

Book Reviews

The Development of the Person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood

Sroufe, A., Egeland, B., Carlson, E., Collins, A. The Guilford Press: New York, 2005, 384 pp. US \$40.00.

Since the early 1970s, Sroufe, Egeland, Carlson, Collins and others have been following a large cohort of children from the sixth month of the mother's pregnancy through to the present. Eighty-five percent of the 212 at 24 months are still in the study close to three decades later. Early losses occurred before the decision was made to change the initial shorter study (started by Egeland, a psychologist, and Deinard, a pediatrician) to a longitudinal study. The authors noted that the losses were in the most high stress and unstable of the families.

The families were chosen intentionally to include caregivers who may present parenting difficulties by selecting first born children to mothers who qualified for public assistance for prenatal care and delivery. Poverty was the marker that would ensure this. They were careful to note that these mothers had a wide variety of backgrounds and degrees of support available, thus also ensuring a wide range of outcomes 28 years later (the age now under study).

The authors started with an excellent overview of the challenges faced, the key claims and guide to the book, conceptual and theoretical supports, organizing perspective and assessments. Understanding the frequency, breadth and depth of the assessments with over 10,000 resultant variables is crucial to giving credence to the resulting conclusions. The strength of this work comes not just from the lessons learned about development, change and continuity but from the impressive evidence that places the lessons on a firm foundation and the even more fascinating predictability about development that emerged from the data.

Throughout the book, it is easily possible to pull out sentences that may have made intuitive clinical sense but are now backed up with statistics (kept to an appropriate minimum since background papers are well-referenced).

For instance: by heightening and chronically emitting signals of need toward an only intermittently responsive caregiver, a resistant attachment organization is established which is correlated with anxiety disorders at age 17½. By minimizing signals of need that may further alienate rejecting caregivers, an avoidant attachment organization is established which shows a connection to externalizing behavioural disorders through early childhood and adolescence. Anxious attachment in general, with no distinction between avoidance and resistance, was associated with depression. There are remarkable parallels between how mothers responded to tasks with their children at 24 months and the same children more than 20 years later, responding to their own 24-month-old children.

Other conclusions have implications for prevention and intervention. In breaking the cycle of abuse, three relationship factors were most helpful for the mothers: (1) receiving emotional support from an alternative non-abusive adult, therapy experience of at least six months, supportive and satisfying relationship with a mate; (2) ability to predict high school dropping out with 77% accuracy using only quality of care measures up to age 42 months; (3) boundary violators during middle childhood were less competent in dealing with mixed gender relationships during adolescence and were more likely to have mothers who were abused.

As interesting as any individual observation or prediction may have been, it is the general observations and conclusions about development that pull the work together and provide a framework that will be useful to clinicians, program planners and researchers for years to come. They include implications for classification systems such as the Diagnostic and Statistical Manual, for treatment of specific disorders and for prevention and early intervention services. Above all, they have demonstrated that development is a lawful, understandable and predictable process when there have been multiple methods of assessment from multiple independent sources.

This is a book that I wish was written and that I had read as a resident. It's not that there weren't books about development, but they were based on the wisdom of clinical observation by gifted clinicians after years of work.

What this group has contributed is the research basis for development, and in the process have given it a much more interactive and dynamic life than theory and clinicians have been able to do. They shift us from traits to interactions, from today's preoccupation with genetics to the psychosocial environment, from blaming parents to acceptance of their unique histories and pasts, and, more importantly, from the unpredictable to the predictable.

Some time ago, when giving an invited talk about personality disorder from the perspective of a child and adolescent psychiatrist, I ended with the thought that we may be training our residents from the wrong end of life. They start out in the world of adult psychiatry and work backwards gradually. My thought was that we needed to start with infancy and the attachment process, then work forward into childhood, adolescence and adulthood. This book has shifted my 'clinical' thought into a research base. If we understood the results of this book and the developmental process and predictability, we would practice a more researched based therapy with each growing stage of life.

This book represents the summary of a lifetime dedication by many researchers to the mental health and well-being of children and youth and makes this dedication available to all of us who work with and care about children and youth in society. They deserve not only our thanks, but more importantly, our attention.

Now that the work has been done, the book has been written, it is time for you to read it and then recommend it to every psychiatry resident beginning their career.

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Psychotherapy With Women: Exploring Diverse Contexts And Identities

Pravder Merkin, M., Suyemoto, K.L., Okun, B.F. (Editors). The Guilford Press, New York, 2005, 357 pp. US\$42.00.

In 1963, Betty Friedan's revolutionary book 'The Feminine Mystique' was published. This was a wake-up call to women that they did not have to tolerate inequality and gender determined privilege. Betty Friedan died last year in 2006 and the feminist movement celebrated its 40th anniversary.

Since its beginning, feminism has broadened its preview to consider issues, not only of gender, but ethnicity, race, culture, class, economics and sexual orientation. It is from this broad perspective that Marsha Pravder Merkin published her first book *Women in Context* (1994). Now, eleven years later a new edition is available: *Psychotherapy With Women; Exploring Diverse Contexts And Identities*.

This is a complex, thoughtful, challenging book and not an easy read. Important issues are raised, not only for doing therapy with women, but for men too. The areas considered transcend particular models of therapy, and the questions examined are not ones that are raised in the more traditional literature. Like the editors, I was left with more questions than answers, but my therapeutic endeavours will never be quite the same and I will have the courage to wade into areas I never before transversed. I also had to look inward and consider thoughts, feelings and beliefs - not always comfortably - that were affecting me and my work. Someone once said to me that you cannot not be racist and I believe that is true, but hopefully through self-examination and knowledge, the therapeutic encounter will be richer and more achieved. This book raises many questions that need to be addressed to do good work. The book is in five sections, including the concluding chapter. The first section (3 chapters) maps out the territory. Their thesis is that "therapists must explore different situational contexts within which a woman moves to fully understand her social systemic context and its effects on her functioning, whether healthy or problematic" (P3). Clinical questions are spoken to and some suggestions given. Part 2 (4 chapters) explores women's interpersonal relationships, cross-referencing this with a consideration of class, culture, race, class and immigration. Part 3 (4 chapters) looks at women at work and how culture and gender biases impinge. The glass ceiling is still there and women still find it hard to go up the organizational ladder, to juggle issues of family and work, having to make troublesome choices in their lives with little support or understanding, even from loving partners. Part 4 (4 chapters) looks at self-nurturance. I loved the chapter on play. The only other person in our field who has written about this is Lenore Terr in *Beyond Love and Work - Why Adults Need*

To Play. (Touchstone - 1999). The chapters on Spirituality and Healthy Living, Healthy Women were also good.

Maybe because I am a Canadian, I wished there was more consideration of the experience of first nation women. This is an American book and so more focus was on the experience of black women and also some on Asian women.

In the final chapter the editors talked of their own process in preparing the book, the questions that were raised for them, and the ideas they have for future directions of study. All the authors were asked to talk of their process in a personal way and give clinical examples that enriched the book and the formidable issues they were grappling with.

All in all, it is a thoughtful, tough book which considers important questions that should be part of our therapy with both sexes. I would recommend buying this book and taking the time to read it through and digest its contents.

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Mind Reading: The Interactive Guide to Emotions

Baron-Cohen, Simon. (Principle Author) Jessica Kingsley Publisher: London, UK, 2003, 4 CDs or 1 DVD, US \$129.00.

Simon Baron-Cohen, Professor of Developmental Psychopathology at the University of Cambridge has long been known for his work with autism and, as we all know, children with autism have quite remarkable deficiencies in their ability to use or read the social cues and emotions of everyday life. In this remarkable set of CDs he has taken up the challenge of teaching these skills in a unique manner.

Once installed, the child or youth (and even adults) signs on their unique identifier and enters one of three main centres: Emotions Library, Learning Center, and Games Zone. The material is graded into 6 levels of complexity, and various forms of help (e.g. a happy robot 'Emoto', somewhat like a talking MicroSoft Office Assistant) are easily available allowing even young children to explore on their own.

In the *Emotions Library*, 412 emotions are arranged in 24 groups. Once the child picks a group, she or he can click on an emotion in that group and see actors (6 different ones repre-

senting various ages, cultures and both sexes) in a brief video with a narrator describing the emotion and what to watch for. In addition, there are sample story lines illustrating the emotion (at the younger levels, clicking on a line leads to the narrator speaking it), sample voice expressions of the emotion and information about the emotion (definition, whether it is seen as positive or negative, notes about how others usually react to it). Students get a chance to make and keep notes under their log-on name.

In the *Learning Center*, the emotions groups are similar to the library but the structure is more conducive to learning and exploration, again with videos, stories and vocal expressions separately. The lessons contain test questions and give students a chance to concentrate on the beginners 100 or top 20 along with questions and rewards. The quizzes give a chance to find faces with specific emotions, match emotional statements and faces, match statements with people in a picture.

Rewards are built into much of the practice and include hundreds of objects with a variety of information or movement. Objects include flags, butterflies, trains, birds, objects of the universe and more. If all the train cars are collected, it can be assembled to drive around a track. Other objects can be enlarged under a microscope, time lapse movies can be constructed and, my favourite, band instruments play—the more instruments collected, the more interesting the music that can be constructed. One reward is building up time to spend in the *Games Zone*.

The *Games Zone* includes matching games, hand-eye coordination games, real world face games and the opportunity to control Daniel Radcliffe (aka Harry Potter) in a variety of emotions.

It is not enough merely to teach the emotions, make the lessons fun, earn rewards and play games. Behind the whole set-up is Mind Reading Manager. This sets the parameters for a number of components of the three major sections thus allowing parents, teachers or professionals to track progress of a child, limit time in games, set limits on emotions (e.g. removing the 'romantic' emotions from beginner levels for children), fix levels and more. It is possible to track students' overall engagement

with different components, lists of emotions completed, average scores and more.

My own delay in forwarding a book review was that I wanted a chance to test it out for real with a day treatment service (age groups 5 to 9, 10 to 12 and 13 to 18 years). Attendees included those with disruptive behavioural disorders, depression, anxiety and pervasive developmental disorders. The program was particularly suited to group work with children with developmental disorders, but our staff used it for anger management training, social skills training and reward time for children and teens. When it can be used as a reward, you can learn one more important item, this program is fun! The final word from staff and children was that they were so pleased that separate orders for additional CDs were made and for other mental health programs that came to demonstrations.

The CDs or DVD can be installed on notebook computers, desk top computers, or, our favourite, connected to an LCD projector for group work. Technical support is available and it has proven helpful for us (a couple of minor questions). The cost is reasonable and the quality of the production, directing and acting is all excellent.

My overall conclusion is to support the staff I work with; Simon Baron-Cohen and team have done excellent work for children, youth and mental health professionals everywhere. Thank-you Dr. Baron-Cohen!

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Children Also Grieve: Talking about Death and Healing

Goldman, L. Jessica Kingsley Publishers: London, UK & Philadelphia, USA, 2006, 79pp. CA \$18:95.

Children Also Grieve is a book designed to guide adults in assisting children through the process of grief. Despite the title, it tells the tale of a dog who is sad because Grandad has died, and through this explains death, normalizing the process of grieving and the different ways that children may express their grief and adjust to their new reality.

The first chapter explores the meaning of death through the feelings and experience of Henry, the dog. Spaces are provided for the

children to complete their own story, expressing their personal understanding of death and what it has meant to them, and exploring their feelings of sadness, guilt and anger. It encourages them to share their feelings with others and also to expect to be able to have fun and to feel better.

The second chapter covers the making of a memorial for the person who has been lost. Various means of doing so are explored, such as making a memory book or table, or a mural, collage or video. Different rituals and acts of remembrance are encouraged. Again space is provided for the child to fill in their thoughts about this, and to record what they have done and felt about it.

The third section contains a glossary of words, explaining their meanings in terms that a child would understand.

The final chapter is 'For Caring Adults.' This explains the ways in which people grieve, with particular reference to children, exploring the differences in the understanding of death and loss at various developmental stages. Adults are encouraged to use age appropriate but direct explanations about what has happened, avoiding clichés that can be misleading and consequently increase a child's bewilderment, sense of abandonment and fear that the loss may be generalized. They are encouraged to talk when the children are ready to do so and to "create an oasis of safety" for them. The impact of past losses is recognized.

The book would be helpful to any adult struggling to meet the needs of their grieving child in an appropriate and caring fashion. It may have been more powerful to tell the story of a child, rather than using a dog as the proponent. Although the reactions of various children in the family are explored, their feelings are described in the third person, creating an impression of emotional distance. This, however, does have the advantage of making the book less painful for a grieving adult to use. Children who have a much loved dog at home would enjoy this approach, and other books by this author do directly explore grieving through the eyes of a child.

The spaces provided for the child to fill in are large enough, and despite the pages having a semi-gloss, the paper takes a pencil well. (Most children of this age write with a pencil.) I suspect

that many children will not want to physically write as much as is requested of them, but an adult could always act as a scribe. It would be difficult to use illustrations to answer the questions, and the space provided is not really large enough for a picture, though this could be done.

Photocopying and reproduction of the book in any form are specifically banned. Consequently, the design as an interactive book, with spaces to be filled in by the child, makes it unsuitable for use in the office. Each time it is used a new copy would need to be purchased. This also makes it less likely to be used in a family where there are several children experiencing loss and grief. Although it would be a useful tool to guide discussion with a group of siblings, or children sharing the experience of grief, each would require their own copy. A clinician may wish to keep a copy to hand as a reference tool for parents, so that they may decide whether purchase of this book would be helpful.

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Recently, I was privileged to read two books on attachment and attachment disorders. At first, I thought there might be repetitious information, but I was pleasantly surprised. These two books are (1) *Understanding Attachment & Attachment Disorders: Theory, Evidence, and Practice* and (2) *Attachment Theory in Clinical Work with Children: Bridging the Gap between Research and Practice*.

Understanding Attachment & Attachment Disorders: Theory, Evidence, and Practice

Prior V. & Glaser D. Jessica Kingsley
Publishers: London UK & Philadelphia USA,
2006, 288 pp. CA \$49.95.

Understanding Attachment & Attachment Disorders: Theory, Evidence, and Practice is a book that draws from the work of a multidisciplinary project based at the Royal College of Psychiatrists' Research and Training Unit. This project, the FOCUS, has published other essential reading books that are based on evidence based up-to-date information. It was not a surprise therefore to find that most parts of this book read as if it was a compilation of publications, cleverly critiqued.

The book is divided into 5 parts, each describing what the title suggests. Part 1: Attachment and Caregiving; Part 2: Assessments and Caregiving; Part 3: Correlates of Attachment Organization with Functioning; Part 4: What is Attachment Disorder?; and, Part 5: Attachment Theory Based Interventions (and some that are not).

There is a definite progression of themes from one chapter to another, thus it is advisable to read it from Part 1 to Part 5. The authors appraise the available evidence but they are also very sensitive to clinical questions that could be answered through their endeavor. They pose 14 questions that are the basis of their exploration of the vast field of Attachment and attachment disorders. Without going into detail about all the questions posed, I will state two of these questions which caught my eye. One, "How is attachment assessed?" (page 10) and second, "Do life events or experiences, including therapy, alter an individual's attachment organization?" (Page 11).

In Part 1, attachment theory is explained in simple language. I am commenting on this simplistic stylistic format, because it is indeed very appealing and conveys succinct messages. The authors discuss the pivotal concepts such as the secure base, the safe heaven, the ABC and the ABCD classification well. However, the concepts of sensitive responsiveness and reflective functioning seemed to be hurriedly reviewed. I was also slightly disappointed with the description of relevance of child's temperament to the attachment classification. There were only summaries of a few studies when the research links between attachment and temperament could possibly not be confined to the few studies that are stated. There is a discussion under "attachment and autism" which I felt was useful but out of place in the chapter exploring factors influencing attachment organization.

Part 2 and 3 were extremely interesting reading. I liked their succinct, systematic way of discussing methods that can be employed to assess attachment and caregiving. Extremely useful information is provided on major scales used to assess attachment. Each scale is thoroughly discussed using a uniform format. This format yields information such as who designed the scale, if there are any revisions, what does the scale assess, what is the target

age group that the scale's utility lies, coding criteria and its reliability, validity, and clinical usefulness. This is an attractive reading that most clinical researchers would cherish. The icing on the cake is a mini statistical glossary of terms that is extremely useful to understand research terminologies that are employed in the following chapters. It explains terms such as correlation coefficients, effect sizes, kappa statistics, reliability and validity.

Part 3 and 4 are studded with useful information. In Part 3 the authors provided extremely good information on attachment and functioning. The authors succeeded in providing summaries of some of the well known longitudinal studies. The description of the Minnesota longitudinal study is one such example.

Part 4 reviews critical information on the nature of attachment disorder. The authors need a special commendation for their review of other seminal studies in attachment literature, namely, studies of children raised in orphanages.

Part 5 is brief but it is promptly divided into evidence based attachment theory based interventions, and those that are not evidence based. This division between evidence based and non-evidence based interventions is very useful for busy clinicians providing attachment related therapies. In the last chapter of this section, the authors give their views regarding different interventions. They emphasize and re-emphasize that evaluation of attachment therapies using randomized controlled trials is difficult.

The evidence based interventions that passed the stringent criteria adopted in this book include interventions that enhance caregiver sensitivity and those aimed at the strategies when a change of caregiver occurs. Chapter 16 is devoted entirely to examining the merits of studies that have attempted to change caregiver sensitivity. There are some clinical pearls in this chapter. Take for an example the authors' statement, "The issue is not the mother-child interaction but the mother's interaction with the child." (page 233) and "Change in caregiver can only be contemplated if there is near certainty that it is not possible to enhance the original caregiver's sensitivity sufficiently to meet the child's needs, within the timescale of the child." (Page

252) There is a thorough review offered of reported evidence based studies on increasing caregiver sensitivity. For readers who are conversant of all recent literature in attachment, this might prove redundant, but it is presented as a thorough analysis of methodologies applied by interventions, including sample sizes coding systems and results that include effect sizes. I am so happy that the authors have simplified a complicated job for us in evaluating the ever present question of whether (re)attachment is possible for children in foster care or those who are adopted? This is a very relevant chapter for clinicians who must assimilate relatively new findings, such as the role of the caregiver's state of mind in understanding attachment patterns of foster children.

Finally, interventions that have no evidence base are described in a separate chapter. These include direct intervention with the child and popular concepts such as attachment therapy. The authors have explained that most attachment therapies include some other interventions that do not have evidence base and some are harmful. The examples of these techniques include therapeutic holding therapy, rage reduction therapy, and rebirthing.

In summary, this book is a useful addition to the tool kit for therapists working with attachment disorders. It is written in a simple language and has packed information that is clinician friendly. All chapters contain useful information but some are brilliantly written.

In an evidence based era, this book provides valuable information. What is truly lacking is not having all the references at the end of each chapter. There are many ambiguities in the attachment research field. These could have been better explained with the help of clinical examples.

In my opinion, this book will be valuable not only for mental health professionals but also useful for pediatricians and family physicians who want to update their knowledge in attachment and its disorders. With the explosion of research activity in the attachment field, this book will surely need revision sooner than later. This is a justifiable addition to the personal library. My rating for this book is 7/10.

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Attachment Theory in Clinical Work with Children: Bridging the Gap between Research and Practice

Oppenheim D. & Goldsmith D. F. (Editors). The Guilford Press: New York, 2007, 256 pp. US \$32.00.

This book has an interesting title. The bold attempt to bring the vast research related facts and findings to clinician's life may have been a mammothian task for editors, but it is an absolute delight for readers. In merely 256 pages, the editors have invited contributions from well known authors in the attachment field, and all of them have done a superb job. This book came into existence through a recognized gap between research findings and clinical practice in the attachment field.

This book has two parts. The first part has five chapters devoted to the clinical applications of research based methodology. The second part has four chapters that describe psychological interventions based on the attachment paradigm.

Each chapter has a message for clinicians which is relevant to their clinical practice. Take for example chapter one, written by Charles Zeanah, who is a well known infant psychiatrist. Dr Zeanah gently weaves the observable recurrent patterns of the parent-infant interaction and the parent's representations of the infant through a semi structured interview, the Working Model of the Child Interview" (WMCI). He does this by using a clinical example, and that approach was appealing. This chapter is a good example of conveying research-related information (in this case the WMCI) to translate the mother-infant relationship in clinical formulation.

The second chapter is written by Nina Koren with contributions from the book's editors. Here we learn the utility of assessing and modifying maternal insightfulness as to how parents respond sensitively to the child's emotional life. The focus is on the maternal representation of the child through understanding of maternal insightfulness. With very engaging clinical examples, authors describe pre and post treatment assessment of insightfulness and its utility.

The third chapter by Miriam Steele and others brings important research maneuvers into clinical practice. Important observations

are made through the "Attachment Representations and Adoption" study. These authors found that parental states of mind were influential in clinical procedures such as a story stem assessment. An important point about this study is that it highlighted the intergenerational transmission of attachment in nonbiologically related dyads. This factor is particularly useful for clinicians to understand the attachment process in adopted children. Their research procedure of using co-construction tasks to study dyadic interaction is well explained. This chapter is a must read for those clinicians who deal with children who are adopted and are using attachment facilitating interventions.

Chapter four by Mary Dozier et al focuses on the role of caregiver commitment in foster care. I have never read such a refreshing description of the role of "commitment" and its place in attachment theory. They also described their *This Is My Baby (TIMB) Interview* and its rating scale. There was a new aspect introduced in the discussion, originating from Primatologists, that is the strange situation experiment which does not take into account whether the child expects the parent to protect him or her. This triadic function of the assessment is termed by the authors as commitment. By providing clinical excerpts, the distinctions between low commitment and high commitment parents are demonstrated. I liked learning about this comparatively new concept, but I wondered about its clinical utility. In our province, the foster parents are not encouraged to become adoptive parents, and disrupted attachment bonding experiences for foster parents and children are commonplace. If we want to increase the commitment by foster parents, then we need to work not only on clinical grounds but with policy makers. Of course, observation of the fine balance between the biological parents' responsibilities and other caregiver's commitment is going to be a big challenge.

The discussion theme of the book now takes us to chapter five which explores insights from the Reaction to Diagnosis Interview (RDI). This is a beautifully crafted chapter that deals with the acceptance of a serious developmental disorder diagnosis by parents, their resolution with respect to a diagnosis of the child,

and the description of the Reaction to Diagnosis Interview. The RDI asks five questions 1) initial thoughts of parents upon hearing the diagnosis; 2) parent's feelings about the child's difficulties; 3) their feelings and thoughts/actions at the time they learned about the child's diagnosis; 4) changes in their feelings from the day they received the diagnosis until the present; and 5) their thoughts about why the child has that specific diagnosis. Authors discuss clinical examples of when parents receive the diagnosis of autism spectrum disorder for their children. It is expected that parental complete resolution vis-a-vis their child's diagnosis would enhance parental capacities. However, in order to classify the parents as resolved or unresolved, much expertise is needed in the correct use of the coding procedure.

We now come to the second part of this book that is titled "Attachment Theory and Psychotherapy." It contains three chapters from chapter six to nine, and all of these chapters are mini informational books. Chapter six is written on attachment and trauma by Amy Busch and Alicia Liberman. Two main points in this chapter are the use of dual attachment and trauma work in the assessment of traumatized children. There is an actual case study using the principles of child parent psychotherapy (CPP) and some evidence based review of use of the CPP with preschoolers.

The next chapter gives us another intervention tool: the Circle of Security project (COS) and how it can be used as an early intervention program to alter the developmental pathway of at-risk parents and their young children. This intervention is described by Powell et al to reevaluate caregiver's accuracy of their internal representations of child and self. It is very well operationalized and the protocol described uses visual props and is free of much psycho-

logical jargon. I felt that this group approach would work with many insecure parent-child interactions, but I was not sure about the disorganized attached dyads.

Skeptical readers like me do not have to wait too long to have that question answered. In the next chapter, the use of mentalizing capacities to enhance affect dysregulation in disorganized dyad is described by Arietta Slade. She provided the brief review of the construct of disorganized attachment with the help of clinical examples.

I kept this penultimate chapter the last to report, intentionally, as the intervention described occurs in therapeutic preschools that I believe are the best places to start preventive intervention. Douglas Goldsmith describes again, with the help of clinical examples, how a child's negative internal models can be modified. There is a good evidence-based discussion on how creation of a secure base is important. With the help of emotional mirroring, reflection and unconditional positive regard techniques, the child's negative models are challenged through therapy.

Most practitioners in the infant mental health field are already applying principles outlined in this book. It still offers new information, and confirms our beliefs. Most importantly, it is likely to be useful for all early childhood mental health specialists.

I think this book is very well organized and every page is worth reading as it gives a new combo of research-practice dimension. I could have gladly given a rating of 10 but it does have one major flaw. It did not discuss the area of research that is growing in leaps and bounds i.e.: neurobiological domain of attachment research. My rating is 9/10.

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