

Book Reviews

Anxiety Disorders In Children And Adolescents: 2nd Edition

Tracy L. Morris and John S. March, Edit. New York, NY: Guilford Press; 2004. 395 p. US \$45.00.

The 1995 first edition has been rewritten and new chapters added with a decade of information to create this 2004 second edition.

Part 1 – ‘Foundations’ covered developmental psychopathology and included a chapter on behavioural genetics, neurobiological, social and behavioural inhibition factors and salient features and assessment. Part 2 covered specific disorders with presentations by age, diagnosis, classification, and developmental cause, comorbidities, and evidence from controlled studies for treatment effects. There were expanded chapters on generalized anxiety disorder, specific phobias, separation anxiety and panic disorder. In Part 3, general issues regarding treatment including cognitive behavioural therapy (CBT), pharmacological therapies and combinations were reviewed. The book concluded with a chapter on prevention.

The foundation chapters were very informative and well written. The chapters on neurobiology provided a useful review including animal models of anxiety; models of fear and conditioning. Descriptions of information processing provided exciting possibilities as to classification and assessment based on more objective clinical responses measuring memory biases and anxiety disorders. The chapter on behavioural inhibition was well written and covered the neurobiological basis and known genetic factors. This chapter also introduced other less well-researched models including neuroticism, harm avoidance, and trait anxiety. The authors of this chapter reminded us that toddlers and pre-schoolers with behavioural inhibition, and a family history of anxiety disorder and stable inhibition, have an increased risk of anxiety disorders, particularly social phobia, and may benefit from preventative parenting interventions.

The chapter on social development stressed the importance of multi-causality (multiple pathways to the same final clinical presentation) and multi-finality (multiple pathways leading to different outcomes from a primary biological vulnerability). A review of parent child interactions, peer relationships, and incorporation of socialization agents into the treatment process was helpfully covered.

In the chapter on behavioural genetics the authors noted that genes accounted for only a third of the variance for most measures of anxiety. The transaction between biological temperamental vulnerabilities and shared and specific environmental factors was helpfully outlined. A chapter on assessment covered the commonly used instruments reviewing reliability and validity parameters. There is still a need for reliable and valid teacher reports specific to anxiety related behaviours. Research was encouraged on the development of methods to incorporate direct behavioural observations into test batteries for anxiety assessment. Increasing emphasis was recommended for including measures of functionality and quality of life, as well as measures of resilience and competence in other life domains.

The core of the book reviewed the key syndromes of anxiety. The format, although multi-authored, was consistent in reviewing historical perspective, phenomenology, natural history, etiology, and treatment. The chapters on etiology tended to be repetitive of the earlier well-done reviews on behavioural genetics and psychosocial factors in the foundation chapters. It was sobering to be reminded about the relative paucity of randomized controlled trials both for CBT and psychopharmacology for most of the anxiety disorders. The chapters on panic disorder and Obsessive-Compulsive Disorder (OCD) were particularly well written. There were useful reviews of the structure of CBT sessions both for OCD and post-traumatic stress disorder but not detailed enough to provide help for a novice beginner. The chapter on specific phobias seems inappropriate to most practicing child psychiatrists who, whilst seeing these conditions, would see them comorbid with other anxiety disorders. The final chapter on selective mutism was well covered.

The review chapters on CBT and pharmacotherapy were up-to-date. They gave a good general overview and again reiterated material covered in earlier chapters related to specific syndromes. The authors of the review chapter on pharmacotherapy concluded that the pharmacotherapy of anxiety disorders was “in its infancy”.

The concluding chapter on combining medications and psychosocial treatments stressed an evidence based medicine approach. The authors of this chapter relied on results from recent controlled Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (MTA) (ADHD) for combinations of treatment for ADHD as well referencing upcoming studies of a similar nature for treatments for OCD (The Pediatric OCD Treatment Study), adolescent depression (Treatment of Adolescent Depression Study), the child anxiety management study and the treatment of adolescent suicide attempters. However the question of ordering the treatments received relatively little attention.

The final chapter on prevention strategies covered approaches to prevention and a review of preventative interventions as well as the role of risk and protective factors in preventative research. Practical considerations and methodological issues were reviewed. The authors reviewed one study examining a preventative intervention attempting to modify parental factors and three studies examining modifications of intrinsic child characteristics. Encouraging short-term changes were noted but with limited long term follow-up data. Whilst the authors called for large-scale studies to assess the long term impact of preventative interventions this reviewer was left wondering about the economic feasibility of such studies.

Overall this book was an up-to-date data rich text that outlined the current boundaries of knowledge for anxiety disorders in children. It was strong in theoretical principals and relatively weak in hands-on advice. I would certainly recommend this both for the specialist consultant and for residents in training.

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Brothers and Sisters of Disabled Children

Peter Burke. London, UK: Jessica Kingsley Publishers; 2004. 159 p. CA \$37.95 paperback.

Peter Burke is a senior lecturer in social work at the University of Hull, England. He has written extensively on the siblings and families of disabled children, mostly from the vantage point of recognizing their rights and providing them with the necessary social and government support. Peter Burke spoke also from personal experience as his own son is confined to a wheelchair.

The subject was of importance since most children we see are disabled by their symptoms, temporarily or chronically, whether they are of a psychological nature, such as an anxiety disorder, or a neuro-developmental condition, such as autism. A number of children also have medical and neurological conditions that impact on family life. It was therefore with some anticipatory excitement that I started to read this book with such a broad promising title.

In 10 chapters, the author presented his theory clearly and extensively (if not repetitively): "disability is a family matter when one member is disabled" (p. 129). He introduced the original concept of "disability by association" to refer to the impact of a disabled child on healthy siblings and the rest of the book is an exemplification of this concept in all spheres of the sibling's school, family and social life. The purpose of the book was "to explain in more detail the experiences of siblings, to show whether this experience is due to difference, disability or discrimination" and better understand it "should it infringe against the fundamental rights of the child" (p. 16).

Chapter 2 described a research design based on the interviews of 22 families (24 children) that yielded qualitative and quantitative data supporting the construction of a typology of reactive behaviors. Four categories were described depending on the quality and intensity of the sibling's reaction: High Negative, Low Negative, High Positive and Low Positive. Clinical examples of these types, followed by the author's comments, were examined throughout the book.

These reactions invited a further understanding of resilience, vulnerability, locus of control, systemic family dynamics, levels of development, socio-cultural factors, availability of social support and individual personality variables. While all these topics were mentioned, their superficial almost dismissive treatment in the book left this reader somewhat frustrated. Chapter 5, entitled "Children as Young Carers" was probably the most insightful. It introduced the notion of "young carers", recognized by the Carers National Association, to describe the role of the healthy sibling (who was a sister in most cases) in relation to the disabled child. The experience of the sibling could be a positive one that gave value and meaning to the relationships within the family without overwhelming the sibling or depriving him or her of their individual needs. Healthy siblings support groups were advocated and described in detail in chapter 7.

The main emphasis of the author was on the preservation of the rights and needs, not only of the disabled child but also of siblings, and on the importance for parents, public policies and institutions to recognize that. The social and legal aspects as they stand in Great Britain were widely covered. Particularly interesting points in the book were:

- The emphasis is on the family and not the disability
- The disability is given a social definition and not exclusively a medical one
- Non-disabled siblings suffer from "disability by association" and their needs and rights must be recognized
- We should allow children to express their needs and not presume that we know them
- Disability may have both negative and positive effects on a family.

Finally it is important to mention that there was an extensive bibliography at the end of the book as well as a complete author and subject index.

Unfortunately the almost exclusive emphasis on the child's rights ran the risk of seeing the issue as purely external. It gave little place to the exploration of the immensely rich, complex, and not less important, inner world of the healthy sibling as a family member who also needed parental attention; who develops, adjusts, reacts and readjusts to the presence of a disabled brother or sister.

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Change-Oriented Therapy with Adolescents and Young Adults: A New Generation of Respectful and Effective Processes and Practices

Bob Bertolino. New York, NY: W.W. Norton and Company; 2003. 218 p. US \$32.00, CA \$48.00.

This book is a valuable tool for practitioners working with adolescents, young adults and families in the areas of addictions, depression, substance abuse and psychological disorders. The author attempted to fill a gap in current therapeutic strategies through an outcome-oriented model for therapy that is client-informed using concepts of collaboration, competency and change affecting processes.

The introduction to this book explored the history of therapeutic traditions in interventions working with young people. This goal was achieved through examining the historically significant research movements in the fields of psychology, psychotherapy and family therapy. The author concluded by illustrating the necessity of a new direction and described how a change-oriented perspective could provide that new path.

There were indicators that perhaps more than half of child and mental health professionals used approaches that included a combination of techniques in an effort to find "whatever works". He invited therapists and practitioners to let go of their preconceived ideas about how therapy works and open to something different. Within this approach, the client's orientation regarding the influences that affect both the problems and possible change were sensitively explored. This approach was described as collaborative, client-informed and outcome oriented.

Chapter 1 defined the change-oriented approach in greater detail. It took the position that all change is self-change and that changes in life are constant. It further posited that even in the most difficult circumstance the adolescent has the strength and resources to overcome diversity.

Chapter 2 examined how to create a culture of respect using collaboration as a key to connection and change. When therapists collaborated around these keys client and relationship factors, expectancy and hope were enhanced.

Chapter 3 focused on strengthening the therapeutic relationship between the therapist and the client as the author invited practitioners to extend beyond their preconceived traditional ideas about what constituted effective "therapy". The change-oriented approach emphasized the voices of adolescents in determining almost every aspect of therapy. As an example, the importance of "inclusion" was stressed, letting the client know that it was okay to give oneself permission to feel something (or not to feel something).

Chapter 4 focused on establishing direction through collaboration beginning with the initial assessment process. The author gave extensive examples and questions regarding assessment techniques applicable for positive change. These methods were provided for practitioners

in order to gain clarity about deeper issues, tease out what the client really wanted help with and practical advice for dealing with difficult “no talk adolescents”.

Chapter 5 investigated the possibilities for changing views and perspectives. In this chapter the author gave step-by-step guidelines for change-orientation strategies using case studies and interviews. This gave a deeper understanding of methods and techniques referred to in earlier chapters.

Chapter 6 investigated some of the many avenues for identifying, amplifying and building on changes in therapy. As an example, the author stressed the importance of sharing credit with the family for any positive changes in the child. This strengthened the parent-child bond and alleviated the guilt and inadequacy many parents feel when their child becomes sick or is in trouble. Setbacks were viewed as an opportunity to learn what worked and what did not in order to build “muscles of resilience”.

A change-oriented approach could help mental health professionals rekindle and promote hope in the lives of adolescents, young adults and families. It could offer a way to counter burnout in practitioners by orienting them towards what was possible rather than the impossible. The author of this book used insightful, real-life dialogue and did not shy away from difficult questions. At times the adolescents in the examples almost seemed surprisingly pleasant when this approach was utilized.

Overall this book is a valuable tool for therapists, students, teachers, parents or anyone else trying to find their way through a difficult life situation. The authors' own words provide a conclusion, “a change-oriented perspective is also seen as a perspective on life. In a sense, it is a ‘way of being’. So let us begin ‘walking the talk’ and letting people know that we believe in what we do in therapy and practice it in our lives as well.”

Kristina Sandy PhD (cand)

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Healing Trauma: Attachment, Mind, Body, And Brain

Marion F. Solomon, Daniel J. Siegel Editors. New York, NY: W.W. Norton and Company; 2003. 357 p. CA \$60.00.

The eight chapters of this multi authored book provided a synthesis of the work of leading researchers, clinicians and theoreticians in the fields of attachment, trauma and psychotherapy with the aim of enhancing the understanding of both the etiology and the healing of trauma. The initial chapters aimed to translate brain phenomena into readily understandable models of how biology and environment shape perception and behavior. The later chapters illustrated how this knowledge could be utilized therapeutically.

In the first chapter Daniel Siegal described an interpersonal neurobiology of psychotherapy: the developing mind and resolution of trauma. This read as a primer to the neurobiological basis of self-regulation, the healthy brain being one that can deal with complexity while trauma produced incoherent narratives because of impairments in integration of traumatic memory. Along with many other gems he mentioned the role of the 12 ‘C’s of psychotherapy (connection, compassion, contingency, cohesion, continuity, coherence, clarity, co-construction, complexity, consciousness, creativity, and community) and their neurobiological correlates in producing healing.

Chapter two, by Hesse, Main, Kelly and Rifkin, provided a review of the second-generation effects of trauma, how impairments in self-regulation could be transmitted from one generation to the next. The main argument was that lapses in the monitoring of reasoning during discussions of loss or trauma (when using the Adult Attachment Interview) might be subtle indicators of sporadic mental representational disturbances. These may cause subtle anomalous parental behaviours, which can have adverse effects. It was not trauma itself, but trauma without resolution, producing parental behaviours that were confusing to the child, that led to specific attachment patterns i.e. “fright without a solution, when the infant, frightened by his attachment figure, has nowhere else to turn.” I was glad to read that, since initial descriptions of disorganized attachment behaviour of infants stressed their neurological normality. Later, the authors described other conditions in which disorganized attachment behaviours occurred.

Chapter three, by Allan Schore, described the building of the neural circuitry necessary for self-regulation, as the flow of information and energy created the mind, the regulation of the flow was essential to how the self developed. He described early relational trauma, how early traumatic dysregulating attachments impacted negatively on the maturation of the brain during its growth spurt from the last trimester to the middle of the second year (the period of accelerated growth in the right hemisphere). He also described a possible neurobiological genesis of antisocial personality disorder.

In Chapter 4, Bessel van der Kolk gave an over view of Post Traumatic Stress Disorder and reported on his explorations into the brain activity of subjects during the reading of a script recounting their personal trauma. This showed that the left Broca’s area was shut down during a flashback whilst the non-verbal right visual cortex was activated. These findings paralleled van der Kolk’s impression from his clinical work, disconnection occurred and impaired the ability to produce a verbal narrative.

Francine Shapiro and Louise Maxfield presented an overview of Eye Movement Desensitization and Reprocessing (EMDR) which, Shapiro suggested for the purpose of the chapter, should stand for Emotional and Mental Development and Reorganization. The goal of this would be to forge new connections between unprocessed memory and more adaptive information that was stored in other memory networks. In the wake of the tsunami, the descriptions of the use of EMDR to treat trauma (in the school children victims of the Mexican Earthquake) using a group program developed by the members of the EMDR Humanitarian Assistance program, might be especially relevant.

In Chapter 6, Diana Fosha described, Accelerated, Experiential-Dynamic Psychotherapy (AEDP). In a case example, she demonstrated how to work with the affective experience of the client in the “stuck” state that originated in a mother-child traumatic experience. The process, which involved experiencing and expressing emotion, empathic reflection by the therapist, and somatic focusing and reflection, allowed the client to be freed from the constraints and somatic rules imposed earlier in life and to make fresh choices in the present.

In Chapter 7, Robert Neborsky described his method of short-term dynamic psychotherapy as related to the insecure attachment framework. He theorized that layers of feelings and defenses were formed because sub-optimal attachment experiences gave rise to a “primitive aggressive self-organization (PASO).” His therapeutic focus was the experience of the core emotions related to the PASO in the therapy. He illustrated this by a case example covering six hours of therapy.

In the final chapter Connection, Disruption, Repair Treating the Effects of Attachment Trauma on Intimate Relationships, Marian Solomon described a model for couples therapy. In this model, marital disagreements were seen as the outward sign of unresolved attachment yearning with resultant emotional disengagement leading to anger and despair. Her method involved focusing couples on the defensive processes that blocked emotional responsiveness during effective repair, since effective repair was seen as essential for secure attachment.

A colleague confided to me when I said I was reviewing this book that she had borrowed it from the library 8 months previously and hadn't been able to return it yet.

It is a book which constantly made me want to hunt out the source references, raised many questions, updated my knowledge in the area of attachment and trauma theory and renewed my enthusiasm for short term dynamically oriented psychotherapy. All in all, this book was a great, even if at times not easy, read and a worthy addition to my personal library and yours.

Hilary Le Page MBBS, Perth Australia

The Neuroscience Of Psychotherapy: Building and Rebuilding the Human Brain

Louis Cozolino. New York, NY: W.W. Norton & Co; 2002. CA \$44.00.

It's been a long time since I graduated from medical school and there has been an explosion of information about how the brain functions. I chose to review this book in an attempt to get up to date, and because I was curious about whether there were more things that I could do in my psychotherapy practice to improve the functioning of my patients in a lasting way.

In some respects, I was disappointed, as I don't think we are much wiser about the ways the brain functions when we conduct psychotherapy, or as Cozolino says "we are only at the dawn of understanding the brain" (p319). Yet, it appears that the field is at the brink of exciting findings and we now have specific technologies that can aid us in our work. The development of non-invasive ways of studying the function of the brain has made this increasingly possible.

Dr. Cozolino's fundamental premise was "that any form of psychotherapy is successful to the degree to which it enhances positive experiential change and underlying neural networks, growth and integration" (p315). All forms of psychotherapy are successful to the extent they enhance change in the relevant neural circuits. The brain is an organ of adaptation and built by experience during development and rebuilt during psychotherapy.

The book was divided into five sections. Part one looked at the tangled history of psychotherapy and the theories of how the brain develops and works. Part two zoomed in more closely on how the brain actually works - from neurons to neural networks and the role of memory systems and the stories we tell ourselves. In part three, the organization of the healthy brain, was considered along with the construction of narratives dealing with the distortions in thinking that are much of the focus of psychotherapy. "Therapy is not just the rewriting of the client's story; it is the teaching of a method, a process of integration - and a set of principles for future organization" (170). He made an elegant amalgamation of narrative psychotherapy with cognitive behavioural approaches. Part four looked more specifically at psychopathology and the role of the various parts of the brain and neurotransmitters. In particular, he focussed on the role of trauma as an example of how the past (memory) informed the present and the bridge between science and psychotherapy. The final section integrated what has been found and talked to the need of the psychotherapist to have an understanding of neuroscience, that the mind and the brain are one and the same, and that nature and nurture are two sides of the same coin with each informing the other. Language is the process by which the brain (memory) is accessed and through which the stories can be modified and new neuronal connections made.

In spite of my rather naive disappointment that there was no specific magic or lasting spell to change the brain to cure man's ills, I already had the answer. The way is to access the right brain (memory and emotions) through language (and psychopharmacology) and get into the open the distortion of thoughts and feelings and the meaning attributions so that they can be examined (left brain) and experiments done, to sort out what is valuable and true and should be retained, and what false or untrue and can be discarded. Then integration can take place.

I found the book fascinating. It brought me more up to speed regarding the neurophysiology of the brain and gave me more confidence that what I was doing had a valid physiological base. For those curious about the place of neuroscience in psychotherapy or for those who just want to get more up-to-date, I would highly recommend this book.

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Psychotherapy for Children and Adolescents: Evidence-Based Treatments and Case Examples

John R. Weisz. New York, NY: Cambridge University Press; 2004. 528 p. US \$34.99.

This is an excellent book for both the novice and experienced therapist as it addresses both the clinical and practical issues of conducting psychotherapy in children and adolescents as well as the more esoteric research issues. The book began with a historical overview on child and adolescent psychotherapy and laid the groundwork for understanding how research in psychotherapy has been conducted to date. This first chapter also clearly outlined some of the inherent methodological difficulties in conducting psychotherapy research and discussed the importance of looking to evidence-based therapies. The book was organized into four major sections that encompassed four broad areas of child and adolescent psychopathology including Anxiety Disorders, Depression, Attention-Deficit/Hyperactivity Disorder (ADHD) and finally Conduct problems and Conduct Disorder.

In each section of the book, a similar format was followed. Treatments that have clear empirical support and which have been shown to have beneficial effects were summarized. With each therapy presented, the conceptual-theoretical basis for the treatment, the treatment principles and procedures and the evidence for the therapy in children and adolescents were reviewed as well as the readiness of the therapy for clinical use was discussed. Four cases representing the four diagnostic categories were presented and in each section a case example was reviewed and the treatment principles were applied. More helpful, especially to the novice therapist, was that there was a trouble shooting section that noted common problems that can arise. Effective suggestions were provided to help troubleshoot these issues. For example, the chapter on adolescent depression provided some practical and helpful strategies for dealing with the loss of motivation that accompanied depression and caused difficulties in engaging depressed adolescents into therapy. After the clinical case was discussed, a more research focus examination of the scientific issues that remained salient for each treatment approach were clearly delineated. As well, the author identified questions that remain unanswered and suggested directions and strategies for further research. Finally, several resources were listed for those who wanted to learn more about the therapies outlined in each section of the book. It was this balanced approach to the clinical and the research aspects of therapy that made this book an interesting read.

Various forms of Cognitive Behavioral Therapy (CBT) were a major focus of the anxiety and depression sections, while a number of different

therapies including parent management training, anger management, family therapy and multi-systemic therapy were discussed in the ADHD and Conduct sections of the book. Although the book outlined treatment principles, it was not a book that taught 'how to do therapy' and unless there was some awareness and knowledge on the part of the reader about therapeutic principles, the book could be a difficult read as the focus was on the integration of research and clinical aspects of therapy.

The book concluded with a chapter on the strengths, limitations and future directions of evidence-based psychotherapies. It was in this chapter that the author clearly wrote to the interested psychotherapy researcher by addressing the issues that he believed needed attention in future psychotherapy research, specifying the yet to be answered questions.

By clearly outlining how various therapies could be used in the treatment of the four main diagnostic areas, the author helped the clinician further develop skills that allowed various therapies to be used effectively. Armed with the evidence that demonstrated whether various therapies are effective made the clinical armamentarium stronger. However, it was the unique way in which the author provoked the yet to be answered research questions that catches the eye of the psychotherapy researcher.

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Social Aggression Among Girls

Marion K. Underwood. New York, NY: Guilford Press; 2003. 300 p. US \$24.00 (paperback).

Aggression, specifically social and relational aggression, among girls has received a considerable amount of attention recently, especially given the publication of books such as Rachel Simmons' *Odd Girl Out* in 2002. However, whereas Simmons' account of aggression in girls took a more qualitative view of the subject, Marion Underwood's *Social Aggression Among Girls* acted as a companion volume of empirical research that enhanced and expanded on previous work in this area.

Underwood attempted to understand the differences in response to aggression between boys and girls and how these differences increased girls' propensity to use more social forms of aggression, such as gossip and exclusion, when dealing with conflict. Underwood expanded on girls' use of aggression in relation to emotions such as anger, jealousy, and sadness, an area that has not been sufficiently researched until now. Underwood's book offered a balanced, comprehensive review of the literature in the area of aggression in girls.

Underwood presented research findings in an organized fashion by dividing the book into three sections: Setting the Stage, Development, and Clinical Implications. Within each section, Underwood discussed subjects such as subtypes of aggression, gender and peer relations, girls' aggression in early childhood, middle childhood, and adolescence, as well as the consequences of social aggression, empowering girls, and new models of social aggression.

Underwood started by providing the reader with a much-needed overview of the subtypes of aggression found in the current literature on the subject. Underwood's summary of indirect aggression, social aggression, and relational aggression provided the reader with a basic understanding of the similarities and differences between the subtypes of aggression commonly described in the literature, thereby providing a springboard from which to begin exploring the area in greater depth.

Perhaps one of the most important themes in this volume concerned the popular perception that girls are much more likely to use social aggression than boys are. Underwood reviewed a dense selection of research that used diverse participants and assessment methods (e.g., self-report, interviews, parent and teacher reports, peer ratings, and observation) to highlight the fact that findings in this area are not yet clear as to the nature of aggression use in girls and boys. Underwood noted that preschool children do not recognise gender differences in the use of social aggression whereas their teachers do. Findings such as these drew attention to the role that gender stereotypes play in the evaluation of social aggression; Underwood noted that teachers may be accustomed to thinking that girls are manipulative and socially aggressive, thereby increasing teacher-reported ratings of this behaviour in girls. Studies of boys and girls through middle childhood and adolescence, were also inconsistent with respect to evidence of a significant gender difference in the use of social aggression; Underwood pointed out that girls may be more troubled by social aggression and may be more likely than boys to use social aggression when interacting with friends. Additionally, Underwood pointed out that both boys and girls use social aggression but that the episodes may differ between genders in that girls' episodes may be longer or more emotionally damaging than those of boys.

Underwood's review of the literature on social aggression, as well as on physical aggression and emotion in girls, stressed the complex combination of factors that precipitate the use of social aggression as a means of dealing with conflict. A strength of this volume was that Underwood did not simply provide a literature review; rather she extended the scope of the book to include a section dealing with the clinical implications of social aggression. The chapter on empowering girls and harnessing the power of sisterhood was a particularly poignant reminder of girls' strengths in the social realm: strong friendship bonds, verbal skills, and social intelligence. Underwood suggested harnessing these skills and integrating them into programmes to reduce social aggression in girls; placing a positive emphasis on girls' social skills would impart confidence in the reader that this problem is one that can be dealt with, as long as research progresses in the area.

One improvement to this book would be the inclusion of case-study examples to aid in understanding socially aggressive incidents; however, given that this book is intended as a balanced view of the literature and that other recent publications provide qualitative insight into the topic, the exclusion of case-studies is understandable. In general, Underwood's book provided a comprehensive summary of the literature in this area using culturally diverse samples from all stages of childhood and adolescence. Succinct chapter summaries that included a frank discussion of the many questions that cannot yet be answered provided insight into potential future research. This volume is an essential addition to the aggression researcher's library as well as a useful reference for graduate students and anyone with a general interest in the area.

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The Views and Experiences of Disabled Children and Their Siblings: A Positive Outlook
Clare Connors and Kirsten Stalker. London, UK: Jessica Kingsley Publishers; 2003. 187 p. CDN 37.95.

The book began with a chapter that reviewed policy, research and background information followed by an extensive discussion of a two-year qualitative research study on the topic from 1998 to 2000. The purpose of the study was three fold: to enhance the few studies which have explored children's perception of the impact of disability; to get a direct account of the impact on their siblings; and to provide information for current legislation in Britain. In Britain, local authorities were directed to minimize the effect of disability on disabled children and on other children in the family.

The study was carried out at the Social Work Research Centre of the University of Stirling as part of a research program funded by the Central Research Unit of the Scottish Executive. The implications of the study were intended to have a broad impact affecting mainstream and specialist service providers, as well as statutory providers (i.e. academics, policy makers and practitioners) working with children in the health and social care settings.

The policy and research background documented historical practices that were punitive and hostile. Changes in the late 20th century were attributed to the rise of the consumer movement; the demand for civil rights by minority groups and the adoption of the 1989 United Nations Convention on the Rights of Children. The latter document declared that children have the right to be consulted on any matter affecting them. Article 23 of the UN Convention on the Rights of Children specifically asserted that disabled children have the right to a full and decent life, to dignity and independence, and to be brought up in circumstances, which would enable their active participation in the community.

In the study, children were asked directly about their understanding of disability, the ways they negotiated the experience of disability in their daily lives, their perception of their relationships with professionals and their knowledge and views of services provided. The siblings' perception of the effects of having a disabled brother or sister, were also asked directly. This contrasted with previous studies in which the caregiver's perception was the focus.

The social model of disability proved to be useful and important to understand the book and research. This model emphasized the distinction between impairment, meaning a physical, sensory, or intellectual limitation; and disability, referring to the social, material and cultural barriers that exclude disabled people from mainstream life. Readers interested in the fields of childhood sociology and disability studies will find the condensed review and ideas expressed in this book informative.

The authors argued that qualitative studies have made a distinctive contribution to the sociology of childhood because they have enabled children's voices to be heard more directly. Qualitative approaches have been used increasingly in disability studies. In addition, the participatory paradigm in the design adapted the notion that expertise also resides in the research participant thus adding quality and relevance.

The authors acknowledged that barriers in recruiting meant that more children and family participants were from voluntary organizations working with disabled children than from schools. The participants totalled 25 families among which there were 26 disabled children with a wide range of disabilities, 24 siblings and 38 parents.

The methodological procedures and materials were listed in the appendices. Children and siblings were divided into two age groups, 8 – 10 years and 11-14 years. This division allowed the researchers to use different age-group adapted materials for data collections with the children who had sensory, cognitive and communication difficulties.

The research illustrated that disabled children and their siblings shared the experience of disability in terms of impairment, difference, people's reactions and physical barriers. The findings illustrated that managing the impairment with adaptation and making sense of their experience, rather than a feeling of tragedy, was crucial to the psycho-emotional well-being of the child. They the views of some past studies, and to some degree in this study, were that parents were sometimes identified as "part of the system of oppression" as well as being oppressed. The findings in the study had implications for interventions.

This book was rich in information and was well referenced with a subject and an author index. It was well researched with theoretical support for statements that challenged conclusions or findings by other researchers. It was also informative and made the materials used in the study openly available.

Findings, conclusions and summaries at the end of each chapter were analyzed in a manner appropriate to qualitative studies. As such, the information and discussion were conveyed well when compared to a published report in a journal. The approach used in the study also stimulated me as a psychiatrist trained with the medical model to include the social theories in our views of the disabling disorders.

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Violence in the Lives of Adolescents

Martha B. Straus. New York, NY: W.W. Norton & Company; 1994. 201 p. US \$35.00.

Once a week I consult to a child and youth mental health team working in North Surrey. This is a Vancouver suburb where many children grow up in abject poverty, often with single parents who struggle with poor accommodation, poorly paid jobs, unemployment, substance abuse and unrewarding relationships. "Grow-ops" and other types of crime abound, and the pervasive threat of violence on the streets and in schools frightens many youngsters. This book piqued my curiosity. Would it expand my knowledge? Give me some tools to work with these children and teens? Could I recommend it to the therapists working with them and their families?

The book served to remind me that, as Dan Offord and his group found in the Ontario Health Study, poverty is the major causative factor for many adolescent disorders. It reaffirmed that our assessment and treatment approaches must include attention to the social determinants of health, and liaison with other resources in the community. The author, a clinical psychologist, specializes in problems of adolescence, family violence, family development and women's issues. The strengths of the book lie in her perceptive depictions of abused and suicidal adolescents and their families, discussion of adolescent development, in-depth portrayal of various types of family violence, and vignettes describing her therapy with individuals and families.

There were deficiencies including a lack of attention to biological variables, and very little about the role of violence in the community. Although the vignette about the delinquent adolescent centres on a youth with learning and attention problems, the author believes that "At the root of most serious problems of adolescence lies severe family dysfunction, particularly child abuse and neglect." Despite the omissions, this book is well-written and interesting and would make a good introduction for mental health professionals who have little experience of working with adolescents and family violence.

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Vulnerability to Psychopathology: Risk Across the Lifespan

Rick E. Ingram and Joseph M. Price, Edit. New York, NY: The Guilford Press; 2001. 466 p. US \$55.00.

Vulnerability and resilience are extremely useful constructs in the field of child psychiatry with each occupying the opposite end of a continuum. This book, authored chiefly by psychologists, provided a comprehensive discussion of vulnerability which is believed to be the cornerstone upon which psychopathology is built. The authors described psychopathology loosely as having a subjective component (distress) and an objective component (the inability to function in a role that is developmentally appropriate). They defined vulnerability as having some degree of stability and permanence and stated it resided within the individual as an endogenous trait. Biological and environmental stress could then act on the vulnerable individual, resulting in symptoms or disorders.

One of the highlights of the book was the authors' inclusion of both the adult and youth perspectives of clinical problems. Research generated from this perspective was necessarily given a developmental context. This "across the lifespan" perspective recognized that there has been a lack of connection between adult and child psychiatry. A longitudinal perspective to understanding psychopathology is important and has not been applied as much as it should in psychiatry textbooks and training programs.

Following each chapter devoted to a particular syndrome was a chapter highlighting the important issues across the lifespan. Using this format, the authors succeeded in doing what few authors have done in the past, providing a longitudinal approach to understanding mental disorders across all ages. Childhood precursors of vulnerability to psychopathology were discussed.

The book was divided into three sections. The first was devoted to a discussion of the construct of vulnerability. It focused on the usefulness of approaching psychopathology from the context of vulnerability processes. The authors discussed child and adolescent factors separately from adult vulnerability. The second section discussed personality disorders and was particularly interesting. In this section, the authors looked at precursors to personality disorders in childhood and identified antecedents to core aspects of personality disorders such as overly close relationships a condition that makes a young person vulnerable to a number of personality disorders. The third section discussed substance abuse, depression, anxiety disorders, schizophrenia, and eating disorders. A particularly useful addition was the summary chapter, which highlighted the important adult, and youth issues and underscored the main points of the chapter.

The final section summarized issues related to the construct of vulnerability and considered future directions. There was an emphasis on the perspective of the individual in understanding which and how vulnerability factors interacted and determined the final psychopathological outcome.

In summary, the authors made a convincing argument when they stated that future research and understanding of psychopathology, using the construct of vulnerability, could aid in understanding the causes of psychopathology. This approach would also promote research with a developmental perspective. Those readers interested in issues related to treatment will find them only very briefly discussed, as it was not a major focus of the authors. The book was useful in conceptualizing psychopathology within the construct of vulnerability and also provided a thoughtful perspective for clinicians and researchers interested in understanding psychopathology across the lifespan.

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