

BOOK REVIEWS

Erratum

There was an error in the Book Review section of the February, 2009 issue. Danielle Quigley was the first author of the published book review of *Brief Intervention for School Problems* (Murphy & Duncan, 2007). A revised version is included in this issue.

The editorial staff apologize for this error and thank John LeBlanc for bringing it to our attention.

Brief Intervention for School Problems

Murphy & Duncan. The Guilford Press, New York, 2007. 210 pp, US \$30.00.

Murphy and Duncan's 2nd edition of *Brief Intervention for School Problems* is a fresh perspective on client-practitioner relations and intervention-based solutions for school problems experienced by children and youth. Although directed towards practitioners such as social workers and psychologists, the lessons from dealing with school problems generalize to any emotional or behavioural problem, since the majority of such problems centre around relationships and dealing with challenges. There are therefore useful and pertinent messages for child psychiatrists, regardless of their involvement with school problems per se. Perhaps the most important message for all who counsel such children is that shaping an intervention by using and enhancing client protective factors, both internal assets and external supports, is likely to be more effective than a focus on an intervention that is based on a particular diagnoses. In other words, one must work to identify and promote resilience factors for that individual child and to not reflexively fall back on a strict application of a particular intervention that may not fit that child.

The book is focused on relevant issues in intervention: the importance of client-practitioner alliance, recognition of the client's voice, story and abilities, and continual thorough evaluation of implemented interventions. Topics covered in the book range from assessing indi-

vidual maladjustment to ways to empower the client. The authors engage the reader in an examination of students' disruptive behaviour, poor academic performance, and internalizing problems like anxiety and depression.

The authors provide an evidence-based empirical framework on which to construct interventions as well as practical guidelines. Narrative examples bring their intervention guidelines to life. Their organized chapters are well rounded with useful bulleted guidelines and thorough conclusions throughout.

Murphy and Duncan highlight the importance of the alliance between the practitioner and the client. They stress the absolute necessity of agreement on tasks and goals of the intervention and they present research that is evidence to this need: the strength of the alliance predicts dropout rates and outcome of an intervention far more than the type of intervention.

Their take on this subject gives due respect and consideration to the client and her or his capability and voice. Acknowledging the beliefs, situations, and events that lead clients to where they are allow the practitioner to better understand and therefore approach an individualized intervention. An implicit assumption of their guidelines is that the client is the vehicle of change. The practitioner who believes in the client's own abilities to overcome and solve problems will elicit awareness in the client and help her or him use her/his abilities to achieve positive outcomes.

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

The authors emphasize a key element to successful intervention: "think small to create big change". Recognizing the smaller, perhaps seemingly insignificant details in the client's narrative and using those small strengths, delights, or tools of change to facilitate a larger change in the client's life is an often overlooked, and is a critical strategy for change.

A particular strength of the book is providing a justification and means for continuous evaluation of the intervention process (especially the therapeutic alliance) and outcomes. The appendices provide feasible and reliable tools in the form of visual-analogue scales that practitioners can use to assess change. This will counter the demonstrated tendency of practitioners to overestimate their skills and client outcomes, because they have achieved a certain comfort level in applying familiar interventions.

This book, although focused on addressing school problems, takes into account all domains of the life of the affected child. Individual nuances and home life environments are considered influential on the individual's life in the classroom, rather than the more typical consideration that the classroom is an isolated environment. Much of the book is devoted to finding solutions based on the many positive relationships and environments, and strengths elsewhere in the student's life and sometimes incorporating those into classroom strategies.

There is one chapter, titled "Medication, Children and schools", that attempts to address the complex topics of psychiatric diagnoses and the role of psychotropic medications. The authors cite a handful of reviews that cast serious doubt on the reliability and validity of clinician-rated psychiatric disorders, as well as reviews that downplay evidence for any biological basis. This chapter will be disappointing for readers that have a more nuanced view of the challenges of psychiatric diagnoses and the risks and benefits for psychotropic medications and recognize that these topics cannot be dealt with fairly in a few pages. Fortunately, those readers can ignore this chapter without fear of losing the key directions and focus of the book.

With the exception of the tangential chapter reviewed in the previous paragraph, "Brief intervention for School Problems" is a well-organized and succinct look at the intervention, the client and the practitioner. Murphy and Duncan examine practitioner philosophies, theories and models of intervention through the critical lens of evidence-based practice. The book is accessible to busy front-line workers and provides practical suggestions and tools.

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Getting the Best for Your Child with Autism: An Experts Guide to Treatment

Bryna Siegel, PhD. The Guildford Press: New York, 2008. 267 pp. CA \$16.95.

Bryna Siegel is the Director of the Autism Clinic and Co-Director of the Autism and Neurodevelopment Research Center at the University of California. Her educational background is diverse, including clinical and developmental psychology, early childhood education, and collaboration with psychiatrists. She also has extensive clinical experience. As such, she is well placed to pull together scientific information within the context of the social and emotional situation in which families with an autistic child find themselves.

Although the introduction suggests, "This is a book for parents who already know a thing or two about autism," the level of background knowledge required is not extensive. The language used strikes a good balance between the needs of parents with different levels of education. It is informative and scientifically accurate, yet sensitive to the emotional turmoil that parents may face. The book claims it will help parents to target the treatments that best meet their child's needs, evaluate their child's strengths and weaknesses, form an effective relationship with teachers and therapists, and know their legal rights. So how well are these areas addressed?

After a brief introduction, paragraphs are grouped into four sections; the titles of which orient the reader to the part that they need. Chapter headings are also helpful, for example, 'Setting a Course: Navigating the Diagnostic Process to Emerge with a Plan'. The flow of chapters mirrors the sequence of questions that parents may ask as they go through the process of diagnosis and treatment planning. One refreshing aspect of this book is that it does summarize all the main approaches, in contrast to those that encourage a specific course as if diagnosis is the only aspect of a child that is relevant. Children with autism are as diverse as typical children, and it is reassuring to see that this not only acknowledged, but incorporated throughout the text.

The first section is aimed at parents who are questioning or unsure about their child's diagnosis. Dr. Siegel's summary of the diagnos-

tic process is extensive and inclusive, starting with a comprehensive exploration of screening, and then explaining how and why formal diagnoses are made. Much of the terminology that parents will hear during the assessment period is explained. Although information is tailored to individual health care plans, most of the discussion is equally relevant to our publicly funded system. Parents are gently guided to advocate for their child and ensure that diagnosis is made via evidence based approaches and best practice models, while acknowledging that they may not have every test or professional available to them. She provides a summary of the information which parents will want to have gathered by the end of the process, and why this is helpful. She also addresses the question of when enough assessment has been done, encouraging parents not to use it as a way of avoiding acceptance of diagnosis.

The second section emphasizes the importance of parents' involvement. They are encouraged to maintain a normal household routine, as far as possible, to care for themselves and other children and to take simple and practical everyday steps that benefit all family members. She emphasizes that, "A child with autism is a child first, autistic second; he needs a life and home as well as treatment." Parents are guided to determine not only how much, and what type of treatment is needed, but when enough is provided. The third area of the book examines formal treatment, examining the roles of various professionals. Unfortunately child psychiatrists are not seen as having an extensive role – there are too few of them available. Core treatment approaches are all covered. Ways in which treatment options affect different aspects of a child's challenges and strengths are examined, allowing parents to choose the approach, or combination of approaches, that best meet their needs. Finally the legal rights of a child with autism are explained. This is not directly applicable to Canadians, but advice about the collaborative process with schools and other agencies is well thought through and could also be useful to parents of children with any challenge.

So, this book lives up to its claims. I will recommend it to parents of children with PDD. It would also be a useful text for General Practitioners who wish to better understand the

diagnosis and treatment of their autistic patients or for Child Psychiatrists who do not have extensive experience in this field.

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Help Him Make You Smile: The Development of Intersubjectivity in the Atypical Child

Eagle, R. S. Rowman and Littlefield Publishers, Inc. 2007. 319 pp. US \$34.95.

This book is not a textbook, a handbook, a model, or a testimonial. The reader requires some familiarity with the theories of Mahler and Piaget, and some understanding of at least Pervasive Developmental Disorders. Dr. Eagle begins with a brief discussion of "intersubjectivity" and "the atypical child". Then, comprising about half the book, she presents a diary of her observations of the first four years of her son Benjamin. In some diary entries the author relates to theory at the time of the observations. In her professional opinion, her son did not have autism, but he had several characteristics found in children diagnosed with autism, and she outlines these. He was presented as developmentally delayed, with a cleft lip, some kidney problem, and some possible neuromuscular problem. Therefore Benjamin was not presented as an example of a clear diagnostic category; rather, ambiguity was introduced early and became the strength of the book. However, when one sees "intersubjectivity" in a title, one may have thought "autism" and then be disappointed that Benjamin's diagnosis was not more straightforward.

We learn in the dedication that Benjamin had two older sisters; however, through most of the "diary" they were barely evident. I would have preferred an "introduction to the family" preface, and more information throughout the diary about the siblings' and the father's interactions with Benjamin. One gets the impression that when he was almost three years old, his sisters suddenly popped into his life. I suspect that the siblings' interactions with Benjamin were different from their mother's, and contributed to his progress.

The next section: "Theory and Practice", is in two parts. The first few chapters discuss the concepts of self, intersubjectivity, and "theory

of mind". The literature concerning these subjects is briefly reviewed. The author explores how or whether the theories and models could apply to an atypical child, since most had been developed to apply to a typical child. The next few chapters, the "Practice", place the various intervention techniques within their theoretical and historical context. This is a realistic overview, examination, and comparison of "what's out there". Familiarity with the works of Lovaas, Greenspan, and others is assumed. Benjamin's story — what he did, what was tried with him and what worked — enriched examination of these models. It didn't "sell" a particular intervention. The last section, "Years Later", presents the adult Benjamin. Given how much progress had been made, I was disappointed that the author didn't provide information on what occurred between ages 4 and 12; but as she said, this would be another book. The quotes from Benjamin are fantastic examples of concrete thinking.

This book is about applying theory to the child you'd meet in your office: the child who is not a textbook case, not only of typicality but also of atypicality. Developmentally delayed children are more likely to have additional problems than are typical children, but often research papers, textbooks, and guides, seem to address a population that has only Autism or only Pervasive Developmental Disorder. The medical problems that Benjamin had, in addition to his delay, also directly contributed to his speech difficulties, food choices, and possibly, his passivity. It was never entirely clear what precisely Benjamin's diagnoses were — also a more realistic situation. More questions were asked than answered.

To quote the back page, Dr. Eagle has "45 years of experience in assessment, therapy, teaching, and research, with a focus on cognitive and emotional development in individuals with developmental disabilities, including autistic spectrum disorders, mental retardation, and cerebral palsy". She brought to this book a rare perspective. She is a very experienced professional. She also is a parent of a child with problems of intersubjectivity. Her description of her struggles, despite being an experienced parent and expert in precisely this field, with parenting a child who "makes you float away in your thoughts when you're with him, just float away

and withdraw", can be helpful and supportive to parents who are trying to articulate what they recognize as a difference in their child, and to do the best for their child. She was open about her feelings: there's little sugar coating and defensiveness. However, there was not much emphasis on interventions by health professionals other than physicians. This is probably due to the services available and the theoretical perspective of the author when Benjamin was a baby.

This book will appeal mainly to child psychiatrists, child psychologists, and developmental pediatricians because it assumes some background knowledge in these fields. Parents of children with developmental delays, who have no training in the above fields, may find the quick overview of therapies in part 2 enlightening, and might enjoy the third section where we read quotes from Benjamin when he's older.

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Psychotherapy with Adolescent Girls and Young Women

Perl, E. The Guilford Press: New York, 2008. 188 pp. \$30.00.

This book discussed a number of case vignettes from the author's own psychodynamic psychotherapy practice to illustrate treatment techniques. The author started with a discussion of the mother-daughter bond. Dr. Perl then used this as a basis to discuss resistance to treatment. Chapter 2 discussed the use of resistance as a means to development. Chapter 3 discussed the role of the parents' resistance in therapy. Chapter 4 shifted the focus to embracing resistance as a way to let go of dysfunctional attachments. Chapter 5 explored anger in the therapeutic relationship. Chapter 6 looked at the question of regression in therapy and whether it might be of therapeutic value or might be feeding destructive impulses. Chapter 7 discussed moving from idealization of relationships to establishing mature adult relationships with genuine intimacy. Chapter 8 discussed the use of repetition as a way to move from healthy patterns developed in therapy to healthy patterns in daily life. Chapter 9 discussed the termination of the therapy.

Only 3 of the 23 patients were identified as under 20 years old, 3 appeared to be between 20 – 25 years, 8 appeared to be 26-30 years, 5 were over 30, and 4 had unspecified ages but were identified as adults. I thought that the title was misleading. I would either delete the word adolescent from the title or change the title to Psychotherapy with Young Women to Resolve Adolescent issues. The developmental tasks of adolescence include defining one's identity; achieving separation and coming to terms with one's family of origin; developing intimate relationships; and achieving mastery over one's impulses, bodily functions, and capacities. All of the patient examples were of people trying to complete these developmental tasks even though they were usually well beyond the chronological age of adolescence.

"Attachment is a tie that one person forms with another person, binding them mutually together, enduring over time... Attachment implies affect, predominately affection and love exchanged between the two parties" (Wiener, Jerry M. & Dulcan, Mina K. editors. Textbook of Child and Adolescent Psychiatry, 3rd ed. 2007 American Psychiatric Press, Washington, DC, page 29). A therapeutic alliance is a relationship between two unequal people, the therapist, who is in a position of authority, and the patient. The patient may attach to the therapist and gain emotional support but the therapist gets his/her emotional needs met in other relationships (personal communication Dr. Marilyn Thorpe). The author repeatedly discussed her need to attach to her patients rather than to form a therapeutic alliance with her patients. The author's use of the term "attach" rather than establish a therapeutic alliance made it a very difficult book to read.

In the course of psychodynamic psychotherapy the patient automatically repeats patterns from past relationships. The therapist's role is to recognize and interpret these dysfunctional relational patterns in order to assist the patient to create new and healthier relational patterns. The therapist teaches the patient to recognize and interpret the dysfunctional patterns themselves. When the patient can do this on a regular basis, they no longer need the therapist.

From the case examples, I think Dr. Perl actually worked with patients who have unre-

solved issues related to the developmental stage of "separation – individuation". All of the patients needed to learn to balance getting along with others while still getting their own needs met. They needed to learn that one could have strong emotional attachments while also having an independent self.

The discussion of the mother-daughter bond in Chapter 1 is useful. Beyond that I found the book very difficult to read. Because my practice is not a psychodynamic psychotherapy practice, I asked a colleague (Dr. Marilyn Thorpe) who is a local expert in this form of psychotherapy with adolescents to also read the book. Her reaction to the book was similar to mine. This book might be of interest to people doing psychodynamic psychotherapy but it is not a book that is likely to be useful to a general psychiatrist.

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My Father Before Me: How Fathers and Sons Influence Each Other Throughout Their Lives
Diamond, M. J. W.W. Norton & Co: New York, 2007. 239 pp. CA \$31.00.

The objective of the book is to answer the following questions: How do fathers and sons feel about each other, and how does becoming a father change a man? The author is a clinical psychologist and psychoanalyst living in Los Angeles. This book is equally addressed to mental health professionals and to the general public. The style is easy, friendly, personal, and without psychodynamic concepts that could be unfamiliar to lay readers.

In addition to his clinical practice, the author draws quotes and examples widely from spiritual writings, personal social and family anecdotes, general adult and children literature, scientific writings, popular American songs and movies, Greek mythology, proverbs and even commercial logos (namely the famous *Just do it* of Nike). You quickly understand that this is a "feel good" book that expands on classical analytic knowledge and conventional wisdom.

At each stage of the child's life, fathers should be engaged, connected with their own feelings and inner conflicts, and acknowledge

their son's otherness. This is achieved through mutual identification, mirror reciprocity and gradual disillusionment and de-idealization. In this process, fathers grow to be better men and husbands, and resolve residual issues as sons to their own fathers.

Fatherhood is a far neglected developmental process for men, and the author has the merit to stress this reciprocity in development in the interaction between fathers and sons. The subject of father-son relation is here being explored at each stage of the life cycle from the very beginning when 'fatherhood (is) on the horizon' (p.13) to the very end when the roles are being reversed and the loss of one's father is being comprehended.

The chapters on infancy and adolescence are particularly informative. The author brings together and synthesizes a number of concepts — some old, like Lacan's 'father principle'; and some new, like 'paternal instinct' and the neurobiology of fatherhood, 'parenting alliance', 'the good enough father', 'father hunger' and 'the third individuation' which occurs during early adulthood.

The author has an admittedly traditional view of both the psychology at work and the societal perception of things. The subject is not being explored in the context of single parents, divorce, or cultural and ethnic differences. As he doesn't see children, the author also doesn't address the question of fathering in relation to children's early and over sexualisation, drug use and overall premature emancipation. Most fathers seem to rough-and-tumble play in lieu of physical contact, actively participate in their son's sports and guarantee the development of their masculinity. However, "new fathers have the opportunity to realize that masculinity is not so much about remaining strong and solitary, but rather more about connecting with others while allowing them to exist separately and thrive" (p. 58). Later in the text he writes insightfully: "those fathers who are able to embrace their gay sons often find that they achieve a more nuanced and profound understanding of what it really means to be a man" (p. 114).

Nowhere do we have an indication that the author works with children, and in a topic concerning parent-child relation this is an important limitation of the book. Essentially, he talks

about the child and not *for* the child. While you cannot blame him for not being a child psychologist or child psychoanalyst, you can blame him for seemingly being unaware of the missing part. The most striking example is the complete absence of the attachment theory (to the point that *attachment* doesn't exist in the index) in a book devoted to a parent-child bond. Similarly, there is a neglect of the importance of the *generation boundary* that defines childhood in relation to the caring other while inter-generational continuity is being stressed. Childhood is not seen as something essential to children that should be protected by parents from its premature loss in the face of present society. Children are perceived as all identical recipients of good or deficient fathering with consequences that last a lifetime and that become transmitted to the next generation. This attitude in relation to mothers has opened the door to a half-century of mother blaming. An approach that accounts for the complex issue of parental ambivalence and its clinical manifestations may have avoided the temptation to see things as right or wrong (Samy, M., 1995). The truth is that children need authentic parents more than perfect ones that will always do and say the right thing. As a side point, maybe the attachment theory draws its significance just from that: i.e. what matters at the end is the honest, good, loving reliable presence of the care taker, over and above the albeit rich and fascinating discovery, understanding and resolution of the inner workings of the mind. In parents, this process in therapy may take years that a child at risk may not afford (Novick, K., and Novick, J., 2005).

As children become adults, fathers become preoccupied by the *true* legacy they want to leave behind them: A sort of a spiritual heritage which forces fathers to yet another measure of their sense of generativity or 'grand-generativity' (p.183). "At the end of his life, he comes to truly appreciate that he is, in essence, what survives him" (p. 182). The father will have then succeeded in breaking the repetition compulsion and attaining "genetic immortality" (p. 182). At the end of reading this book, the reader will want to be a wiser, more loving father, and a therapist more in tuned to the importance of what John Munder in 1979 called the "forgotten parent" in the psychotherapy of his patients

(quoted in page 6). The author succeeds very well in reaching this objective.

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Novick, K. K. & Novick, J. (2005). *Working with Parents Makes Therapy Work*. Jason Aronson, Rowman & Littlefield Publishers, Inc., p. 196.

Samy, M. H. (1995). *Parental Unresolved Ambivalence and Adolescent Suicide: A Psychoanalytic Perspective in the The Impact of Suicide*, Mishara, B. (Ed.) Springer, B. M., pp.40-51.

Non-Accidental Head Injury in Young Children: Medical, Legal and Social Responses

Cobley, C. & Sanders, T. Jessica Kingsley Publishers: London and Philadelphia, 2006. 192 pp. CA \$39.95.

In the introduction, the authors pointed the reason for using the term 'non-accidental head injury' (NAHI) instead of 'shaken baby syndrome' (SBS): SBS implies shaking as the cause of NAHI, and this gave rise to controversy over the cause of the injuries in cases of alleged SBS. NAHI infers no specific mechanism for the injuries. The authors introduce their research, which was meant to investigate the quantity and quality of evidence recorded when a subdural hemorrhage (SDH) was detected, and to evaluate the importance of evidence gathering in the decision making for the victims and their families. The book includes an analysis of the authors' research evidence and a critique of the current medical, legal and social response to NAHI in young children.

In chapter one, the authors give a historical overview of the recognition of child abuse and the development of laws protecting children. Social and political developments in the nineteenth century lead to the formation of the National Society for the Prevention of Cruelty to Children in 1882, the Prevention of Cruelty Act in 1889, the Punishment of Incest Act and the Children Act in 1908. Despite these developments, many children were returned to their abusers, in the guise of keeping the families together. The authors report on the cases of a few children who died at the hands of their abusers, ultimately resulting in the Children Act in 1989, which considers the child's welfare as first and paramount. Another case of child death in 2000 led to the

overhaul of children's services.

In chapter two, the authors describe the historical elaboration of SBS along with a medical description of the mechanism of injury, and the controversy which arose around the use of medical evidence in courts. The opponents of SBS spoke of doctors supporting SBS based on their emotions; others argued that the symptoms of SBS could arise due to natural causes.

In chapter three, the authors pointed out that physicians and emergency departments fail to identify children at risk and children who are being abused, and that children less than two years old are more subject to under-reporting. The authors then described the clinical signs with which abused young children can present: fractures, notably spiral fractures, bruising of certain parts of the body (face, abdomen, buttocks, ears). The authors described social risk factors of abuse: marital conflict, parental previous placement in care, previous history of abuse, psychiatric illness, material deprivation, alcohol and substance abuse, crime and violence within the household, unskilled job placement, post-natal depression. In the authors' research, a significant number of children presenting with signs of abuse were not referred to social agencies; their parents tended to be professionals and affluent. Children under the age of six months are at greater risk of being shaken. The chapter ends with the authors' recommendations regarding assessment of cases suspected of child abuse.

Chapter four was concerned with proving NAHI. The authors made the distinction between child protection systems and the justice system — the level of evidence required for child protection is less than that required by the justice system. In the justice system, guilt must be proved beyond reasonable doubt. In child protection, a child is taken in care even when one does not know which parent abused the child; the silent parent is thought to be neglectful for not protecting the child.

Chapter five gave an overview of the role of expert witnesses in legal proceedings, as well as recent controversies regarding providing expert evidence by clinicians. This was followed by a discussion of how medical evidence is used, giving a context of evidence-based medicine, and noting the difference between experiential and scientific knowledge. The chapter

closed with a discussion of the changing nature of medical expertise due to medical controversies and increasing public scrutiny.

Chapter six examined cases in which the Court of Appeal overturned convictions of murder. The reasons for the reversal in convictions were discussed. Then the authors looked at the challenges they believe expert witnesses of the future challenges will have to face.

I thoroughly enjoyed this book. I recom-

mend it to any professional who works with children. Despite the fact that the book covered events and legal aspects of NAHI in England, the issues described can apply to any country. I was left wondering about the evolution of the laws concerned with child protection in Canada, and their application in Canadian courts.

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