

Book Reviews

Straight Talk About Psychiatric Medications for Kids

Timothy E. Wilens. Guilford Press: New York, 2004, 286 pp. CA \$21.25.

Dr. Wilen's experience of 15 years with the Pediatric Psychopharmacology Clinic and Research Program at Massachusetts General Hospital informs this interesting and useful book. Although it is directed to parents, it will help experienced practitioners to review their own attitudes and strategies when advising parents about the possible use of medication for their children. It will help residents and newly graduated child psychiatrists understand the intricacies and obstacles that can impede a seemingly straightforward and evidence-based recommendation for medication.

Parents seeking an assessment of their child's emotional or behavioural problems are likely to be struggling with many myths and misconceptions. They have fears related to the still current stigma surrounding psychiatric problems, have likely been accused of poor parenting, have probably been told "he'll grow out of it," and may have already amassed a wealth of advice from friends, relatives, media and the internet. They may be adamantly opposed to the use of medication under any circumstances or desperately seeking medication as a quick fix.

"Straight talk" comprises three sections. The initial section encompasses basic information about psychotropic medications and their uses, the psychopharmacological evaluation, the diagnosis and treatment plan, and the essential collaboration between parents and practitioner. In addition, a question and answer format is used to address parents' most frequently asked questions. The second section addresses common childhood psychiatric disorders, and the third describes the various classes of psychotropic medication. The approach is balanced, biopsychosocial, avoids parent blaming, and in the author's own words (page 3) is "by no means an advertisement for psychiatric medications." The book is written in plain language with definitions of all the medical and psychiatric terms used. Much practical advice is included. For instance: how

to help your youngster accept an evaluation, and parents' responsibility for keeping medications safe.

If you recommend this book to Canadian parents, you will need to point out its drawbacks. They can ignore helpful hints for surviving the U.S. medical system, such as tips about insurance and co-payments. Some of the information is not up-to-date. In particular, information about SSRIs is contradictory, probably hurriedly added as the book went to press. I tend to recommend the first section to parents wanting to gain some basic understanding of the rationale for prescribing medication to children, the process of assessment and treatment, and their constructive collaboration with the prescribing doctor. Sections two and three will also be helpful in most cases, but may need further discussion and updating.

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Mood Disorders in People with Mental Retardation

Peter Sturmey (Editor). The NADD Press: New York, 2005, 315pp. CA \$69.95.

This book is an excellent comprehensive review regarding mood disorders in people with mental retardation. It is divided into three sections addressing diagnostic criteria, assessment and treatment of these disorders and each chapter has an extensive list of references.

The first part addresses definitions, diagnostic criteria as well as risk factors in people with mental retardation. Chapter 1 focuses on diagnostic criteria and Chapter 2 on the use of behavioral equivalents for symptoms of mood disorders that are particularly useful. The epidemiology, causes, risk factors, and gender issues, related to mood disorders are addressed. The final chapter in this section addresses depression and dementia in people with mental retardation.

The second part addresses assessment of the person with mental retardation with regard to mood disorders. Chapter 8, about the clinical interview, addresses issues like differentiating symptoms of a psychiatric disorder from manifestations of developmental disability, and

other factors such as the greater dependence on caregiver information in making the diagnosis of a mood disorder. Chapter 9 addresses the reliability and validity of psychometric assessments in this population and I found this chapter especially valuable.

Part III addresses treatment issues. Chapter 10, on the use of psychotropic medications, starts with a summary of the various classes of presently available agents and ends with the caution that as a whole, there is a lack of well-designed research demonstrating the effectiveness and tolerability of these agents in this special population. Chapter 11 discusses the use of phototherapy, electroconvulsive therapy (distinguished from contingent electric shock), and dietary supplements. Chapter 12 addresses cognitive behavioral therapy (CBT) within this population. The use of CBT is illustrated through short excerpts from sessions which are very useful. Chapter 13 reviews the limited literature on the use of psychodynamic psychotherapy for people with mental retardation. There is an interesting case example illustrating the selection of the patient for this approach and the actual therapy. The final chapter addresses the use of behavioral formulation and interventions that treat mood disorders.

Mood disorders are very common conditions. People with mental retardation are not immune to mood disorders and they deserve appropriate assessment and effective treatment for these disorders. This book goes a long way in showing the way to accurately identify and effectively treat these disorders in a special population.

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Learning and Behavior Problems in Asperger Syndrome

M. Prior, (Editor). Guilford Press: New York, 2003, 326pp. US \$40.00.

In recent years, the field of autistic spectrum disorders (ASD) has experienced an embarrassment of riches among a wide variety of books available for families, clinicians, and educators. The best of these accurately reflects the current state of research in this rapidly-expanding area and interprets the relevance of findings in terms that are appropriate

to the target audience. Some works are confined to a more academic or abstract level, whereas others are intended to provide more pragmatic assistance. Many works provide little more than an introduction to this complex field. With so many volumes to choose from, it is a challenge to determine whether a given work has the right expertise behind it, as well as the breadth and depth of content and particular focus that is suitable to one's needs. *Learning and Behavior Problems in Asperger Syndrome*, is an admirable work that might easily be overlooked under these circumstances.

First, the expert - Margot Prior, for those who do not know her work, has been one of the more thoughtful contributors to the research literature on cognition and behaviour in autism for several decades. She is also a very experienced clinical child psychologist and her immersion in the needs of children and adolescents with autistic spectrum disorders is evident in her editorial choices. The thirteen chapters of *Learning and Behavior Problems in Asperger Syndrome* have been contributed by some of the most noted clinical researchers in the world, a front-line master educator and by the reflections of an adult with Asperger syndrome. The book is organized in two sections, one concerning assessment and management of cognitive, academic and behavioral aspects of ASD and the other specifically addressing ASD in the context of schools and the transition from school into adult life. The writing is of high quality overall (with commendably thorough use of citations), and the editing is smooth. The result is that what might have been a rather dense and choppy volume is actually pleasant going, although this is the sort of book that one is more likely to absorb one chapter at a time.

As the title indicates, this book is concerned with cognition and behavior in Asperger syndrome. The title is not especially helpful in that, despite the use of "Asperger syndrome", chapter one is devoted to demonstrating the lack of empirical support for any meaningful distinction between Asperger syndrome and the rest of the autistic spectrum. This point is reinforced by other chapter authors and by Prior herself in her introductory and closing chapters; "Asperger syndrome" in the title suggests a narrow focus that is not present within these pages. In fact, diagnosis is really not discussed

in great detail in any of the chapters, reinforcing the fact that this book is directed towards those who work with anyone at the more able end of the autism spectrum. The title also does not convey that this is a book for practitioners (rather than researchers), albeit more sophisticated practitioners. The premise is that understanding of the unique cognitive styles of individuals with ASD, and their behavioral differences, will lead to better teaching, more sensitive care, and more appropriate environmental accommodations, and thereby serve to enhance functioning in the real world. Although the context is heavily school-oriented, one has the sense that throughout this volume, the contributors recognize that preparation for the world beyond school, is what really matters.

I recommend this book in the first instance to school/educational psychologists, special educators, and clinical or neuro-psychologists who are involved in assessment and programming for children with ASD. Given the prevalence of ASD, and especially the challenges of working with those (often later-diagnosed) children at the higher-functioning end of the spectrum, this knowledge is absolutely essential to these professionals. The high level of the contributions and liberal and appropriate citation of research makes this book particularly well-suited for use in training programs.

For the same reasons, clinical child psychiatrists who are involved in consultation regarding school-aged children will find that *Learning and Behavior Problems in Asperger Syndrome* is an excellent resource. The assessment of cognitive, academic and language skills is well-covered in chapters two (Reitzel & Szatmari) and three (Manjivioni). Following these, Tager-Flusberg's chapter clarifies the role of language and communication in the manifestations of ASD. The next three chapters address the difficulties that are at the crux of most referrals for children and adolescents who have the Asperger syndrome label: social concerns (Shaked & Yurmiya), circumscribed interests (Attwood) and co-morbid emotional and behavioral challenges (Tantum).

Among the highlights of the book are chapters eight, "Remembering School" (Lawson) and nine, "Challenges Faced by Teachers Working with Students with Asperger Syndrome" (Gill). These contributions convey

first-person perspectives from the complementary front lines of teaching and being taught. I was also impressed by the chapters by Jordan (10) and Kunce (11), who provide views from the UK and US on school-based strategies and systems that enhance education for students with ASD. These are excellent well-referenced summaries that will direct the interested reader to other sources, in which there may be more details regarding implementation of these interventions. Howlin's chapter 12 addresses the challenges faced by individuals with ASD as they move beyond the school-years, are only now receiving much attention. Howlin provides a thoughtful discussion of the factors that must be taken into consideration in the transition to adulthood, while recognizing the limitations of our knowledge in this area.

By not minimizing the complexity of the disorder and by promoting thoughtful problem-solving rather than "one size fits all" suggestions, *Learning and Behavior Problems in Asperger Syndrome* becomes a worthwhile addition to the comprehensive ASD library. It goes beyond debates about diagnosis to help clinicians and educators determine what really will make a difference in the life of a young person with ASD, and to make that difference a reality.

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Group Work with Adolescents: Second Edition
Andrew Malekoff. The Guilford Press: New York, NY, 2004, 378 pp. US \$40.00.

It is difficult to teach about groups. It is even more difficult to write about them in a way that will be both informative and helpful to a group practitioner. In this text, Andrew Malekoff has accomplished all these things in an entertaining and engaging way. Mr. Malekoff inspires the reader with stories and poetry grounded in a broad survey of the theoretical roots of group work. He is clearly a creative and engaging practitioner who doesn't take himself too seriously. On page 20 he writes, "Group work with kids is a half-eaten slice of pizza, a shirt hanging out, a chair leaning back, a runny nose, mismatched socks and a dripping ice cream cone. At times it can also be compared to a sunset. Group work with kids is a beautiful thing."

In this second edition, a chapter on the intersection of group work and the world stage has been added, after the 9/11 attacks and the Columbine High School shootings. There are also new chapters delineating Mr. Malekoff's conceptual framework for group work with adolescents (Strengths-Based Group Work with Adolescents) and group worker self-reflection.

The book is divided into four parts. "The Adolescent in Context" describes adolescent developmental theory, as well as the basic characteristics and stance of the group worker. Of interest, Mr. Malekoff includes those 9 to 21 years of age as adolescents because of the changing landscape of pubertal development, adolescent socialization and the phenomenon of tweenies. Part II, "Guidelines for Group Building", covers Mr. Malekoff's conceptual approach, and the importance of planning. The rest of this section covers the nuts and bolts of group work including pre-group assessments, parental involvement, problem-solving models, and therapist tasks corresponding to group developmental stages. Each chapter in this section ends with a concise description of the practical application of the issue discussed as well as related therapist and group tasks. Part III covers common issues in group work such as prejudice, diversity, violence, sexuality, alcohol and other drug use and scapegoating. Several activities are presented here. The last part is dedicated to encouraging the group worker to be reflective by videotaping sessions, reviewing content and process interventions and seeking support from colleagues.

Throughout the book, there are clinical gems tucked away in case descriptions or footnotes. I liked the footnote on page 154 which reminds the reader that, "By the way, be careful about making prolonged eye contact with adolescents. Although one cannot generalize here, many teens don't seem to like it-'You lookin' at me?'..." Other notable gems include a description of how to make groups more comfortable with a video camera. (Have another video camera on hand for the group members to use.) Or the section where Mr. Malekoff describes visualizing the 'swirl of noise and action' in groups as a dance, and wonders what this dance is asking on behalf of the dancers. All of these morsels of clinical guidance serve

to help the developing group practitioner learn how to see the dancer as the dance and to learn how they to can be part of this amazing process.

I would have liked to see more specific analysis of therapist intervention and questioning styles. On several occasions scripts were presented and briefly discussed with suggestions about how the therapist might have done better to take a different (e.g., less directive) approach. The book would be a stronger educational tool if these possibilities were followed up with more dialogue illustrating the point. Also, it would have been good to have the issue of subgrouping - particularly via the internet - mentioned. Given that the book is a text clearly aimed at training social workers, the application in some psychiatric situations may be limited. It is a book dedicated to group work in all forms and thus is more inclusive than books addressing group therapy with adolescents. I would have liked to see more on group psychotherapy with adolescents.

I would recommend *Group Work with Adolescents* to those health professionals working with groups on wards, day treatment programs, forensic units or other milieu therapy situations. It would be useful to counselors working in the school system or in community mental health settings. You might ask your trainees to read this book prior to doing group work with you in one of these settings. With that said if you get the book yourself, for a review of group theory and practice, you will enter into a pleasant, engaging and inspiring read.

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The Development and Treatment of Girlhood Aggression

Pepler, D. J., Madsen, K. C., Webster, C. and Levene, K. (editors). Lawrence Erlbaum Associates Publishers: Mahwah, New Jersey, 2005, 307 pp. US \$69.95.

Ten chapters of this powerful book highlight the current understanding of the development of aggression by girls. It is a very comprehensive scholarly review on the nature of girls' aggression that cuts through domains of

development, diagnostic clarification and social contexts and relationships.

In Part 1, Pepler and Craig discuss troubled trajectories of aggressive girls. They emphasize the need to worry about aggressive girls and identify family interactions as key areas for further research. That observation leads to a very thorough discussion of how to study conduct problems in girls. This is a superb writing by Kate Keenan, Rolf Lobber and Magda Stouthamer-Loeber, well known authorities in this field. They present an interesting perspective of girls growing up in households where their brothers were identified with conduct disorder (30% sample from the Pittsburgh Youth Study). Results from this study suggested that girls growing up in high-risk environments exhibit more CD symptoms and that sex specific models of aggression are needed.

Part II is devoted to understanding the physical aggression of girls. Using a logit model, results of epidemiological studies of prevalence of aggression in young children are presented. Tremblay, Baillargeon and Williams report many interesting findings, which include, gender differences in the prevalence of specific aggressive behaviors such as fighting, kicking, biting and hitting other children in 2-3 year-old Canadian children. The chapter on "African-American Girls and Physical Aggression" is a worthwhile read. As all the findings are supported through empirical investigations, there is an added depth to the authors' views.

Part III describes the social nature of girls' aggression. Clinical narratives of many girls under my care flashed through my mind whilst reading the chapter entitled "Violent Girls Search for Male Attention." This chapter describes a well-known clinical truth on paper that gender problems are by definition relational problems.

Part IV should appeal to all mental health therapists. It describes a qualitative study of girls growing up angry; this chapter is a must for all of us who deal with aggressive and angry girls. This study points to the early years of these girls being studded with risk factors of temperament, constitutional and physical factors, and more importantly, a struggle for control in mother-daughter relationships. The chapter on how aggressive girls are doing in the

juvenile justice system is sad but required reading. The Oregon Treatment Foster Care Model and its effectiveness through controlled clinical studies, offers some hope in treatment issues of aggressive hard to treat girls.

Part V is the most clinically relevant part. It includes the influential writing of Zoccolillo, Paquette and Tremblay, all scholars well known for researching the area of aggression and conduct disorder. Although most of us accept that maternal conduct disorder is a risk factor for young children, the complexities involved in conducting studies in this area are often not appreciated. These authors give a brilliant exposé on future research areas as well as the methodology required to research the area of girlhood aggression.

This book is very readable. I liked the organization of the book. A commentary section by experts in the field accompanies each part. Sometimes, one may not accept the views in the commentary but they are thought provoking nonetheless. This book is well referenced and most importantly, every attempt is made by its editors to back up each opinion with research findings.

My only criticism is that there is an under emphasis on a discussion related to aggression in elementary aged girls. Overall my rating is 7/10 for this publication.

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Evidence-Based Psychotherapies for Children and Adolescents

Kazdin, A. E. and Wiesz, J. R. (editors). Guilford Press: New York. 2003, 476 pp. US \$50.00.

This book, edited by two of the most eminent psychotherapy clinician-researchers in the United States, describes psychotherapies for children and adolescents. The editors begin the book with a clear statement of their intentions. "The book presents psychotherapies for children and adolescents that have strong evidence on their behalf and illustrates the type of research needed to place treatment on a strong empirical footing" (p. 15). It succeeds admirably. The book is divided into three parts: one on foundations of research, one on programs of interventions and research and finally

there will be the editors' concluding chapter.

As with all edited books, it is not of uniform excellence. It does have chapters which are of remarkable erudition, compass and depth and others which are weaker. Those which fail to reach excellence tend to fall into detailed and jargon-filled descriptions of their own treatments. They seem to promote their own treatments, rather than discuss them in the context of scientific neutrality and open-minded questions. They often take up a territorial dismissal of psychodynamic versus behavioural treatments. The weaker chapters however, are the minority.

Many chapters were a delight to read. Certainly those chapters written by the editors when they described their own interventions for conduct disorders or depression and their introductory and concluding chapters were paradigms of clarity, breadth and vision. The introductory chapter puts psychotherapy and its study into historical and scientific context. Its definition of psychotherapy reflects the complexity of this field of interventions.

Two other chapters in the introductory section were also noteworthy. It has always seemed to me that developmental issues are at the heart of psychotherapies in child and adolescent psychiatry. Holmbeck *et al* describe the neglect of development in either the design and practice of psychotherapy or its evaluation. They make a number of useful corrective recommendations applicable to clinical or research work. Chorpita discusses the gaps between laboratory and community interventions when we think about effective interventions. The book is written to be of interest to policy makers and funders. For them, this chapter more than any other, is a must-read.

Hoagwood's chapter on ethics which closes the first section, is competent but also points out a significant failing of this text: it is written almost completely (excepting one chapter) by authors from the United States. The ethics are often those that apply in the U.S.A., which has its own healthcare system, quite different than our own. It would have been interesting to read more from the international scene, not only about ethics but about programs of intervention and research.

A number of chapters in the section on Programs of Research provided excellent,

dispassionate reviews of knowledge and exploration of questions implicit in interventions and their evaluation. Most described their interventions in ways that let the reader understand something about actually conducting the treatment. In the subsection on Internalizing Disorders, Kendal *et al* on Child-Focused Treatment of Anxiety, Weersing *et al* writing about Cognitive Therapy for Adolescent Depression, Weisz *et al* also writing about treatment of adolescent depression were best.

In the subsection on Externalizing Disorders, Kazdin's chapter on treating youth with conduct disorders was a highlight, addressing the complexity of psychopathology and of psychotherapy, therapist training and supervision. He questioned the application of brief therapies for some clinical problems, an issue often overlooked in the rush to provide treatment or satisfy third-party funders.

Chapters on treatments of autism, eating disorders, obesity and enuresis and treatment in the American Hispanic community form a subsection on treatment of Other Disorders and Special Applications. Epstein's chapter on obesity clearly illustrated how a program of research and the evolution of knowledge can lead to improved approaches to treatment. Houts' chapter on enuresis engaged the debate between psychotherapy and medication, which is an important issue in our time.

Unfortunately, this review of interventions and research programs is entirely behavioural. Only Robin's chapter on anorexia nervosa significantly referenced any psychodynamic treatment (and found it equally efficacious.). In their final chapter the editors wrote that little research had been done on helping therapists build therapeutic relationships. Relationships have been examined more closely in psychodynamic treatments. Unquestionably, research has been a greater priority in the behavioural schools. In psychodynamic circles, defence of beliefs has too often displaced respect for scientific method and the knowledge it can generate. This is much less the case now than it once was. Hopefully, the editors' suggestion that work needs to be done on integrating therapies may lead to useful integrations not only of clinical interventions but also to the development of new knowledge and better interventions.

Overall, this was a very rewarding and

useful book to read from both clinical and research perspectives.

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Divorcing Children: Children's Experience of Their Parent's Divorce

Butler, I., Scanlon, L., Robinson, M., Douglas, G. and Murch, M. Jessica Kingsley Publishers: London and New York, 2003, 240 pp. US \$29.95.

This straightforward book is an effort to better understand the process of divorce through children's eyes. It provides an expanded overview and discussion of a British study that carefully reviewed the experiences of 104 children, aged 7 to 15, with their parent's separation and divorce. Efforts were made to secure a random, representative sample by approaching recently divorced parents, accessed via the records of six courts throughout Britain. Parent figures and children were approached in respectful and creative ways (e.g. newsletters, website, and activity books). Although there was some use of standardized measures, the principal findings come of detailed, semi-structured interviews with the children themselves. In some topic areas, the perspective of the children was compared to that of parent figures accessed through a questionnaire. With no control group in place, this was essentially a careful piece of qualitative research, which seeks to give voice to the experience of children experiencing divorce. An appendix carefully guides readers through the research process conducted by this multi-disciplinary team.

True to their social constructionist viewpoint, efforts are made to highlight what the children had to say, viewing them as the only reliable witnesses to their own experience. Quantitative findings are highlighted with ample direct quotes from interviews with the children. Viewing divorce as a process, they demonstrate that children create meaning and shape their own experiences.

Specifically, they explore how the child found out about the parental separation, their experience of sharing and discussing this change with others, impacts upon parent-child relationships, navigating "residence" and

"contact" arrangements and their overview of how the change and adaptation process has gone for them. They also review the child's understanding and experience of the legal process. A concluding chapter summarizes important findings and seeks to apply these to "strategic public policy".

An early chapter looks concisely at the recent evolution of policy and practice in this area in Britain. While not directly relevant to the Canadian context, many similar developments and issues (e.g. the recognition of children's rights and the difficulty of finding a realistic way that these rights can be exercised in legal matters) have arisen in both jurisdictions.

For the most part, this book accomplishes what it has promised to do. Important findings include the common experience of a sense of crisis in these changes for many children, some inconsistency in meeting their needs for reliable information and a variable sense of being adequately supported. Interesting themes were; difficulty communicating with fathers, value of support from friends, and a sense of involvement without understanding the legal process. Direct quotes liven children's emotions, struggles and successes.

Paradoxically, I was perhaps hoping that the children had something more to say. Most of their conclusions would not come as a surprise to clinicians who spend time with children going through these experiences. Although the book allows them to make their case more comprehensively, I have a sense that the key outcomes of their research could be adequately summarized in a journal article. I also found their recommendations for improved public policy somewhat limited and focused primarily on the British context.

Overall, I feel that this is a worthwhile contribution to social and clinical understanding of this area. This is a look at a non-clinical population at a certain time, and the authors point out that this is a different vantage position from those who have sought to elucidate the long-term impact of divorce on children. The author's respectful approach to these children is evident and instructive. This study provides a useful way to keep the child's experience at the forefront for parents, clinicians and others who seek to support these children. This should also be of interest to those who work within the

legal context or who seek to shape the legal system and public policy in this area.

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Essential Psychopharmacology: The Prescriber's Guide

Stephen M. Stahl. Cambridge University Press: New York, NY, 2004, 571 pp. US \$50.00.

When I found myself reaching for the Prescriber's Guide, instead of The Compendium of Pharmaceuticals and Specialities (the large blue CPS that we all know), then I knew Stephen Stahl did something right. It has become my first source to check on the myriad of facts and questions that can arise in the course of a physician's day.

The author has a number of other publications in the *Essential Psychopharmacology* series, in particular the book *Neuroscientific Basis and Practical Applications* that functions as a basic psychopharmacology text book outlining the hypotheses, science and clinical application of medications for the broad variety of mental disorders and treating medications used in psychiatry. It offers a clearly written text and diagrams that are complete and interesting enough to understand the concepts even without reading the text. While this latter book provides the basic science, the Prescriber's Guide is the practical CPS for clinician psychiatrists.

The format for the 101 drugs (alprazolam to zuclopenthixol) is consistent throughout, allocating about four pages per drug. The class-of-drug icons are the same as in the basic science text. All drugs are presented under five major headings with colour-coded backgrounds that add to the ease of use. In each of the five, the same sub-headings are used and are slanted to the direct interest of psychiatrists:

Therapeutics: Brands, Generic?, Class, Commonly Prescribed For, How the Drug Works, How Long Until It Works, If It Works, If It Doesn't Work, Best Augmenting Combos for Partial Response or Treatment-Resistance, Tests.

Side Effects: How Drug Causes Side Effects, Notable Side Effects, Life Threatening or Dangerous Side Effects, Weight Gain, Sedation, What to Do About Side Effects,

Best Augmenting Agents for Side Effects.

Dosing and Use: Usual Dosage Range, Dosage Forms, How To Dose, Dosing Tips, Overdose, Long Term Use, Habit Forming, How to Stop, Pharmacokinetics, Drug Interactions, Other Warnings/Precautions, Do Not Use.

Special Populations: Renal Impairment, Hepatic Impairment, Cardiac Impairment, Elderly, Children and Adolescents, Pregnancy, Breast Feeding.

The Art of Psychopharmacology: Potential Advantages, Potential Disadvantages, Primary Target Symptoms, Pearls. There are 2-5 references for each drug that is indexed by Generic and Brand name, by Use and by Class. Abbreviations and FDA Use in pregnancy ratings are provided.

The information in each sub-heading is bullet style, short, direct and an easy read compared to the CPS. The use of colour for text background, icons, stars and headings complemented the ease of use. The use of the bullet style also allows a feature similar to the DSM-IV. In the latter, criteria are described using the same words and phrases found in a number of disorders. In The Prescriber's Guide, a similar format is used, thus looking at a number of the Selective Serotonin Reuptake Inhibitors (SSRIs) revealed as identical bullets, when appropriate, yet each was still differentiated by unique bullets and some with stars for particular information about the drug in question.

The Special Populations sub-heading of Children and Adolescents is of interest to Academy members. While it includes the well-known phrases of 'Safety and efficacy not well established etc.' for many medications, it still includes comments on usage, recognizing that off-label use is very common. When known, extensive additional information and dosing practices are outlined. The activation effect with possible suicidal ideation is noted for the SSRIs. This is a section of the book that would benefit from more feedback from child and adolescent psychiatrists for future editions but is not so weak as to constitute a serious deficit of the book.

I am not going to make particular comment about the details of content (and I did review this for a number of the commonly used drugs

for Attention-Deficit/Hyperactivity Disorder, depression and psychotic disorders) but I would like to make two points. First, I did not find any information that raised a red flag of warning about serious deficiencies. Second, the author's helpful introduction specifically requested (including e-mail address) feedback that meant, when a second edition arrives, it would be even more accurate and useful.

The reasons I grab it off my shelf before the CPS are only partially explained above. The key reasons are that when I want information, it is easy to find, stands out because of the effective use of formatting and stars, and I like the

clinical 'pearls' that give me the unique guides unlikely to appear in the CPS (or may be hidden in paragraphs of 8 font text).

This book shows the benefits of having an author whose scientific credentials are well known, whose clinical experience is broad and above all, whose communication style is elegantly direct and clear. It is a reference and teaching guidebook that I have no hesitation in recommending to experienced psychiatrists and to residents beginning their career.

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Erratum:

In the August 2006 issue, Vol16, No 3 page 153 of our journal, there was an error in the book review section. Dr. Pearson's book "Splitting up" was reviewed by Dr Philip Barker who had stated "The text opens with these words: 'A love relationship never when it ends,' [sic]" should be read as actually stated in the book "A love relationship seldom ends when it ends."(p.11). The book reviewer apologizes for this oversight.

Correction:

In the August 2006 issue, Vol16, No 3 of the Journal, there were misprints in the article entitled "What We Know About ADHD and Driving Risk: A Literature Review, Meta-Analysis and Critique". Figures 1, 2 and 3 included references to Barklay et. al. The correct spelling should be Barkley et. al. The footnote for Figure 1 should read as follows:

*** RR for MVCs calculated from Fischer et al. (in press) was excluded from the meta-analysis as studies were found to be significantly heterogeneous (p=0.004) when the study was included. The RR from this study was RR=0.95. The historically important study by Weiss's group was not included in the meta-analysis of MVC's as it did not meet the chosen statistical inclusion criteria. This study, involved a 10 to 12 year self-report driving record follow-up. The authors found that untreated hyperactives had twice as many MVC's as the stimulant treated group (mean 1.5 vs. 0.62, p<0.0004) (Weiss et al., 1979; Hechtman et al., 1984).*