

Book Reviews

Why Can't I Pay Attention?

Shawn, David. *Advanced Healthcare Strategies Inc: Point-Claire, QC, Canada, 1999. 23 pp. Provided as a public service, Novartis Pharmaceuticals.*

Asperger's Huh? A Child's Perspective

Schnurr, Rosina. *Anisor Publishing: Gloucester ON, Canada, 1999. 50 pp. CA \$20.00 (paperback).*

David's Secret Soccer Goals

Levine, Caroline. *Jessica Kingsley Press: London, UK, 2004. 40 pp. US \$9.95 (paperback).*

Adam's Alternative Sports Day: An Asperger Story

Welton, Jude. *Jessica Kingsley Press: London, UK, 2005. 111pp. US \$14.95 (paperback).*

Sensory Smarts: A Book For Kids With ADHD Or Autism Spectrum Disorders Struggling With Sensory Integration Problems

Chara, Kathleen; Chara, Paul Jr.; Chara, Christian. *Jessica Kingsley Publishers: London, UK, 2004. 80 pp. US \$12.95 (paperback).*

Allergy Busters: A Story For Children With Autism Or Related Spectrum Disorders Struggling With Allergies

Chara, Kathleen; Chara, Paul Jr.; Chara, Christian. *Jessica Kingsley Publishers: London, UK, 2004. 60 pp. US \$11.95 (paperback).*

Self-help books and books about every disorder or problem in the Diagnostic and Statistical Manual are now a mainline category on the bookshelves of Canada's bookstores, are found in hospital libraries for families and are used by clinicians in various forms of public and private practice. Some of us probably have our favorites in various categories, and others we may wish to be aware of because our patient's families may be using them.

These six books are intended for children, or for their parents to review with them, and cover problem areas generally noted in the titles (David's Secret is nocturnal enuresis).

Books for children should be expected to accomplish some specific goals: written at an appropriate literacy level, convey relevant information and have inherent interest.

Literacy levels vary greatly among children of the same age, between children at six versus those at 12 and, given the problems written about, have additional variation related to the severity of the problem and the presence or absence of various cognitive difficulties. We have used some of these books in our day treatment service and have the others available, when appropriate.

In order to maintain interest, all books are written from the perspective of the child, which tends to provide a description of one version of the problem which, as we know, can be multifaceted. The authors attempt to broaden this in various ways with the books, some more successfully than others. This needs to be kept in mind for any clinician and parent in using one of these books.

"Why I Can't Pay Attention?" was written by a pediatrician at the Hospital for Sick Children in Toronto with support credits to Dr. Paul Steinhauer, Dr. Mary Seeman and Dr. Stanley Freeman. Dr. Shawn could never find quite the right book for the children he saw and solved the problem by writing his own. This is a very readable book even for children by grade 3 and easily understood by those who are younger. It has a number of virtues: at 22 pages, it is brief, there is a multi-cultural element apparent in names and illustrations, it gives the full range of presentations of attentional disorders and co-morbidities, and it presents a multi-modal treatment outline. All this is still kept in the simple language and context of a family such that both children and parents benefit from it. Special mention needs to be made about the numerous excellent colour illustrations that allowed the words on a page to come to life in ways easily identifiable by children. The story line is written from the point of view of the child and started with early child development and the typical problems in school, then shifted to diagnosis and management. The use of a summer camp allowed the author to present the full variety of children and give strong messages about strengths, acceptance and the importance of the universally sat-

isfying discovery that the person can be understood and is not alone. The ten main points for parents were well summarized at the back of the book. As a public service document the price is right and our staff has used it with children and families with good success.

“Asperger’s Huh?” was written by a clinical psychologist with over 20 years experience with children. Its readability for children would be about grade 4 and up. With 50 pages and illustrations taking up 12 pages, even with large print and only a paragraph on some pages, there is a large amount of information. The story line read as a short voyage of self-discovery as the main character uncovered the mystery of difference between himself and other children. The description of these differences was always done by concrete examples and with matter-of-fact acceptance. As the differences became clearer, the author wove in four skills to help the child cope: Flexible (try to change), Adaptable (if you can’t change, try to change what is around you), Appropriate (the right thing at the right time) and Trust someone (mother, father or teacher). Because such children frequently find themselves in difficulties with other children for reasons they have difficulty understanding and with consequences that are not always desirable, the author includes examples, and by doing so conveys both empathy for the child and a message that it is possible to pick oneself up and keep going. The message and the need to find strengths to compensate for some of the difficulties in social situations are positively portrayed throughout. Our staff has found that this book has been helpful with selected children with pervasive developmental disorders in a day treatment setting.

“David’s Secret Soccer Goals” about nocturnal enuresis was written by an American teacher and children’s author with an interest in health issues. As a forty-page, eight-chapter book it is intended for the early grades and children who may read it on their own. There are no illustrations but the size of the book and large print still make it a quick read. David was invited to a soccer camp for a week but with enuresis, this would not be possible. Would he get there? The question provided a plotline

quite different in tone to those written by clinicians to illustrate characteristics of a specific problem. The story line was more elaborate; the dialogue played a larger role and ancillary characters - the bratty sibling - illustrated real life challenges. Inside the story line, the main information for the child was about options for treatment: check-mark-chart, wet alarm, medications and the washing machine (for self clean-up of wet sheets). David began his race against the calendar and had to change tactics as he got closer and his plan was not working. The plotline tactic may work for a child with enuresis who has enough real life reasons to persist. One eight-year-old said as much by stopping half-way through and deciding it would be more important for children with the problem to read it than for him. Whereas the teach-and-illustrate books tried to be inclusive and may have some difficulty maintaining attention, the plotline method seemed to overcome that challenge and could be a distinct advantage for some children.

“Adam’s Alternative Sports Day: An Asperger Story” was written by a mother of a child with Asperger’s Syndrome (AS) who was trained as a child psychologist specializing in autism and who has made a living as a freelance writer. This combination of training, skills and personal history gave the book a realistic quality that could appeal to children. The use of a plotline in the form of a contest (arranged by a teacher sympathetic to the knowledge that children with AS had difficulties with the social and athletic requirements of the usual sport’s days at school), a competition in which a child with AS had a chance. A bit of suspense at the end of each chapter and the use of two alternate endings meant this book had the best ‘interest’ quality of the six. The features of AS are woven into the storyline, the dialogue and the narrator’s comments. As a result, the child with AS may or may not recognize the commonalities, and may miss them if they are not pointed out by a sympathetic resource person, such as the parent. On the other hand, the child is more likely to read the book through for the story. This book illustrated the compromise a children’s author has to consider, how to maintain interest and provide information. The strength of the book is the story and the

supportive way AS was treated throughout. AS was simply accepted and, although difficult for the child, was not the main point of the story. It is not the sort of book to introduce a child to AS; but for the child with AS and some awareness already, it would provide a story and plot that they could identify with, somewhat similar to *The Curious Incident of the Dog in the Night* serves for older children and adults. One last point to note is that the book assumes some familiarity with the Mind Reading CD developed out of the work of Professor Simon Baron-Cohen at Cambridge. It is an excellent resource on its own and deserves a totally separate review.

“Sensory Smarts: A Book For Kids With ADHD Or Autism Spectrum Disorders Struggling With Sensory Integration Problems” was written by two parents with one of their four children. It is not a topic well incorporated into a psychiatric curriculum but not uncommonly noted by occupational therapists (OT) and physical therapists. As a result, the symptoms of ADHD and autism spectrum disorders (ASD) are apparent in the descriptions of the central storyteller’s (Christian) development but not the point of the book. Sensory integration is described as a variety of problems in this domain and a scale to provide some assessment of the significance of this problem for parents reviewing the book and using it with their children. The descriptions of the difficult and frustrating behaviors of the young child and the sometimes dismissive responses of some assessors (“He will grow out of it...he’s just a boy...Einstein had problems too...he’s so disobedient”) will be familiar to most child psychiatrists who have worked with missed diagnoses of ADHD or a PDD a few years later.

The descriptions of the experiences of different sensory problems from the child’s point of view and some of the methods that have helped the child are clear, concrete and useful, and will be appreciated by any parent (perhaps most clinicians too) when it is clear that sensory challenges are a significant concern for the child. Indeed, the appendices in the book contain a number of resources that most parents will find helpful; a decent introduction and structure to use for behavioral modification, practical tips, coping strategies, book resources

and web sites, including Canadian sites.

As much as I could see and appreciate the usefulness of this book regarding the specific sensory integration topic and was aware of the support the authors gave to a full range of management options (including medication), I was left a little uneasy that some parents may read into the book that sensory integration is a diagnosis misunderstood by professionals who mistake it for ADHD and ASD. Further, it can be treated successfully with the strategies in the book, without medication. This leaves me a little apprehensive about parents finding this as their first resource. However, in a situation with parents and children working well within a team attending to the full range of difficulties, and the OT determines that some sensory integration techniques would be helpful, this would be a useful support to both child and family.

Allergy Busters: A Story For Children With Autism Or Related Spectrum Disorders Struggling With Allergies, is written by two parents and one of their children as the central storyteller. The descriptions of early development and experiences of the child and family leave no doubt that the child had a difficult beginning. Further, the descriptions of the testing procedure with ‘dozens of tiny needle shots,’ eventual diagnosis and the treatment desensitization process with daily medication also introduce the child and family into the reality of living with allergies. As might be expected, the child tries to ignore the allergies and eat the forbidden fruit, only to have a return of symptoms. It is the latter that helped this child turn to work with the parents to find a way to live with allergies and continue treatment. The story then leads into the second half of the book, a collection of key coping strategies, a well-developed reward and behavioral modification system, ample reading material and web sites (primarily in the UK). Since this child had allergies to gluten, a collection of gluten free recipes for common child party food (pizza, cake, cookies etc.) is also included.

Since children with ADHD have a higher incidence of allergies, it is not uncommon to find children for whom this may be relevant. On the other hand, the subject matter is best addressed by allergy specialists, and as useful as the book may be, I would hand it to them for

a final comment and decision about using it with families and children with allergies.

Wade Junek MD FRCPC, Halifax, Nova Scotia

Raising a Moody Child: How to Cope with Depression and Bipolar Disorder

Fristad, Mary A. and Goldbert Arnold, Jill S. Guildford Press: New York, NY 2004. 260 pp. CA \$15.85 (paperback).

Drs. Mary Fristad and Jill Arnold have written an excellent book with extremely practical information and strategies for parents of children and youth that struggle with mood problems. The book directly addresses the blame and stigma that these parents feel, yet empowers them at the same time with their message that although "It's not your fault, but it is your challenge."

Drs. Fristad and Arnold are both experienced clinical psychologists who are known leaders in the field. Their research includes studies in the effectiveness of psychoeducation as an intervention in mood disorders, which gives them great credibility in writing this book.

Raising a Moody Child is divided into four parts: 1) Understanding Your Child's Problems, 2) Treatment, 3) Helping Your Child Cope, and 4) Helping Your Family Live with a Mood Disorder.

Part I describes the various mood disorders such as depressive disorders (dysthymic disorder, major depression), bipolar disorder (including type I, II, cyclothymia and bipolar NOS). They describe the process of getting an assessment and the various types of health professionals that might be involved. It might have been nice to see regulatory and sensory processing disorders mentioned (though not mentioned in the DSM-IV yet, these are valid diagnoses under the Diagnostic Classification for Aged 0:3), but nonetheless the authors manage to do a very comprehensive overview of the other comorbid/differential psychiatric conditions.

Part II describes principles behind various treatments, as well as specific treatments including medications and psychotherapy. The medication section is excellent, and the authors present a balanced view of the risks and benefits of medications, without causing unnecessary fear about medications. There is no mention of the SSRI controversy, which presumably came after the book was published,

yet the content remains valid nonetheless.

Part III describes very helpful and practical strategies on how parents can help their child cope at home, school and in general. I found these consistent with parenting programs such as the Incredible Years Program, and Ross Greene's Collaborative Problem-Solving Approach. A partial list of their strategies includes: 1) Shrug off self-blame and taken action; 2) Be realistic (in setting appropriate expectations, e.g. decreasing them temporarily when the child is truly unable to meet them); 3) Be flexible (with your child); 4) Choose your battles; 5) Solving problems (i.e. figuring out the underlying message/goal of a behaviour, in order to more effectively help the child); 6) Be good communicators with standard; 7) Name the enemy (i.e. externalizing the problem as being separate from the child). There is a nice section on Crisis Management that discusses how to 1) ensure safety in the face of out-of-control behaviour such as violence, and 2) manage specific challenging symptoms of mania and depression (including suicidal ideation).

Part IV discusses the effects of a child's mood disorder on siblings and other family members, and practical strategies to deal with these effects.

The only part that I found lacking in the book is that it would have been nice to include more Canadian specific content, during the sections where there are references to the (mental) health care system. Nonetheless, this lack is understandable, given the authors' American backgrounds.

In summary, *Raising a Moody Child* is an excellent, practical guide for parents faced with the challenges of parenting a moody child, and I would recommend it for every parent of a child with mood problems. Though written for parents, mental health professionals including trainees will find it helpful too in providing a comprehensive template with which to give psychoeducation to families. The book is free of significant production errors.

Michael Cheng, MD FRCPC, Ottawa, Ontario

Carefair: Rethinking the Responsibilities and Rights of Citizenship

Kershaw, Paul. UBC Press: Vancouver, BC,

2005. 228 pp. CA \$29.95 (paperback).

This book addresses an important dimension of life in post-World War II western society which still has women largely responsible for essential care giving and domestic activities without adequate recompense. If the reader can navigate the first five chapters which review the political and social science literature on the definition of citizenship, the meaning of carefair becomes clear.

A central point of the book is that the traditional view of citizenship emphasizes political and civil components which are better defined and more valued than the social dimension of citizenship. In this regard, the work of Marshall and Rawls and the divergence from long standing patriarchal definitions of citizenship from Aristotle, through de Tocqueville, Burke and others formed the core of the book.

In the chapter entitled "The Celebrated Idiot: The Obligated Citizen," the four schools of thought and their characterization of the concept of social obligation in the context of citizenship were thoroughly discussed. The schools of thought discussed were neo-liberalism, the third way, communitarianism and social conservatism. All of these are rooted in gendered assumptions and masculinity. They do not adequately evaluate, consider or address the inevitable domesticity of everyday life in private spaces which inevitably form a large part of every citizen's reality but is largely under-recognized.

Feminist literature on the question of family life and citizenship is reviewed in detail. At this point, the author makes the central point that this literature opens the door to the discussion of how best to address the inequities in western society, which lead to the predicament of women. They are either unemployed, underemployed or when they are full participants of the labor force they still assume the bulk of the care giving roles without any reward.

The best chapter of the book in my opinion is the self-titled "Carefair" because it succinctly defines how care giving duties disproportionately imposes a barrier to women's full participation as citizens. This is largely achieved because men continue to have a free ride. The particular obstacles faced by minority, poor and immigrant women are also thoroughly discussed.

In this chapter, the place of child care, work week length, parental leave and unemployment insurance and pension policies in different OECD nations are analyzed in detail. This comparative analysis between countries elaborates on the conflicts, options and obstacles inherent in defining care giving roles in society. The author proposes a carefair policy as a counterpoint to the well known emergence of work fair "policies" in the recent decades. It aims at gender equality in care giving roles without compromising the financial security of individuals and families.

For any systems-oriented child psychiatrist, the final chapter of carefair fully embraces quality childcare in the earliest years as the surest protection against the force of poverty in society and the early guarantee of a healthy, intelligent and highly skilled workforce for tomorrow's world. This is a thoughtful book which explains the world as we know it but challenges us to strongly examine our current assumptions about the place of care giving activities in social policy.

Thaddeus P. Ulzen MD, Tuscaloosa, Alabama

Running With Walker: A Memoir

Gateshead, Roger Hughes. Athenaeum Press: Tyne and Wear, Great Britain. 236 pp. CA \$27.95.

Walker had autism. This book chronicles Walker's family's life in Chicago, Illinois from Walker's birth to age 16 years. The book describes his parents realization that something was wrong with Walker, and their trials and tribulations in finding the clinical services he needed at each stage in his life. It details his educational experience from day care, through home schooling, and entry into specialized education. It vividly describes the daily situations the family faced raising Walker. Walker's brother, Davy, was always present in the story. His personal struggles having an elder brother with serious problems are also described.

On one level there was Walker's story which was interesting and heartwarming in spite of all the difficulties. I would have liked to meet Walker. Walker's father is an English professor who wrote a very easy-to-read book.

The other level in the book was far more

difficult reading. Walker's father provides a very articulate description of the compromises that they made in their own lives to keep their son at home. It is little wonder that so many parents of children with serious disabilities divorce. The emotional reactions of Walker's parents and his brother are vividly described. Davy was lucky to have parents who made time

for him. It was a good reminder that all the children in a family with a disabled child need special attention. I found the book fascinating to read yet disturbing in its portrayal of the insensitivity of the professionals to the legitimate questions Walker's parents asked.

GT Swart MD, London, Ontario