

## BOOK REVIEWS

Dear readers;

Five years ago, I was placed at the helm of this Book Reviews section, fresh out of training, eager to contribute, and welcomed warmly to the fold by an enthusiastic editorial staff. I developed a vision (described in the February 2010 issue) of fostering a broadened inclusiveness of books reviewed, of reviewers themselves, and language of publication, and also of bringing to the reviews published in our pages an astute and conversational tone. Thanks to the support of the Journal, you readers, and especially you reviewers who have taken on the hard work of writing for this section, I have had the privilege of witnessing this vision come to fruition. I am enormously grateful for that opportunity, and offer my deep thanks to you for it.

After five years and twenty issues, I will now be stepping down as the Book Reviews editor for the *Journal*. This step is taken with some parting sadness, but also with certainty and gratitude. With this transition the Book Reviews section will fall under the direct guidance of the Journals' editors, who will manage its future manifestation. I trust that the section and this Journal will continue to thrive and evolve in good health going forward. I hope to see some of what we together have brought to this Book Reviews section in the past years persist into the future of this *Journal*.

Regards,

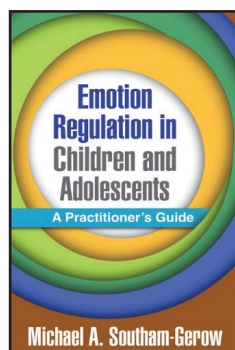
**Daniel Lafleur, MD, CM, FRCPC**

**Book Reviews Section Editor**

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### **Emotion Regulation in Children and Adolescents: A Practitioner's Guide.**

*Michael A. Southam-Gerow. Guilford Press: New York, NY, 2013. 254 pages. \$40, hardcover.*



Emotion regulation, the processes by which individuals maintain their emotional responses and reactions, is a fundamental, yet often overlooked aspect in mental health and mental illness. Competence with emotion regulation skills helps a person be happy and resilient. Conversely, a deficit in emotion regulation skills is a risk factor, and is seen in all manner of mental health conditions.

The book is divided into various sections that include a key conceptual framework, an approach to assessing a client's

emotional regulation, and eight modules for emotion regulation. Each module has objectives and procedures for the therapist. These include practical "How To" instructions for therapists, which include numerous examples of games that can be used to teach the concepts. There are examples of dialogue between therapist and client. Client handouts are available that can be photocopied from the book, and are also downloadable online.

In a developmental fashion, each module builds on the preceding material. Nonetheless, for clients who do have the skills in a particular module, modules can be used as independent, stand-alone sections. Each module can be used at any point with a client, independently of other modules, which provides greater flexibility than traditional treatment manuals, which must be used as a complete package. Thus, a clinician can use specific modules based on the specific needs of the client.

One criticism would be that although the author discusses the importance of involving parents, the therapeutic focus of the book was nonetheless on individual sessions with the child or youth. Given the central role of secure attachment in helping the average child or youth be able to self-regulate, more attention to working with parents would have been appreciated.

Therapists with an attachment orientation would probably focus on improving the attachment cycle between the parent and child as the main way to improve a child's emotional self-regulation, with the rationale that repairing attachment naturally allows a child to then learn emotion regulation. However, in situations where this is insufficient or impossible (e.g. parents are unavailable or too overwhelmed to work with), the modules in this book provide a very useful framework to guide the therapist in individual therapy with the child.

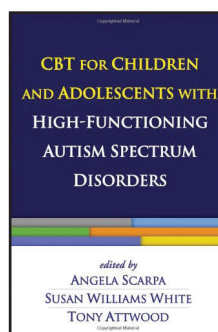
In summary, this book does a decent job of discussing the theory of emotional regulation, and provides trainees and therapists with eight modules that can be used for helping children and youth with emotion regulation.

**Michael Cheng, MD, FRCPC**

Ottawa, Ontario

### **CBT for Children and Adolescents with High-Functioning Autism Spectrum Disorders**

*Angela Scarpa, Susan Williams White, Tony Attwood, editors. The Guilford Press: New York, 2013, 329 pages. \$45. (US), hardcover.*



I chose to review this book, because some of the authors are world-renowned authorities in the field of Autism Spectrum Disorder, with extensive research experience. Autism has been a hot topic, and new books come out every day. At the end of assessments, when children have been newly diagnosed, it has become the practice to recommend books for parents and teachers to learn more about the condition. Parents of children with High-Functioning Autism Spectrum Disorder (HFASD) often ask about individual or group psychotherapy for their children, to try to help them make friends or deal with the stress of being different. This book answers the question: What is the state of the art at this time, concerning what CBT groups can achieve, to help this population? I would not list it as a recommended book on the closing stage of a diagnostic assessment.

The first sentence (page xi) of the Preface and Acknowledgments states: "The goal of this book is to provide scientists, practitioners, and students with a single-source overview of promising interventions that use a psychosocial approach to teach cognitive and behavioural skills to children and adolescents with HFASD". This is precisely what this book succeeds in doing, and only this. It is not a book written for parents, or medical students, or people with high-functioning autism. It has at once, too much and too little information for any other group. It discusses assessment tools and interventions, but does not contain these assessment tools and manuals for the interventions. If a practitioner wants to start a cognitive-behavioural group for children or adolescents with HFASD, it is an extremely useful book, because it presents an overview of what CBT is, what HFASD is, how to adapt CBT for children and adolescents, what modifications are needed to adapt CBT for those with HFASD, and then it suggests programs that are evidence-based. But if you want to know how to teach your child to be more social, this is not the book for you. Step-by-step instructions are not provided.

The first two chapters of Part I are wonderful. The first is a history and description of CBT, including modifications needed for children. The second is a chapter about modifications of CBT for children and adolescents with HFASD. If the book stopped here, I would recommend it for people who work with children and adolescents with HFASD, because in describing how to adapt CBT for HFASD children, it provides a clear and concise, accurate description of the thinking styles, the sensory challenges, etc., of children and adolescents with HFASD.

After this, the book is for a more specialized audience. The third chapter of Part I, about the role of assessment in guiding treatment, is a reference of which tests are available to determine different capacities, an evaluation of these tests, and why this testing should be done. Parts 2, 3, and 4 are similarly specialized. They concern, respectively, anxiety and behaviour problems, social competence, and sexuality and affection. Each section discusses one or several manuals to lead individual, family or group sessions concerning different aspects of these areas of concern. The manuals are not included, but they are summarized, and research to date on the manuals are presented. Since different chapters have different authors, and each author typically is describing manuals they have written or worked with, there is repetition, for example, in describing how to modify programs for the HFASD population. There is a difference in the amount of detail in each chapter. Sometimes a manual is described in depth by summarizing each session, which I preferred, and sometimes a lot less information about the actual sessions is provided. If I want to start a group, say, for CBT for stress and anger management in young children with HFASD, I could read all about the Exploring Feelings Intervention: the history, how it was adapted, an overview of the sessions, the research to date, and future

directions. However without a copy of the manual included in the chapter, the description of sessions is too vague to know what to say without the manual. I am also not certain that there is not a better program in existence, because the chapter does not compare the manual presented with other programs that may have the same goal. Perhaps the manuals and tests presented in this book are the state of the art. The research foundation behind them is exhaustively presented.

A problem in the area of Autism treatment is that programs and products are marketed with little or no research behind them. Some of the programs described in this book are not that successful in achieving their goals, and often results are mixed, but it is doubtful that there are much better programs out there with the research to prove it, because I suspect if there were, they would have been included in this book.

The last chapter is a nice summary and overview of the book, and can appeal to a less specialized audience.

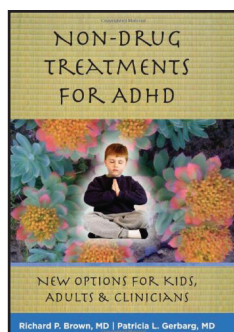
In conclusion, I recommend this book for those who plan to run groups for children and adolescents with HFASD, either as part of a clinical or a research program.

**Shirley Dobrofsky, MDCM, FRCPC**

University of Alberta  
Edmonton, Alberta

## Non-Drug Treatments for ADHD: New Options for Kids, Adults and Clinicians

*Richard P. Brown, Patricia L. Gerbarg. W.W. Norton and Company: New York, NY, 2012. 251 pages. \$32.50, hardcover.*



It was a reasonable challenge from a parent of a newly diagnosed ADHD patient. “I do not want my son to take medications. I assume you offer other treatment options?” I reviewed our clinic offerings, including CBT groups. But based on my clinical experience, this 24-year-old newly diagnosed student needed a medication intervention as well. The situation was further complicated by my patient’s profound desire to respect his mother’s wishes while at the same time, wanting to take medications. He attended several group sessions but over time he drifted away. I was dogged

by the sense that I could have better met his needs had I been able to offer other biologically oriented treatments.

In “Non-Drug Treatments for ADHD: New Options for Kids, Adults and Clinicians” I found a sound, scientifically-based approach to the implementation of alternative treatments. Psychiatrists and clinical faculty, Dr. Brown, psychopharmacologist, and Dr. Gerbarg, clinician, present the information in balanced ways, never disrespectful of traditional psychopharmacologic approaches. The book is structured to discuss a range of treatments, including herbs, diet, vitamins, mind-body practices, and neurofeedback and to review the evidence base for these treatments. Wherever possible, the authors use evidence from randomized clinical trials. They also discuss the challenges of mounting research studies without the financial support available from pharmaceutical companies.

This book is written for lay people and their doctors. A patient might offer it to their treating physician as resource material when requesting alternative treatments. It is written in a colloquial style, but the authors do not shy away from covering important scientific topics like neurotransmitters, receptors and genetics. I will use the accessible chapter, “Why Sweat the Science? Just a Tasting of Science Soup”, to teach even patients without ADHD about neurotransmitters. I like the authors’ focus on more recently postulated areas of ADHD dysfunction - Hypoarousal/Impulse Control, Reward Deficiency and Emotional Dysregulation - as areas for treatment targets. Throughout, they remain committed to the science of ADHD and its treatments. The importance of emerging research, such as how genetic variability may explain response differences to specific preparations, is emphasized throughout.

Each section includes a resource list with recommended books, resources and websites for further research. Many chapters include practical suggestions on indications for various remedies, recommended trusted brands and doses. When the evidence is scanty, a section like “How can I use this information now?” provides preliminary advice. Readers are encouraged to use the resources provided to stay up to date with new developments.

The section on yoga is full of practical suggestions for use with children and about tailoring programs for individuals with specific needs. They present a school-based yoga program for young children, which would no doubt be helpful for many, and refreshingly, review the research to support its use. The section on neurostimulation offers some of the foundational science underlying these techniques. While it is important to know about this area as a promising future treatment, Brown and Gerbarg extrapolate optimistically from the small studies. They do so with full disclosure however.

Overall, this book is approachable and user-friendly, a valuable resource for patients and their families. It is an excellent

starting point for the clinician seeking reliable information about alternative treatments. But I will need to know more before I am comfortable offering these approaches to my patients as part of a range of treatment options (I certainly know where to look for this information given the extensive resources provided by Brown and Gerbarg.). It would be good to have a comprehensive clinician-focused book which might be a companion to “Non-Drug Treatments for ADHD: New Options for Kids, Adults and Clinicians”.

Equipped with strategies from this book, I am prepared to have a more comprehensive discussion with my 24-year-old patient who has drifted away from the clinic. I’ll send him home with the book. I will also need another copy as an office reference, as I imagine I’ll be referring to back to it frequently.

**Elisabeth Baerg Hall, MD, FRCPC**

University of British Columbia

Vancouver, BC

On behalf of the Editorial Board of *The Journal of the Canadian Academy of Child and Adolescent Psychiatry* we would like to convey our gratitude to Dr. Daniel Lafleur for his leadership and tireless effort for the benefit of our readership. Daniel’s commitment, tenacity and patience as Book Review Section Editor has greatly contributed to the advancement of our Journal.

The Journal will continue to publish Book Reviews and invite you to consider a submission of reviews of printed or electronic material of interest to the child and adolescent mental health professionals and/or of public interest.

Instructions to Authors <http://ilinks.info/authors>

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Abel Ickowicz, MD, MHSc,  
Associate Professor and Director of Professional Development  
Division of Child and Youth Mental Health,  
University of Toronto