

# Book Reviews

## **Asparagus Dreams**

**Jessica Peers. London: Jessica Kingsley Publishers; 2003. 218p. US \$17.95**

In recent years a large number of personal accounts of disease, disability and trauma have been published in many languages and many formats - films, paintings, poetry, quilting, dance and music - as well as the more traditional written account. Narrative accounts of psychiatric disorders include early works such as John Perceval's "Perceval's narrative: a patient's account of his psychosis, 1830-1832" and Clifford Beers' "The mind that found itself" (1908). More recently accounts such as novelist William Styron's "Darkness visible" and feminist writer Kate Millet's "The loony-bin trip" have contributed to this genre. Such narratives can give patients and their families, mental health professionals and other service providers a clearer understanding of the pain, suffering and multiple challenges faced by a patient with a psychiatric disorder.

Narratives written by people with Asperger's Disorder are especially interesting. Most are articulate, or even scholarly, yet on close reading they illustrate the sufferer's enormous sensitivity to environmental stimuli, irrational fears, misinterpretation of social situations, restricted pattern of interests, and constant feeling of difference from others. In "Asparagus Dreams" 13 year old Jessica is vaguely aware that she has something called "asparagus syndrome." Friendless, teased at school, alienated from her two sisters, she leads an isolated life, mostly in her room. She is expelled from school after attacking a child who was mercilessly teasing her, and her parents arrange for her to enter a residential school for children with autistic disorders.

When the shock of being separated from her family and familiar environment dissipates she finds that there are some compensations. Because she is one of the most able students, she has more privileges and can hold herself separate from the "non-verbals, twiddlers and bangers." Shortly after her arrival she meets an older youth "the Aspergic Godfather Shaun" who is revered by most residents, and later becomes a member of the "Deadly Quartet" with Shaun, Simon and Peter. Instead of being given a tiny part, as in her local school, she is given the lead role in the school's production of the musical "Alice in Wonderland."

Her description of the drama teacher's struggle to gain the co-operation of his cast of youngsters with autistic disorders is distinctly amusing. It appears to be one of many examples of the well-meaning but inexperienced and poorly trained staff's attempts to normalise the students. Some portrayals of the staff are more negative, for instance laughing at student's difficulties or appearance, or restricting their food while the staffs themselves have special meals, eat voraciously and are mostly overweight.

By the time she leaves the school, Jessica has gained some insight into her difficulties and is determined that she will do nothing inappropriate in the outside world. No longer will she have the familiar routine and structure. She will have to make her own decisions and correct her own mistakes. She knows that she is "affected by the slightest little crack in the flow of my life" and "if something is changed without me knowing, I would go off like a screaming bomb." That she is able to cope with the real world is suggested by her M.A. in English Literature, and position as a voluntary researcher for an Autism Research Unit.

Child psychiatry trainees and child psychiatrists will find that this book helps them understand the difficulties of a patient with Asperger's Disorder, and fleshes out the sterile clinical descriptions of the DSM IV. Parents of youth with this disorder may gain more appreciation of the subtle but extremely incapacitating attributes of their adolescent, a youngster who sometimes seems normal, at others frustrating and inexplicable. Patients, chosen judiciously, may find meaning and hope in Jessica's progress.

**Susan Penfold MD, Vancouver BC**

## **Asperger Syndrome in Adolescence: Living with the Ups, the Downs, and Things in Between**

**Liane Holliday Willey editor. London: Jessica Kingsley Publishers; 2003. 336p. US \$19.95**

Adolescence presents unique challenges to individuals with Asperger's syndrome, many of which will have escaped diagnosis in earlier years, or been misdiagnosed because of prominent attention problems, anxiety or other issues. There are excellent resources available to help parents recognize, understand and work with the key features of this disorder, such as Tony Attwood's Asperger's Syndrome. Individuals with Asperger's have also written creative accounts of the internal experience of living and growing with the disorder, such as Pretending to be Normal by Liane Holliday Willey.

This volume fills a different niche. First, it focuses on the issues that are paramount and unique to adolescence. Clinicians working with parents who have to deal with diagnosis during this period, and understanding why their child who managed previously, is now having so much trouble will benefit from a practical how-to appropriate to this age group. Second, this book brings together such a diverse authorship that the reader cannot help but come away with a sense of the disorder from within, from loving family and from dedicated professionals working to problem solve side by side. Third, the chapters in the book cover areas that I have not seen spoken to with such thoughtfulness anywhere else, although real life demands their attention. This includes Asperger's and sexuality, friendship, safety, school options, siblings, disclosure, motor coordination and coping with the bittersweet news of diagnosis. These are questions I have often been asked. Having a book available that addresses each of these issues by experts in the area from occupational therapists, to private inspector and special education teachers provides a framework and structure for more thoughtful therapeutic interventions.

Professionals who contributed chapters include Tony Attwood who discussed adapting Cognitive Behavior Therapy to Aspergers, Steven Gutstein who has developed Relationship Development Intervention, Isabelle Henault a sexologist, and Richard Howlin a specialist in adolescent psychology. Autobiographical contributions include the forward by a 14 year old, several adults with Asperger's who have written and taught about the disorder, and a mother of seven special needs children among whom four have autism spectrum disorders. Three teachers, a private investigator, and an occupational therapist all add perspectives on assisting with learning, safety and leisure activities. The authorship represents the USA, Canada, Australia, and the UK: in itself a testament to the solidarity of the research community around this disorder and the gains we have made.

The chapters vary, as is always the case in an edited book. I did not expect to agree with everything in every chapter and I did not. I could recommend this book to patients and therapists alike as a useful tool to find strategies that would help, without necessarily recommending it as something that need be swallowed whole. Overall the reading level of the book is high, but not out of reach of educated consumers. Nor is the information provided so simplistic that any good clinician will not pick up new insights and awareness. This is a difficult balance to strike and I was impressed that the task was possible and accomplished.

**Margaret Weiss MD, Vancouver BC**

## **Playful Approaches to Serious Problems**

**Jennifer Freeman, David Epston and Dean Lobovits. New York, NY: W. W. Norton; 1997. 321p. CA \$45.00.**

This book proved to be an interesting read. The stories of the children tackling their various problems offer a refreshing view into the mind of the children involved as well as the thoughts of the family. The solutions to these problems were also a breath of fresh air with a lack of psychobabble and massive terms that made the book an easy enough read for parents to tackle it easily.

The topics ranged from temper problems to eating disorders to cutting and all are written in an informed way. The main focus of the book is using a family's resources to solve a particular problem rather than relying on multiple therapy sessions and medication. This way, the family can bring their solutions home, in turn, more efficiently tackling the particular problem.

By using the narrative therapy approach, the problem is externalized and is a separate entity from the child. Playful, yet descriptive, names are given to the problem such as "The Temper", "The Grumpies", "The Itch", "Sneaky Poo", etcetera which provides a way for children and adults alike to see that the child is not the cause of the problem. By separate problem and child, the therapist encourages the child to find ways to overcome the problem. Ways for the child to tackle the problem may be to "spy" on it, or make a game out of defeating it.

Freeman, Epston, and Lobovits all contribute their own stories of patients to this book. Some of the therapy techniques may seem questionable at times (e.g. Epston's excessive use of letters to patients could be seen as questionable), however, through this playfulness and humor successes are made.

The stories of the children bring a particular charm to the quality of the book. Their own ideas about what is affecting them offer much more insight than one might realize. The book speaks wonderfully through the children and families. This allows the reader to see that problem solving is not a solid process; it is a creative process that demands imagination, originality and of, course, the enthusiastic co-operation of the child.

The success of this narrative therapy, in my opinion, lies in the ability to define a complex problem in simple and creative ways. This, in turn, allows children to see the problem outside themselves and understand how it affects those around them - while keeping the blame factor out. Also, it gives parents and caretakers the information they need, hence they do not get caught up in relative terms that mean nothing to them. This approach seems to provide parents and children with a way to talk about the problem without using disturbing terms like "disease" and "disorder". It is as if the problem itself becomes an accepted member of the family that attends therapy as well. At times, it may seem a little unconventional - however, the key to this type of therapy is to keep the seriousness of the situation out of focus and bring creativity in as the main problem solver. It almost seems to make solving problems fun to the child as well as to their families, no doubt bringing the family as a whole closer together.

For the sake of criticism, some question should be brought to some of these approaches in that not all patients may react the same way as the successes of this book. Also, this book showed no record of failure involving the therapy, which surely there must have been at some point. There is no mention of complications or barriers once therapy has begun and the problem established. There was nothing about relapses or perhaps side effects contained in the book as well. There are, however, words of caution (e.g. using the manifestation of a "monster" to explain a problem), leading one to believe things did not go as smoothly as the account in the book.

Regardless, the book itself was written in a stimulating and enchanting style.

Children of all ages are included in the book as well as different types of parents and caretakers. It explored a wide variety of troubles found in children and families and offered refreshing ways to deal with them in light of many different situations. The way in which the book is presented provides many helpful ways to understand the psyche of the children and the dynamics of children within the family system. The book is recommended as an easy enjoyable introduction to the narrative therapy method with children and families but the lack of information about evaluation, difficulties or cautions about inappropriate use means there is much more to be learned about this topic for the future.

**Riffet B. Malik MBBS, Sydney NS**

## **Attachment Issues In Psychopathology and Intervention**

**Leslie Atkinson and Susan Goldberg editors. Mahwah, NJ: Lawrence Erlbaum Associates; 2004. 289p. US \$45.00**

Leslie Atkinson from the Centre for Addiction and Mental Health and Susan Goldberg from the Hospital for Sick Children have edited a ten chaptered book divided equally into psychopathology and intervention. In their overview chapter, they traced the history of Bowlby and Ainsworth's differing but complimentary traditions of clinical observation and normative mother-child interactions that have formed the two contrasting, complimentary and, at times, polarized models of attachment theory. They reviewed the literature on the clinical implications of attachment, which only dates back to the late 1980s, and reviewed the classical texts of Belsky and Nezworski "Clinical Implications of Attachment", Atkinson and Sukor 1997 "Attachment and Psychopathology" and later works as a prelude to their own volume.

Egland and Carlson, writing on attachment and psychopathology, presented data that "elucidates the continuum of development from infancy to adolescent and the contextual factors that disrupt that continuity". They placed attachment as part of the "network of influences" including genetic, physiological, psychological and environmental that are involved in child development. Similarly Benoit and Colbert in chapter 3 developed a multi-factorial and contextual view of disorders of attachment. The authors argued for probabilistic rather than deterministic outcomes. Lyons-Ruth et al (chap.4) and Hilburn-Cobb (chap.5) placed attachment systems within the matrix of other goal directed behavioural systems. They pointed out "most interactions as being between child and parent even in infancy do not involve the attachment system" and operate parallel to other behavioural control systems such as affiliation, sexuality, care giving, subordination, or submission and dominance. To "render the confound manageable" they postulate the protective function of attachment as the preemptive distress-regulating behavioural system. Thus they argued that by looking at clinical applications of an individual's diathesis under stress, one can better tease apart the underlying role of attachment.

The clinical chapters ranged from general to specific clinical applications and contained additional limited case material. Koback and Aposito described various internal working models of attachment strategies, open communication states of mind and reflective functioning in their chapter on levels of processing in parent/child relationships. By reviewing two decades of research, they conclude that the processing of attachment information happens at multiple levels.

A number of chapters by different authors illustrated the pervasive influence of attachment in both patients and interventions. In Dosier and Bates review of the attachment state of mind and the treatment relationship between client and clinician, they presented research data demonstrating that even these interactions are a reflection of the attachment relationship. Slade described two clinical cases from a psychodynamic

perspective and integrated this with attachment theory. Johnston argued for the creation of secure attachment in “emotionally focused couples therapy” for Post-Traumatic Stress Disorder. They drew on the two definitions of attachment as a tie or proximity bond (Ainsworth) and a protective and distress-regulating system (Barbe) to illustrate how couples work can be “informed” by attachment theory.

Cicchetti Toth and Rogosch illustrated the impact of attachment difficulties as they concluded the book with their investigation of depressed mothers who came from relatively privileged psychosocial backgrounds. The intervention with these mothers was reported to be the first to show modification “in attachment security”. In addition, the authors isolated the relative effects of an attachment informed therapy, differentiating attachment from other etiological factors, on the toddler-parent relationship. This was a most convincing clinical chapter.

This book would have benefited from a bibliography of the main contributors. Whilst well referenced I could find no mention of the important work of David Olds on nurse/family partnership (NFP) program interventions for disadvantaged first time mothers which has been shown to be effective in prevention of physical abuse and neglect through the forming of therapeutic relationship with nurses pre-natally up to the child’s second birthday with long term benefits evident at fifteen years follow-up. The NFP theoretical model is based on self-efficacy, attachment and human ecology theory.

This book was a stimulating read and I recommend it as a useful addition to residents specializing in child psychiatry and other related post-graduate disciplines.

**Lawrence Jerome MD, London ON**

### **Cases of Conduct Disorder and Juvenile Delinquency**

**Benjamin B Lahey, Terrie Moffitt, Avshalom Caspi editors. New York, NY: Guilford Press; 2003. 476p. US \$45.00**

The stated aim of this text is “to make significant progress toward an understanding of the causes of conduct disorder and serious juvenile delinquency.” As stated in the preface “a great deal is known about the correlates of serious conduct problems but we have made much less progress toward understanding their causes.” As an edited text, it brings together contributions from the key researchers in various aspects of the field from across the United States along with chapters by Michael Rutter of the UK and Richard Tremblay of Canada. Each contributor was to advance an explicit disconfirmable causal hypotheses and to provide specific descriptions of the crucial studies needed to disconfirm the hypotheses. After reviewing the research and strengths and weaknesses of the studies, each author concludes with a discussion of the hypotheses and needed future research. While some of the reviews are dull and pedantic, they also help the reader develop a more critical eye.

Rutter’s opening chapter asks, “Why aren’t the causes of anti-social behaviour already well understood?” and proceeds to examine several possible answers including: failure to incorporate the range of different causal questions; and weak concepts and measures of putative mediating mechanisms. He ends with a set of logical suggestions and possible ways forward. A key and central point is that as with other areas in biology and medicine, this multi factorial multi-step causation can be reduced to a limited set of causal mechanisms.

“General and Integrative Causal Models” examined the three well-publicized models of causation of anti-social disorder: the social learning model; the life-course-persistent and adolescence-limited model; and the development propensity model – each with a separate chapter. A fourth chapter discussed a less coherent model of social and community influences on crime, and pathways to criminality. These would likely be the most interesting chapters to clinicians since they both expand on what most clinicians already know and accord very well with clinical observations. The chapter on the life-course-persistent and adolescence-limited model contained a significant reminder to clinicians who are frustrated with conduct and anti-social behavior. The prognosis by and large is good and that is one of the best arguments for the value of continued clinical intervention.

The eight chapters in “Targeted and Causal Models” examine the details of hypothesized factors including: experience during the pre-school period, cognitive factors, genetic, environmental, and biological influences. The section concludes with a chapter on “Animal Models of the Causes of Aggression”.

Biological factors are central in the important chapter on “Prefrontal Deficits and Anti-Social Behaviour”. Prefrontal deficits are reflected largely through executive dysfunction, although abnormalities in other neural pathways may also be contributors. Executive dysfunction leads to anti-social or aggressive behaviour by decreasing behavioural inhibition, and impairing one’s ability to generate socially acceptable responses in challenging situations. The author reviewed evidence from head injury lesions through to neural imaging, in a search for causation mechanisms. For instance, the orbito-frontal cortex is involved in angry affect and dorso-lateral pre-frontal cortex is thought to play a role in maintenance of recidivistic anti-social behavior, which could be regarded as preservative behavior, and in the circuitry of aversive conditioning. Orbito-frontal cortex is also involved in fear conditioning. In this way, prefrontal dysfunction may account for the poor autonomic responses seen in anti-social youth, and would make them less susceptible to socializing punishment. A second developmental model of causation is also via the prefrontal cortex and hypothesizes that for the life-course-persistent anti-social behavior there is an interaction of early health and family environment risk factors (head injury, parental toxins, A.D.H.D., genetically delayed frontal maturation, etc.) that may lead to a disruption of the socialization process and immaturity of the frontal gray and white matter.

Overall, the book is very comprehensive, thoughtful, and systematically presented. It is mainly suitable for researchers and graduate students, but would also be of strong interest to clinicians working with children and adolescence with Conduct Disorder and anti-social behaviour in clinical and court setting, both as a reference resource, and as a guide to the significant primary works in the field.

It is a solid work that I would strongly recommend.

**Llewellyn Joseph MD, Toronto, ON**

## **INS Dictionary of Neuropsychology**

**David Loring, Kimford J. Meador, David W. Lorrington. Toronto, ON: Oxford University Press; 1999. 146 p. CA \$40.00**

This is another quality publication from Oxford Press. There are nine section editors and an impressive list of contributors, all recognized senior leaders in their fields. As might be expected, this compact book provides up-to-date definitions on a wide variety of terminology used both in psychiatry and neuropsychology.

The definitions tend to be concise and at maximum are 75 words. This book is greatly aided by reference to original papers or other reference material. For example, the Woodcock-Johnson Psycho educational Battery is not only described, but the original source book is also referenced. The book also accurately reflects some of the controversies in the field. For example, there is a full discussion of Post-Concussional Syndrome, reference to the DSM-IV criteria and comments on some of the controversies regarding the persistence of symptoms.

I have no hesitation in recommending this book as a desktop reference for psychiatrists, psychologists and trainees at all levels. Several of my legal colleagues have also commented favorably on this book, in understanding the terminology in medical reports, which they review. My secretary has also found it useful for securing accurate spelling of the various terms and tests referenced in my dictations.

At approximately \$40.00, it represents very good value for money.

**Derryck H. Smith, MD, Vancouver BC**

## **Executive Skills in Children and Adolescents: A Practical Guide to Assessment and Intervention**

**Peg Dawson and Richard Guare. New York, NY: Guilford Press; 2004. 125p. US \$25.00 paperback.**

Written by a clinical psychologist currently on staff at the Center for Learning and Attention Disorders in Portsmouth, New Hampshire (Peg Dawson, EdD) and the neuropsychologist who currently serves as director of the same center, this book was written primarily for school psychologists and other educational professionals such as social workers, guidance counselors and special educators whose job it is to work with youngsters whose executive skills may be impaired. However, it is written with such clarity and simplicity of language that any teacher or parent will find it useful in preparing children for the demands of the classroom and tasks of daily living.

This working manual is clearly organized in seven chapters which build on each other, from definitions and descriptions of what is meant by executive skills, found in the first chapter, to a variety of techniques used to assess executive skills, as outlined in the second chapter, to the crucial process for linking the identification of specific skill weaknesses to intervention strategies, laid out in the most important, third chapter.

Chapter 4 provides a more in-depth understanding of a broad range of interventional strategies, including environmental modifications, incentive systems to motivate children to use executive skills they may already possess as well as instructional procedures to teach skills they have not yet acquired. There are plenty of colourful vignettes to illustrate how each strategy may be applied to a real life situation. Chapter 5 provides an overview of an umbrella strategy referred to as "coaching", chapter 6 provides a bird's eye view of classroom-wide interventions and finally, chapter 7 discusses executive skills as they may appear in special populations, such as children with acquired brain injury, ADHD, autism spectrum disorders and sleep disorders, including sleep deprivation.

I expected this book to be dry and somewhat daunting to get through and found, much to my surprise, that I couldn't put it down once I had started it. After a brief overview of brain topography and Barkley's developmental model for the evolution of executive functions, the reader is familiarized with basic concepts such as behavioral inhibition, non-verbal working memory, self-regulation of affect/motivation/arousal, behavioral direction and reconstitution (defined as "analysis and synthesis of behavior"), and it becomes quite clear how essential these skills are to develop independent living and problem-solving abilities. The examples of classroom expectations at different grade levels clearly and helpfully illustrate the skills. The chapter covering standardized measures to assess executive functions reads like a review of the literature but the highlight is a very useful list of "Tips for Doing Classroom Observations".

The third chapter, "Linking Assessment to Intervention" is really the heart of this textbook, with very clear Steps in Executive Skill Intervention Planning and very practical templates for outlining skills which need remediation, details of hour-by-hour intervention and monitoring of progress, as well as identification of who is responsible for what, when.

The last three chapters, while more general in scope, emphasize the importance of close collaboration between parents and school and partnership between teacher and student. In the early stages, the authors point out, "It is the job of parents to act as their children's frontal lobes". That's such a great line, I cannot wait to use it in family therapy. I also love the emphasis on involving students in problem solving in the classroom, as well as systematically trying different study strategies during school time and helping each other out in cooperative learning ventures.

The take home message is that executive skills take time and lots of practice to develop, that it's essential to be specific in stating objectives and not try to teach too many skills at once, but the ultimate goal, i.e. a student who can function completely independently by the end of high school, is well worth the efforts of parents and teachers working together.

Great manual, well worth referring to regularly.

**Arlette Lefebvre MD, Toronto ON**

## **Handbook of Infant Mental Health-2nd Edition**

**Charles H Zeanah Jr. New York: Guilford Press; 2000. 588p. US \$65.00**

The second edition of the Handbook of Infant Mental Health exceeds expectations as a comprehensive collection of writings on issues of importance to mental health work with the very young child. The importance of infant mental health is becoming more widely recognized, but the field is still quite specialized. This volume is exceptional in the sheer weight of relevant and current empirical and theoretical work presented. Many of the most influential individuals in the field of infant development and mental health have come together to provide their knowledge and perspectives in this one book. The volume is divided into six distinct sections: 1) the context of infant mental health; 2) risk and protective factors; 3) assessment; 4) psychopathology; 5) intervention; 6) applications of infant mental health.

Sameroff and Fiese begin the Context section with a discussion around the challenges and inherent strengths of using a transactional model of developmental risk, where the outcomes are the product of a continuous and dynamic interplay between individual, social, economic, educational, and relational factors. The chapters that follow in this section follow the transactional approach in discussions of the impact of relational, experiential and individual factors on pregnancy, neurological development, and early social emotional milestones. This section ends with an important consideration of the cultural context of infant development. One of the strengths of this collection of chapters lies in its ability to clarify our thinking about how vastly different intervention efforts can be similarly clinically effective, and how to determine what type and intensity of intervention may make the most cost-effective and profound change for a particular client population.

The Risk and Protective Factors section focuses on a variety of factors that place young children at biological and psychological risk for later difficulties, including: poverty, adolescent parenthood, maternal mental health disturbances, substance abuse, prematurity, and family violence. In line with the transactional approach, these chapters share a consideration of the interaction between child and parental variables in predicting outcome for these high-risk groups. These chapters provide important, empirically based recommendations for intervention efforts and social policy.

The collection of chapters on Assessment with infants and toddlers encompass clinical interviews, infant-parent relational assessments, developmental assessments, and mental status exams. Across chapters, authors concur about certain central considerations when assessing infants and toddlers: the importance of observation, assessment across multiple time periods and settings, working with the parent as a collaborative partner. Moreover, the authors underscore the interconnections between assessment and intervention in work with parents and young children. In Chapter 12, Seligman highlights the therapeutic effects of the assessment process and describes "case formulation as a therapeutic process." The provision of specific guidelines and assessment techniques in this section (e.g. Crowell procedure, Working Model of the Child Interview, mental status exam) will also be of great use to clinicians. Moreover, the detailed chapter on developmental assessments is an invaluable resource.

The section on Psychopathology includes an impressive collection of chapters on a wide range of disorders that may be diagnosed in infancy and toddlerhood, ranging from most established to the more controversial. Comprehensive reviews of the theory and research pertaining to the following early childhood disturbances are presented: mental retardation, communication problems, Pervasive Developmental Disorders, regulatory disorders, sleep disorders, feeding disorders, attachment disturbances, Post Traumatic Stress Disorder, aggressive behavior disorders, gender identity disorders, and somatic expressions of psychological difficulties. While some of the chapters are more conceptual and general in terms of intervention recommendations, others contain more specific and techniques and strategies that will be received enthusiastically by clinicians working with these often difficult and multidimensional cases.

Clinicians will also be pleased to encounter the Intervention section that comes on the heels of the chapters on psychopathology. First, prevention programs are critically reviewed. Then, early relational interventions with families and infants/toddlers with developmental disabilities are reviewed in a sensitively written chapter by Gilkerson and Stott. The next three chapters each describe different intervention approaches. Interaction guidance is outlined as a behavioural and strength-based approach to shorter-term interventions with difficult-to-engage families, while infant-parent psychotherapy, with more contemporary psychodynamic origins, is presented as another approach. Tiffany Field's chapter is devoted to the research on the benefits of infant massage therapy with infants at high biological risk (preterm, substance-exposed, HIV-exposed) and infants of depressed mothers.

The final section, Applications, points to the applications of our knowledge around infant and toddler mental health to issues such as public policy, childcare, and custody and access decisions. The section concludes with a chapter on training in infant mental health. This chapter seems particularly relevant given, as the authors put it, the new but growing interest in infant mental health across a variety of disciplines but relative dearth of standardized training programs.

As Dr. Zeanah himself writes, "Psychopathology in infancy is a disturbing topic." Perhaps this is one of the reasons why, until recently, mental health in the first three years of life has not garnered the appropriate degree of attention in the general field of child and adolescent psychology and psychiatry. The Handbook of Infant Mental Health is an invaluable resource in its comprehensive attention to various issues around assessment, treatment, research and policy implications with the very young child within his or her social and caregiving context.

**Carey Anne DeOliveira PhD, London ON**



## **Interparental Conflict and Child Development: Theory, Research, and Application**

**John H Grych, Frank D Fincham editors. New York, NY: Cambridge University Press; 2001. 477p. US \$59.95**

This book proposes a scholarly exploration of the links between marital and child problems especially pertaining to children's development. This broad topic was divided into five parts.

The first part sets the stage by raising several fundamental issues for studying the potential effects of interpersonal conflict on child development. This begins with background literature, essential reading for researchers interested in this topic. It provides a different way of understanding psychological constructs because it is presented in a very philosophical manner. For example, marital conflict (also used interchangeably as interparental conflict) is described not only as a stressor, but also from a range of perspectives including: family system theory through to developmental psychopathology. More interestingly, by applying another dimension of resilience and risk perspective, the reader understands the extreme variability in children's development when faced with the interparental conflict. This part also provides answers to questions such as "does the gender of the child matter when faced with marital conflict?" and "are there any ethnic differences that one can expect?"

The most important reading for me was the section examining the significance of research design to the study of the relationship between marital conflict and child adjustment. I would recommend this section alone as highly significant for researchers developing all-inclusive i.e.: child: parent: ecology; models for collection of data.

In contrast, the second part of the book describing basic processes such as the role of emotion, emotional regulation, and physiological responses of children when faced with the interparental conflict, takes readers into unsuspected complexity. Whilst emphasizing the importance of the social cognitive processing capacity of children, the authors also suggest that we should now look at children's physiological reactions as serving a mediating role.

The third part of the book describes the family and peer contexts of interparental conflict. This section covers all the clinical realities that we face with children under our care. It elaborates on the coping strategies that children develop and outlines the role of gender, as well as developmental stages of children coping with overt or covert parental conflict.

The fourth part is full of practical suggestions for prevention and preventive intervention. It also has a useful chapter on social policy that raises some controversial and thought provoking ideas. The author suggests that the positive results of intervention programs for children are linked with cultural changes including the way society views marriage as an institution or a relationship offering to provide fulfillment. This part of the book is a good reading for clinicians undertaking custody, access or mediation work.

The fifth and last part is a small section written by the editors. It provides not only an excellent review of questions unanswered so far but also the methodological directions to analyze interparental conflict and child development. I enjoyed reading this book. A true appreciation may require more time than usual since the book poses thought provoking questions on nearly every page. Sometimes readers will get that "ah hah" experience, and sometimes they will disagree with the authors. With forty contributors, all experts in their fields, the book offers an ongoing intellectual debate. The book's cohesiveness is due to the superb editing linking different theoretical perspectives.

I would recommend this book to all clinicians who work with interparental conflicts in the lives of children under their care. I rate this book as 7.5/10.

**Pratibha Reebye MBBS, Vancouver, BC**

## **Learning Disorders and Disorders of the Self in Children and Adolescents**

**Joseph Palombo. New York, NY: WW Norton & Co; 2001. 332p. US \$32.00**

As stated in the preface, the major thesis of this book is that psychological deficits that children and adolescents with learning disorders have, play a critical role in their development of a "sense of self", as well as in their creation of a "self-narrative". In this book the author argues that the presence of learning disorders and specifically of the neuropsychological deficits at the core of learning disorders create disorders of the self in the process of the child's unsuccessful attempts to cope with some developmental challenges. The author includes the following in learning disorders: attention deficit hyperactivity disorder, dyslexia, non-verbal learning disability, and Asperger's Syndrome, as well as disorders of executive function. All of these are presumed to have characteristic neuropsychological deficits at the core.

The book is arranged in three sections titled, Developmental Considerations, Diagnostic Considerations, and Treatment Considerations, which are preceded by an introductory chapter. In the Introduction, the author summarizes the central three themes of the book, which are then fully elaborated in the body of the book. He points out that neuropsychological deficits in learning disorders have a deleterious impact on the child's development. There are factors that give rise to a disorder of the self when a child has such deficits or weaknesses. The presence of these deficits or weaknesses also requires modifications of the way the treatment process is conceptualized when a child has a learning disorder. He points out the inadequacy of psychoanalytic theory in the area of cognitive development and its failure to incorporate the findings of neuropsychology until the work of Daniel Stern in 1985.

The syndrome-associated neuropsychological deficits leave children and adolescents with learning disorders more susceptible to one or more disorders of the self. This may be as a result of the lack of provision of "complementary functions", "compensatory functions", and "adjunctive functions". Significant space is devoted to the explanation of these concepts with case material.

'Complementary functions', for example, includes experiences within close relationships that affirm one's sense of self and lead to feeling valued. In such "self-object" relationships one is provided with experiences of protection, external regulation and self-affirmation that include a sense of kinship while being separate. Palombo points out that these needs, while important for healthy development in all children, are exaggerated in learning disorders. Compensatory functions include the activities and processes through which the individual draws strengths from other sources and relationships besides the self-objects. 'Adjunctive functions' includes the appropriate use of various technologies and prosthetic devices that extends the individual's cognitive and physical capabilities.

The six chapters of the first section describe disorders of the self that may occur in learning disorders; disorders of the "sense of self"; disorders of self-experience; and disorders of self-cohesion. Two opening chapters discuss learning disorders and two fundamental elements of selfhood, the sense of self and the self-narrative. The next two chapters discuss disorders of the self that occur in learning disorders, which are disorders of self experience and self cohesion; and disorders of the incoherent narratives. I found the distinctions not as clear here, but it would seem that essentially there is a distinction between how the individual experiences him/herself subjectively and how the individual thinks and

talks about him/herself at the lexical level. The fifth chapter discusses the influence of adolescence on this picture. Palombo devotes a great deal of space to providing definitions and clarifying concepts. Diagrams and outlines help to organize the material and to facilitate its comprehension and integration.

Section II comprises five chapters that discuss the five learning disorders, the explanatory paradigms, and the types of self-disorders most characteristically associated with each. Palombo's review of explanatory models of these disorders is helpful. In Section III, the author describes detailed and comprehensive treatment covering: Deciding When to Treat; The Therapeutic Process; Working with Patients; followed by Summary and Conclusions. The chapter on The Therapeutic Process is most instructive. This is where Palombo has most to teach us. He states two goals of therapy: to engage the child in an experience "in which he can relive an old pattern of interaction and create a new pattern in which feelings are deeply engaged and made more meaningful"; "to co-create a narrative with the child", to help her understand her strengths, weaknesses, and her history and "how to use that knowledge in dealing with future situations". His discussion of various aspects of the interaction between the therapist and the patient portray an experienced clinician and theoretician. Therapy is different with these children in that it requires a perspective informed by "the contributions that the context, and the child's competencies make to the child's psychodynamics". Therapy must be supplemented by appropriate school programming, social skills teaching and etcetera for appropriate rehabilitation.

This book is well referenced. The terms and concepts may be elusive without working knowledge of psychoanalytic theory and especially of self-psychology, however, the use of case material helps. In a climate in which behavioural strategies, rating scales, check lists and attention to target symptoms and side effects dominate the treatment interaction with learning disordered children and adolescents this book is very helpful in refocusing on the personhood of the patient, and in ordering the clinician's understanding and his therapeutic interventions.

I highly recommend it.

**Llewellyn W. Joseph MD, Toronto ON**

## **Outcomes in Neurodevelopmental and Genetic Disorders**

***Patricia Howlin and Orlee Udwin editors. New York, NY: Cambridge University Press; 2002. 333p. US \$60.00***

Fifty years ago the average life expectancy of someone with Down syndrome was about 12 years. Nowadays it is at least 45 years. The psychiatry of working with children and adults with intellectual disabilities is still virgin territory and this book attempts, fairly successfully, to describe it for the general child psychiatrist. The book is from the Cambridge Child and Adolescent Psychiatry Series, and covers the natural history and outcome of neurodevelopmental and genetic disorders. All these disorders are evident in early childhood, but very little has been written about their outcome in adulthood and similarly, little has been written about associated behavioral difficulties.

The first three chapters are on attention deficit hyperactivity disorder, developmental language disorder and reading and other specific learning difficulties, which are developmental disorders commonly seen by child psychiatrists. They are typically associated with overall average general intellectual abilities. Chapters four and five are on metabolic disorders and hemiplegic cerebral palsy, disorders with clear-cut organic brain impairment associated with a range of intellectual functioning. Finally the last seven chapters outline neurodevelopmental syndromes associated with intellectual disabilities with new information about genetic causes as well as descriptions of typical behaviours in these children, so called behavioural phenotypes.

Once again, as in the previous chapters, the different presentations at different stages in the life span from infancy till adulthood are outlined. This reader found particularly fascinating the chapter on hemiplegic cerebral palsy by Robert Goodman. This static encephalopathy carries with it significant concurrent behavioural and emotional problems, resulting from the combination and interaction of both organic and psychosocial factors. The chapter on Prader-Willi and Angelman's syndrome by Anthony Holland and colleagues is well worth reading although this information has been fairly widely distributed in the past few years. Both syndromes are associated with a chromosome deletion on a similar part of chromosome 15, yet are phenotypically completely different. The genetic basis for this is discussed and the syndromes are described. Once again particularly with Prader-Willi syndrome significant psychiatric co-morbidity is a serious problem.

This book is written by experts in the field and is highly recommended for all child psychiatrists, not just those working in the field of intellectual disabilities. The usefulness of the book stands out when considering that some of these syndromes may occur in children with average to above average intellectual abilities and may not be recognized by general child psychiatrists, particularly in their milder presentations.

All of the information is research based and well referenced, resulting in a book that is both very readable and highly recommended.

**Robin Friedlander MD, Vancouver BC**

## **Promoting Children's Health: Integrating School, Family, and Community**

**Thomas Power, George DuPaul, Edward Shapiro, and Anne Kazak. New York, NY: Guilford Press; 2003. 262p. US \$35.00**

This is a very useful book that reviews research and theory about the systems that provide health care services. The book is particularly targeted at systems level issues surrounding research and intervention for children's physical health, education, and mental health issues and includes specific topics such as a review of the current trends and challenges for systems-level research and treatment, factors to consider when developing and implementing intervention and prevention strategies across systems, recommendations for structuring professional training programs to facilitate knowledge of systems-level research and treatment, and issues in forming and maintaining partnerships across systems.

The book has a number of strengths. First, the topics covered by the book fill a unique, under-examined area in children's healthcare. Very few previous writings have focused on integrating historically independent systems of care, such as school systems and health systems; the present work fills this void nicely. Second, the material is firmly grounded in empirical research to the extent that this is possible. Third, the authors have structured the book to emphasize practicality and to make it applicable as possible to "real world" questions. This is apparent in the coverage of the book (e.g., including a wide range of topics; selection of topics that are directly relevant to systems of care children) as well as in the organization of the book (e.g., stand alone chapters that are organized around coherent, useful themes; numerous summary tables and paragraphs). This is also apparent by the inclusion of clinical case studies and descriptions of model research programs that are presented throughout the book and which help readers get a sense of a "real life" approach to the topics that are being discussed from both a clinical and research perspective. Fourth, the authors offer a balanced approach to the material. Throughout the book they offer both advantages and disadvantages for each of the topics they raise. For example, in the chapter on intervention topics, they describe a number of possible assessment approaches, and each description is followed by a concise discussion of the advantages and the disadvantages of the method. This approach to presenting the material is likely to be especially helpful to readers making choices that will influence their own programs.

Among the most useful chapters are those that discuss designing intervention programs and those that discuss designing prevention programs. Each of these chapters clearly describes a framework for conceptualizing multi-systemic interventions, suggests possible assessment tools for evaluating the different levels of intervention/prevention, and provides guidelines for integrating the diverse types of data. Anyone developing and implementing an intervention or prevention program will find this a useful primer or review of material that will help his or her efforts to succeed. Another chapter worth highlighting discusses how to promote adherence to treatment. This chapter nicely defines and summarizes how to assess the patient's implementations of the prescribed intervention(s), what factors influence this process, and how treatment and research professionals can optimize adherence to treatment. This is a welcome review given the typical lack of emphasis on this topic by research programs and treatment programs interested in children's health, education, and mental health.

Perhaps the only weakness of the book is that there is a bit of redundancy across chapters. This is likely because of the decision to produce stand-alone chapters, but the result is that certain themes are noticeably repeated. Having said this, I believe the advantages provided by stand-alone chapters outweigh this minor issue. Further, many of the themes that are repeated should be repeated as they are important and therefore worth emphasizing.

Overall, I would recommend this book to professionals in health, mental health, or school settings who are interested in developing and evaluating interventions for youth, especially professionals seeking to develop comprehensive interventions that include multiple agencies as participants. The book is also recommended for professionals who are responsible for training the "next generation" as the book includes a chapter that addresses best practices for training, and because many of the chapters include content that should be communicated to new professionals. Fortunately, the text is easy to read, backed by research, and includes practical advice as well as theoretical discussion. The authors are to be commended for their efforts.

**Dan Waschbusch PhD, Halifax NS**

## **Psychotherapy With Children And Adolescents**

**Helmut Remschmidt, Editor. New York, NY: Cambridge University Press (English Version); 2001. 576p. US \$69.95**

Psychotherapy with Children and Adolescents is an edited book with eleven contributors from Germany and two from the UK, experts in their field. It was originally published in German (1997) then translated and revised with this updated English version in 2001. The title of the book does not reflect the broad breadth of knowledge within.

This volume joins eight others in the Cambridge Child and Adolescent Psychiatry series. The volumes are written in a uniform style and structure focusing on psychopathology and psychotherapy. The book highlights topics in which the growth of knowledge has had the greatest impact on clinical practice for understanding and treating disorders. The series is intended for practitioners and researchers in child and adolescent mental health services and developmental and clinical neuroscience.

The book is a comprehensive psychotherapy textbook discussing principles, methods and applications, and treatment planning. The clinical application is discussed in the context of the various disorders, a comprehensive list in itself from chapter 15 to 31. Two separate chapters are devoted to Research and Quality Assurance in Psychotherapy. This reflects the current practice of evidence-based treatment. The common thread to all the psychotherapy approaches is the concept of a developmentally appropriate approach taking account of the need to be practical in order to be helpful, clarifying the indication for psychotherapy, the choice of the most appropriate treatment setting, the discovery and support of the protective factors and improving the self-healing resources of the child and family.

The merit of the book is in the constant focus on clinical assessment affecting the choice of appropriate therapeutic interventions. The chapter on treatment planning provides a decision pathway for presenting psychopathology both individual and family aspects, and criteria for insight-oriented and behaviour-oriented methods. A similar outline exists on assessing the appropriateness for Interpersonal Psychotherapy (IPT), Cognitive Behaviour Therapy (CBT) and Psychodynamic therapy. Psychodynamic Therapy, Behaviour Therapy, CBT, IPT for Adolescence, Play Therapy for Children and Individual Psychotherapy with Adolescents are all discussed in separate chapters. There is a brief discussion of the theoretical concepts, and then steps in the clinical application of the various therapies that can be handy outlines in day-to-day practice.

The chapter Group Therapy for Adolescents was useful for me since my training was only with children and adults. The group dynamic process was similar to that with adults with the added suggestions on clarification of role behaviour towards adults through improved interaction with the therapist. Following the development of new insights in the patient, a practice phase was recommended to bring about modified behaviour within the group, as in Psychodrama and the different types of role-playing. For delinquent children and adolescents, social competency training and group training have been shown to be effective.

The different schools of Family Therapy were discussed: Strategic, Structural, Psychodynamic, Behavioural, and Experiential and Person



Centred Family Therapy. The author assessed the different schools of thought illustrating their basic, widely accepted assumptions and logic leading to interventions. There was mention of the dyadic nature of systems theory, in a developmental orientation within the family, for the treatment of psychological problems and guidance in pointing out the myths or traps in its practice.

The familiar problem of poor cooperation by the family was outlined. The author presented a working model to address this, giving typical situations and goals of treatment, as well as levels of cooperation and methods of intervention. I found this chapter to be one of the most helpful in the way it emphasized clarity and support while working with families. The chapter on Parent Training gave an example of appraisals by a parent-training group on supervising homework and labelling appropriate and inappropriate assistance for the child. The two chapters were well written, conveying the important lesson that the care of children and adolescents requires care of their families.

The chapters on psychotherapy in various settings namely Inpatient, day-patient and home treatment discussed indications for level of intervention, and a practical outline of treatment plans for each setting. It was interesting to note that a follow-up study done by Remschmidt and Schmidt (1988), (comparing the outcomes of the three treatment settings in which 109 patients with disorders from ten different diagnostic groups randomly assigned to one of the three different treatment modalities, the choice of treatment being dependent on type of disorder), showed that all three settings were equally effective. The outcome differed in the various diagnostic groups. Neurotic and emotional disorders had the best outcome. Conduct disorders and behaviour disorder were the least successful. The prognosis was mostly linked to the disorder, as we see in practice.

The extensive chapters of part three were organized by and covered the practice of psychotherapy for virtually every specific disorder and numerous behaviors (suicide, gambling, sexual, abuse and neglect) within the DSM IV, including work with chronic physical disorders (renal disease, cancer, cardiac etcetera). These chapters provided a quick reference on psychopathology, clinical picture, epidemiology, aetiology, pathogenesis, pharmacological notes and an extensive discussion of the appropriate psychotherapeutic interventions with some case vignettes and detailed end references. About all I missed were further notes on bipolar disorders and tic disorders.

After 20 some years of practice, it was refreshing to have a single book that summarized all the psychotherapeutic tools in a clinical and practical manner for so many conditions encountered in daily practice. While further reading on skill development could be done elsewhere, the clinical judgment on its applications was well covered in this text. I value having leaders in the field review the literature and supporting data for current practice and providing available assessment tools.

This volume is an excellent addition to the Cambridge Child and Adolescent Psychiatry series and will appeal to both students and experienced practitioners.

**Mary Lou M. Dancel MD**, Peterborough ON

**Reference:** Remschmidt, H and Schmidt, M H (ed) (1988) Alternative Behandlungsformen in der Kinder- und Jugendpsychiatrie. Stationäre Behandlung, tagesklinische Behandlung, und home-treatment im Verleich. Stuttgart: Enke.

### **Reducing Child Maltreatment: A Guide Book for Parent Services**

**John R Lutzker and Kathryn M Bigelow. New York, NY: Guilford Press; 2002. 215p. US \$30.00**

Reducing Child Maltreatment is appropriately presented as "a guide book for parent services". Though it appears to be aimed at non-physician mental health professionals in the child welfare field, it offers insights, which are useful for training child and adolescent psychiatrists and other physicians. The authors present an 'ecobehavioral' model for examining child maltreatment from a socio ecological perspective. They emphasize the need to provide services to at-risk families in their own environment, outside of traditional community mental health settings.

The authors present a detailed program for supporting families who are at-risk for causing direct harm to their children or neglecting them. The broad scope of interventions described includes: parent training, self control [anger management] training, activity planning, reciprocity training, alcohol and substance abuse referral, job finding, money management, health and safety training, multiple setting behavioral management and prevention.

The book also includes concrete data gathering instruments and observational tools for achieving the goals of child safety and improved parent functioning. A number of detailed case vignettes are included to illustrate the use of these tools. Some outcome data based on individual cases is also presented to illustrate the effectiveness of the ecobehavioral approach. The level of detail presented makes this book a valuable resource for any mental health practitioner or trainee whose work includes issues of child welfare and child maltreatment. The manual has both philosophical and practical assets. The complexity and multiplicity of issues leading to child maltreatment are presented through the ecobehavioral framework and also through numerous practical tools for evaluating the child in his or her environment.

Together these make the book an invaluable, practical resource to non-physician mental health practitioners, residents and fellows, and indeed, practicing child and adolescent psychiatrists.

**T P M Ulzen MD**, Greenville, NC

**Resilience & Vulnerability: Adaptation in the Context of Childhood Adversities**  
**Suniya S Luthar editor. New York, NY: Cambridge University Press; 2003. 574p. US \$32.00, paperback.**

When one hears what people have gone through and are able to live good productive lives, I am left amazed that they have thrived and wonder how they were able to do it. So I looked forward to reviewing the book *Resilience and Vulnerability*, edited by Suniya Luther, to see what light might be shed on my conundrum.

Much of my work is dealing with the aftermath of significant maltreatment when resilience has failed, leaving individuals vulnerable, not reaching their potential and with their development compromised. How to break the intergenerational transmission of pathology (maladaptation) is an individual challenge, and to help children already showing signs and symptoms of maladaptation to take a different healthier path and inform public practice so that policies are instituted that can aid children to reach their potential is a social challenge. We see so much that is tragic and ill advised. One wonders whether there is anything a mental health practitioner can do to prevent such tragedies? Hence, this book is timely, reviewing what is known on the subject to guide which path to transverse and which to ignore or pass by.

Resilience is not a trait, but a process. Cicchetti, in the introduction, defines it "as a dynamic developmental process reflecting evidence of positive adaptation despite significant life adversity."

The contributors were asked to address four themes or questions: a) To provide operational definitions of their chosen area of focus and the methods they used to investigate; b) To make clear what they see as the significant vulnerability and protective mechanisms; c) To articulate the limits of adaptation; d) To speak to the implications of their findings for intervention and policy development.

The book is divided into three parts following the preface or introduction. The first section of 8 chapters looks at familial adversities, parental psychopathology and familial processes. In the second section of 9 chapters the eco-systemic and socio-demographic risk factors are considered. The book concludes with three chapters that synthesize and comment on the field—what is known and what still needs to be researched and considered.

Risk factors co-exist with other risk factors and appear to be cumulative so that it is the multiplicity of disadvantages that appears to be toxic. Intelligence, problem-solving abilities, easy temperament, parental attachment/bonding and external interests and affiliation all act together to ameliorate adversity. Supportive personal relationships appear to be particularly important in protecting or supporting positive developmental processes. The more resources—warmth, clarity and involvement of primary care takers and the meanings attributed to events and community support—all interact supportively, the more there is positive development.

All the studies come back to the importance of sensitive and emotionally responsive and attuned primary caretakers with continuity of relationships. Unfortunately, those who need support the most seem to get less and communities don't bond together synergistically to provide it. Other forces seem, unfortunately, to be operant, which interfere with the provision of what is known for optimal development. The issue of effective intervention is complex. There is no magic bullet. Yet the studies suggest that community development and organization approaches do work. Unfortunately, these ways of working are often not available and public policy does not appear willing to support that which is known.

I wish there had been more in the book about the biological parameters which may reflect the newness of the work and its complexity. Genetics are important, but genes don't operate in just one way. Nature and nurture interact, but how to sort out the primary influence is still unclear. In the synthesis, it is suggested that to sort out the many strands of resiliency, researchers need to give clear definitions and explicate their methodologies. Standardized research design is important so that studies can be replicated to sort out the wheat from the chaff. There is need for a universal nomenclature so that all are considering the same definitions and phenomenology.

It is a rich book that brings together work from a variety of sources. It's clear that the final work is not yet in but there is enough light to set a direction and inform practice and policy. It's not a book to read cover to cover but I found the forward by Cicchetti and the last three chapters particularly valuable. I'm glad I had the opportunity to review this book and know it will inform my practice, particularly the consultation that I provide via interactive television to rural areas.

**Elsa Broder MD, Toronto, ON**

**The Adolescent in Family Therapy: Breaking the Cycle of Conflict and Control**  
**Joseph A Micucci. New York, NY: Guilford Press; 1998. 336 p. US \$35.00**

Although the emphasis in this book is on therapy with families in which there is at least one adolescent, it is really a wide-ranging account of the author's approach to family therapy.

After an introductory chapter, Micucci outlines his treatment approach in a chapter entitled 'The Process of Change'. While he draws from several schools of family therapy, he appears primarily to be a structural therapist and a disciple, though not a slavish one, of Salvador Minuchin. This is not surprising since for nine years he was on the staff of the Philadelphia Child Guidance Clinic. Micucci's emphasis is on dealing with the 'symptomatic cycle' – the continuing process whereby by the circular transactions in the family perpetuate, and often magnify, the symptoms in the 'identified patient'. His 'central thesis' is that 'symptoms in families evolve in a context of personal isolation, characterized by conditional acceptance and efforts to control one another' (page 17).

Chapter 3 outlines adolescent development, including various ways in which this may go awry. There is nothing particularly new here, but it provides a context for the remaining chapters. These cover, respectively, eating disorders; depression and suicide; violence, delinquency, and other problem behaviours; psychosis; underachievement and other school-related problems; problems of 'leaving home'; and 'multiproblem families'.

In each chapter the authors offer us a theoretical perspective and practical suggestions for working with the various problems, together with, in most chapters, a case example. There is much clinical wisdom here. I found the chapter on 'multiproblem families' to be one of the most interesting. It describes an approach to helping families that live in extreme poverty and face serious social disadvantage; it may serve as an antidote to the despair therapists sometimes feel when faced with such families. I learned much from the author's empathic, sensitive and dedicated approach to the treatment of Rosa, a poor immigrant from Puerto Rico who's English was limited, and her family. Micucci refers to the classic book *Families of the Slums* (Minuchin et al., 1967), which no doubt inspired him in his approach to this family.

There is an Epilogue, which isn't about family therapy in the strict sense of the term, though of course any intervention in the family – even one involving just a single member – has its impact on the family system. It outlines the author's 15 sessions with a teenage boy who refused to come to sessions with his family, was 'against therapy', and insisted he didn't want to change. Engaging him in any sort of helpful relationship was clearly a huge challenge, but Micucci rose to it, and Steve attended regularly for 3 months. This is a wonderful illustration of how it can be possible to engage even the most reluctant of teenagers in therapeutic relationships.

This book is not a comprehensive text on family therapy, or even on therapy with the families of adolescents. But it is a useful contribution to the family therapy literature. For six years, the author was Director of the Adolescent Unit at the Philadelphia Child Guidance Center and he is no doubt sharing with us, in this book, much of what he learned from the families treated there. Anyone who works with the families of adolescents is likely to learn something of value from this book. It is clearly written and easy to read.

**Philip Barker MBBS, Calgary AB**

**Reference:** Minuchin, S, Montalvo, B, Guerney, BG, Rosman, BL & Schumer, BG (1967). *Families of the Slums*. New York: Basic Books.

**The Curious Incident of the Dog in the Night-Time**  
**Mark Haddon. Mississauga, ON: Doubleday; 2002. 226p. CA \$17.97**

This short novel tells of a seemingly unlikely murder, and the truths that emerge as the main character's investigation into the circumstances surrounding the murder proceeds. At first glance this appears to be an unusual book to be reviewed in a psychiatric journal. Certainly it tells a riveting story, and is great fun to read, exploring aspects of the dynamics of a family torn apart. Yet beyond these superficial features the story bears little relationship to the usual murder mystery. For a start, the murder victim is not human, but a dog, and the story itself unfolds, and is told, as seen through the eyes of a fifteen year old child, Christopher. Nor is it the fact that this is an adolescent's view of family dynamics, which leads to a professional interest, but the character of Christopher himself, who, within a few pages, is clearly not your everyday teenager.

Christopher is obviously very intelligent, and has a superbly logical brain that excels at mathematics, yet everyday interactions hold little, or confusing, meaning for him, and although he knows all the countries of the world and their capitals, he has little understanding of human emotions. He loves animals, but cannot stand to be touched by other people. In short Christopher is autistic, and therein lays the charm and the fascination of this tale. The most common and everyday challenges, which we all meet without even thinking, are overwhelming for Christopher, and yet the most gut wrenching emotions are described by this character who has little understanding of these feelings as experienced by himself or others.

Mark Haddon is a writer and illustrator of award winning children's books, living in England where this novel is based. As a younger man he worked with autistic people, and, from a professional point of view, seems to have gleaned an extraordinary degree of insight into the patterns of thinking that typify pervasive developmental disorders. I certainly found the character of Christopher to be entirely believable in light of my experience with autists.

So what would an autist make of the story? I gave the book to a high functioning autistic teenager. My observation was that it was read with interest, and on more than one occasion, despite the fact that it is a story about people, rather than the usual literary choice of science fiction or a manual. Apparently Christopher's thought processes and approach to life were entirely believable apart from the fact that on one page, – "there is an error. I do not know about all autistic people but I do know about myself and I would say that an autistic person would not say that they do not care about details, as I am very good at details. It is approximation that is difficult." This being the only criticism, following my request for a formal review, I would take it that Christopher's character is equally believable to an autist.

Anyone working with people, especially teens and preteens, with pervasive developmental disorders, and enjoying it, will also enjoy this book, as it is so familiarly and delightfully autistic. Those who have little experience with autists will learn a lot. I would highly recommend this to all professionals and parents who have an interest in this area. This story provides a wealth of information in an informative and yet informal fashion. Most of all – it is a good read!

**Pippa Moss MBBS, Tatamagouche, NS**

**Treating Personality Disorders in Children and Adolescents: A Relational Approach**  
**Efrain Bleiberg. New York, NY: Guilford Press; 2001. 348p. US \$38.00**

The author of this thought-provoking and evocative book is a well-established and respected child and adolescent psychiatrist and psychoanalyst. Efrain Bleiberg was born in Monterrey, Mexico and is a graduate of the School of Medicine of the University of Nuevo Leon, the School of Psychology of the University of Monterrey and the Psychiatry and Child Psychiatry programmes of the Karl Menninger School of Psychiatry and Mental Health Sciences. He also completed training in adult and child psychoanalysis at the Topeka Institute for Psychoanalysis. This unique background informs and colours the wealth of clinical cases that are offered and dissected throughout the text.

Bleiberg begins his Preface by stating simply "This book represents an effort to make sense of the plight of children and adolescents who are in the process of structuring a severe personality disorder." He continues later by setting out the task before him. "While they are often strikingly arrogant, defiant, manipulative, they also convey a touching determination to survive and connect with others. Yet they excel at defeating the efforts to help them break the grip that anxiety, anger, and vulnerability have fastened on their loneliness."

The book explores panoply of theories from basic science, psychology and neurobiology. It begins by evoking the classic 1975 paper 'Ghosts in the Nursery' by Fraiberg, Adelson and Shapiro and paints an eloquent picture of the infant origins and antecedents that affect attachment and reflective function. The infant text is complicated but rewarding. Daniel Stern's work on the infant's subjective experience is a key element. Also cited is Peter Fonagy and his colleagues work on parents with high reflective capacity before the birth of their child which demonstrated that they were 3 to 4 times more likely to have a securely attached infant than were parents with a low reflective capacity.

The text follows a developmental approach to severe personality disorders interweaving current genetic and neuroimaging research but in a holistic psychological framework. The area of behavioral genetics is discussed with mention of the role of the D2 dopamine receptor gene, which may interact with early environmental stressors. As well there is a discussion of recent research on the D2A1 allele and its relationship to a person's maladaptive response to stress.

Pharmacological management strategies include a number of drug algorithms for such clinical cluster issues as affective dysregulation, bipolar disorder, intermittent explosive disorder and depression. Another cluster group identified were the patients with impulsivity, behavioral dyscontrol and ADHD.

However, it is the honest, self-effacing clinical discussions of the author's therapeutic relationship and counter-transference issues with these patients that are at the heart of this life work's book. These are the type of patients that constantly challenge the child and adolescent psychiatrist's hubris and temper. They bring the psychiatrist into many 'hearts of darkness', but, as explained in the section 'Yogi, Commissar and Alchemist', they also encapsulate the interaction between genetic predisposition, neurobiological vulnerability and environmental factors. Finally, the clinical challenge of these children and adolescents may be daunting, but as this book shows the rewards and insights are life lasting.

**Kieran D O'Malley MB, Calgary AB**

## CONFERENCE WATCH 2005

### WORLD PSYCHIATRIC ASSOCIATION (WPA) THEMATIC CONFERENCE:

Quality and Outcome Research in Psychiatry

**June 17-20, 2005, Valencia, Spain**

Registration and Conference Details can be found at: [www.wpanet.org/home.html](http://www.wpanet.org/home.html)

### CANADIAN PSYCHIATRIC ASSOCIATION 55<sup>TH</sup> ANNUAL CONFERENCE

"Building Networks, Crafting Excellence"

**November 3-6, 2005, Vancouver, British Columbia**

Registration and Conference Details can be found at: [www.cpa-apc.org](http://www.cpa-apc.org)

### AACAP/CACAP JOINT ANNUAL MEETING

**October 18-23, 2005, Toronto, Ontario**

Registration and Conference Details can be found at: [www.aacap.org/meeting/annual/2005](http://www.aacap.org/meeting/annual/2005)

The Editorial staff wish to invite its members and readers to forward listings for upcoming conferences and meetings to be advertised in the Canadian Child & Adolescent Psychiatry Review "Conference Watch". Please submit listings to:

VICKI SIMMONS, *Editorial Assistant*  
4731 Carloss Place, Victoria, BC V8Y 1C9  
[vsimmons@shaw.ca](mailto:vsimmons@shaw.ca)

## CALL FOR NOMINATIONS 2005

### Annual Awards from the Canadian Academy of Child and Adolescent Psychiatry

Nominate deserving colleagues for one the following awards:

**The Paul D. Steinhauer Advocacy Award:** This award is dedicated to a member of the Academy who has been an exceptional advocate for children, adolescents and their families at the regional, national, and international levels.

**The Naomi Rae-Grant Award:** This award is dedicated to the memory of Dr. Naomi Rae-Grant and is presented to a member of the Academy who has done creative, innovative work on an aspect of community intervention, consultation, or prevention (community psychiatry).

**The Excellence in Education Award:** This award is dedicated to a psychiatric educator, member of the Academy, who has made a significant contribution in undergraduate, postgraduate, continuing professional education or public education in child and adolescent mental health.

**The Certificate of Special Recognition:** This certificate is designed to recognize a person or organization that has made outstanding contributions and provided important leadership in the field of children's mental health.

Four other awards will be presented at the Annual Meeting of the Academy, two for best posters and two best oral presentations.

Deadline for nomination is June 30, 2005.

For more information, please contact:

Luc Morin, M.D.  
Chair, Awards Committee  
(514) 761-6131, extension 2049  
luc.morin@douglas.mcgill.ca

Complete criteria and procedure available at: [www.canacad.org](http://www.canacad.org)

## APPEL DE CANDIDATURES 2005

### Prix annuels de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent

Proposez le nom d'un collègue comme récipiendaire de l'un des prix suivants:

**Le Prix Paul D. Steinhauer:** Dédié à la mémoire du Docteur Paul Steinhauer, ce prix souligne l'apport exceptionnel d'un membre à la promotion de la pédopsychiatrie aux niveaux régional, national et international.

**Le Prix Naomi Rae-Grant:** Dédié à la mémoire du Docteur Naomi Rae-Grant et décerné à un membre de l'Académie, ce prix souligne l'aspect créatif et innovateur de l'intervention, de la consultation ou de la prévention en pédopsychiatrie communautaire.

**Le Prix d'excellence en éducation:** Ce prix souligne la contribution remarquable d'un membre de l'Académie engagé dans l'enseignement et la formation aux niveaux premier cycle et post-doctoral, dans la formation permanente ou dans l'éducation du public en matière de santé mentale de l'enfant et de l'adolescent.

**Le Certificat de mérite exceptionnel:** Ce certificat est accordé à une personne ou à un organisme qui a fourni une contribution exceptionnelle et a fait preuve de leadership dans le domaine de la santé mentale des enfants et des adolescents.

Deux prix sont également remis pour les meilleures affiches et deux autres pour les meilleures présentations orales lors du Congrès annuel de l'Académie.

Cette année, les prix seront remis lors du congrès conjoint de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent et de l'*American Academy of Child and Adolescent Psychiatry* qui aura lieu à Toronto du 18 au 22 octobre 2005.

Date limite de dépôt des candidatures: le 30 juin 2005

Pour de plus amples renseignements, veuillez communiquer avec:

Luc Morin, MD  
Président, Comité de reconnaissance  
(514) 761-6131, poste 2049  
luc.morin@douglas.mcgill.ca

Critères et marche à suivre: [www.canacad.org](http://www.canacad.org)

*All awards will be presented this year at the joint CACAP-AACAP meeting to be held in Toronto from October 18-22, 2005.*



## **Full Time Academic Child and Adolescent Psychiatrist Day Treatment Program**



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

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

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

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

MARGARET STEELE, MD, FRCP(C)  
Chair, Division of Child Psychiatry  
University of Western Ontario, Physician Lead  
Child and Adolescent Mental Health Care Program  
London Health Sciences Centre  
346 South Street  
Room 102D  
London, Ontario, Canada N6A 4G5

## **Childhood Onset Schizophrenia Study Child Psychiatry Branch**

*National Institute of Mental Health, National Institutes of Health,  
Department of Health and Human Services  
Bethesda, Maryland USA*

The Child Psychiatry Branch is interested in seeing children who are responders as well as non-responders to current treatments. Children and their families are brought to the National Institutes of Health, Clinical Center at our expense for an intensive research diagnostic evaluation and, when appropriate, clinical trials. Criteria: boys and girls 6-18 years old with onset of psychotic symptoms before the age of 13, with an IQ above 70 (pre-psychotic) and family involvement. Families of children with schizophrenia who are interested in participating in research are encouraged to fill out the NIMH Childhood Onset Schizophrenia Survey at <http://chpwebsurvey.nimh.nih.gov>. Any questions you can call Ms. Lenane at 1-888-254-3823.

A child's stage of development must be taken into account when considering a diagnosis of mental illness. Behaviors that are normal at one age may not be at another. Rarely, a healthy young child may report strange experiences - such as hearing voices - that would be considered abnormal at a later age. Clinicians look for a more persistent pattern of such behaviors. Parents may have reason for concern if a child of 7 years or older often hears voices saying derogatory things about him or her, or voices conversing with one another, talks to himself for herself, stares at scary things - snakes, spiders, shadows - that are not really there, and shows no interest in friendships. Such behaviors could be signs of schizophrenia, a chronic and disabling form of mental illness. Schizophrenia is very rare in children, affecting only about 1 in 30,000, compared to 1 in 100 in adults. Children with schizophrenia experience difficulty in managing everyday life. They share with their adult counterparts' psychotic symptoms (hallucinations, delusions), social withdrawal, flattened emotions, increased risk of suicide and loss of social and personal care skills.

Additional information can be obtained at the following NIMH websites:

<http://www.nimh.nih.gov/publicat/schizkids.cfm>

<http://intramural.nimh.nih.gov/chp/cos/index.html>

Source: NIMH.

