier symptoms of anxiety between the ages of 8 and 13 reflected the same genetic risk as pubertal depression at ages 14 to 17, suggesting a shared liability as expressed across development rather than concurrently.

Section 6 addresses personality in animals. The most interesting chapter in this section discusses cross-species commonalities in personality involving factor analytic studies representing 12 different species. Referring to the Human Five Factor Model plus the characteristics of dominance and activity, the dimensions of extroversion, neuroticism and agreeableness showed generality across the 12 species. Other dimensions identified ranged from sociability in pigs, dogs and rhesus monkeys to a dimension contrasting "bold approach" versus avoidance in octopuses. Factors related to neuroticism appeared almost as frequently, capturing dimensions such as fearfulness, emotional reactivity. Similar characteristics such as affability, affection, and agreeableness were also identified cross-species.

This book is not for everyone. It is a dense book laden with detailed research studies covering a wide range of topics, some of which would be considered esoteric to the practicing clinician. Many of the chapters focus on research studies that would be more relevant to the researcher than clinician. However, anyone who is interested in the evidence for biological factors in personality and personality development would find some of the chapters of interest. It can be used as a reference text, although some of the material is now out of date. It combines studies involving brain systems, genetics, pharmacological manipulations and hormonal and sexual differences in animals as well as human adults and children. Perhaps reflecting the current state of knowledge, chapters dealing with developmental issues and children and adolescents are few in number but do represent some interesting new findings.

As practicing child psychiatrists most of us believe that personality development is shaped by parental child rearing practices and develops in the crucible of the interpersonal relationships within the family. This book offers a sharply different view. This is not to say that parental and family influences are unimportant, only that genetic, biological, neurostructural factors are important and need to be incorporated into the understanding of both normal and abnormal personality development. As is evident from this book there is a great deal that is not known and research in the biology of childhood disorders lags behind that of research in adults. But it is also evident that there is a large body of knowledge that informs our understanding of personality development. Evidence from a myriad of sources such as cross species comparisons and genetic and neurostructural studies make clear; biology is an important determinant of emotional, behavioural and personality development.

This book identifies some of the specific ways in which biology contributes to individual differences in personality and reminds us be alert to biological influences when formulating our diagnosis and treatment recommendations.

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Brief Intervention for School Problems
Murphy & Duncan. The Guilford Press, New York, 2007. 210 pp, US $30.00.

Murphy and Duncan's 2nd edition of Brief Intervention for School Problems is a fresh perspective on client-practitioner relations and intervention-based solutions for school problems experienced by children and youth. The authors take an applied academic look at school issues and intervention and have produced an interesting and pertinent read for

school practitioners, trainees and new professions, as well as researchers in this field. The book is focused on relevant issues in intervention: the importance of client-practitioner alliance, recognition of the client's voice, story and abilities, and continual thorough evaluation of implemented interventions. Topics covered in the book range from assessing individual maladjustment to ways to empower the client. The authors engage the reader in an examination of students' disruptive behaviour, poor academic performance, and internalizing problems like anxiety and depression. They even dedicate an entire chapter to the controversial topic of medicating children.

The authors provide a theoretical framework backed up by empirical research on which to construct interventions as well as practical guidelines and vivid examples. These illustrations bring their intervention guidelines to life. Their organized chapters are well rounded with useful bulleted guidelines and thorough conclusions throughout.

Murphy and Duncan highlight the importance of the alliance between the practitioner and the client. They stress the absolute necessity of agreement on tasks and goals of the intervention and they present research that is evidence to this need: the strength of the alliance predicts dropout rates and outcome of intervention, even at follow-up tests.

Their take on this subject gives due respect and consideration to the client and her or his capability and voice. Acknowledging the beliefs, situations, and events that lead clients to where they are allow the practitioner to better understand and therefore approach an individualized intervention. An implicit assumption of their guidelines is that the client is the vehicle of change. A strong belief in the client's own abilities to overcome and solve problems and eliciting awareness in the client of her or his own abilities can lead to positive outcomes.

Collaboration is integral to the success of the client-practitioner alliance. The authors promote the initiation of this collaborative process at the first meeting and every moment of every meeting thereafter. When each moment is taken advantage of to its fullest value, both client and practitioner can feel that the productivity is high and intervention will inevitably take less time. Brevity of the intervention doesn't come at the cost of intensity and value.

Of utmost importance to the book is the core value: think small to create big change. Recognizing smaller, perhaps seemingly insignificant details in the client's story and using those small strengths, delights, tools of change, or whatever else they may be, to facilitate a larger change in the client's life is an often overlooked but critical strategy for change.

The authors also stress the importance of continued evaluation of the intervention process and outcomes. Without evaluating the success of the intervention, we are more likely to believe we've been successful simply because an intervention is in place. Soliciting client feedback again encourages clients to become full partners in this process.

This book, although focused on addressing school problems, takes into account all facets of the life of the individual having the problem(s). Individual considerations and home life considerations are considered as influences on the individual's life in the classroom, instead of considering the classroom as an isolated environment. Much of the book is devoted to finding solutions based on the many environments and strengths elsewhere in the student's life and sometimes incorporating those into classroom strategies.

Brief intervention for School Problems is a well-organized and thorough look at the intervention, the client and the practitioner. Murphy and Duncan examine practitioner philosophies, theories and models of intervention through the critical lens of evidence-based practice. Their client-based approach is refreshing and necessary in the field today.

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