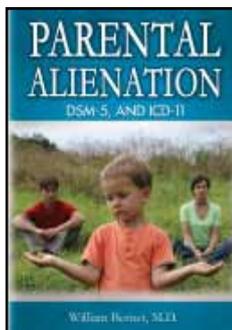


## Parental Alienation, DSM-5, and ICD-11

William Bernet. Charles C. Thomas: Springfield, Illinois, 2010. 240 pages. \$67.95, ouvrage relié.



Le but de cet ouvrage est double: d'informer d'abord les praticiens travailleurs sociaux, psychologues, psychiatres, ainsi que les praticiens du droit, de l'importance du phénomène, mais également de faire valoir que le temps est venu de reconnaître l'aliénation parentale, dans le DSM-5 et la Classification internationale des maladies, comme étant un syndrome à plein titre.

À l'appui de son propos, le docteur Bernet met de l'avant les recherches tant qualitatives que quantitatives effectuées depuis 1970 par différents auteurs de divers pays sur le sujet de l'aliénation parentale. Ces auteurs sont cités dans le texte original pour bien établir qu'il s'agit là d'un phénomène universel susceptible de se produire quand certains enfants/adolescents se retrouvent piégés dans une alliance toxique avec un parent. Les diverses techniques utilisées par l'enfant, les parents et la famille élargie dans le processus d'aliénation sont bien illustrées tout au long du volume.

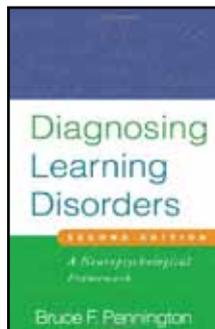
Cet ouvrage ne traite pas des complexités des interventions à effectuer auprès des enfants, de leurs proches, ou même auprès des professionnels. Mais tel n'est pas le but de cet ouvrage.

*Parental Alienation* est un excellent volume de référence pour les praticiens de divers ordres professionnels sur le sujet de l'aliénation parentale et une excellente mise à jour sur les discussions actuelles. Nous y retrouvons en corollaires les notions d'attachement, de triangulation, d'abus parental, de lavage de cerveau et d'influence parentale induite. Ce volume pourra également être utile pour ceux et celles qui témoignent, comme expert ou témoin ordinaire, devant un tribunal où il convient de faire valoir le meilleur intérêt de l'enfant, par exemple, dans les conflits sur la garde ou les droits de visite.

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## Diagnosing Learning Disorders. A Neuropsychological Frame. Second Edition

Bruce F. Pennington. Guilford Press, New York, NY, 2009. 355pages. \$ 40 (US), hardcover.



This is a brilliant book written by an internationally renowned scholar still very much at the height of his critical and analytic powers. It is, however, not for the faint of heart as the writing style is rather deep and dense at times. Some passages in various chapters need to be read a few times to unravel their kernels of truth. I will offer a few examples of the book's diverse treasures.

The book is structured into three sections: Basic Concepts; Reviews of Disorders; Implications for Practice and Policy. They show a remarkable range of neuropsychological and scientific understanding. The experienced practitioner's eye not only leaves the reader with an insightful descriptive analysis of these learning disorder conditions, but ventures into the muddy waters of clinical utility and the overarching policies of health care management (usually avoided in this underserved patient population).

I will briefly illustrate examples from each section to attest to the richness and clinical utility of this book.

In Part I, the Basic Concepts section, the author acknowledges that the earlier version of this book had espoused a 'modular single-deficit model of cause for neuropsychological disorders' but this was no longer tenable, and this book advocates 'a multiple deficit model of aetiology and neuropsychology of learning disorders' (page 6). Rather than paraphrase I will quote some of the details as the 'devil is in the details.'

1. The aetiology of complex behavioural disorders is multi-factorial and involves the interaction of multiple risk and protective factors, which can be either genetic or environmental.

2. These risk and protective factors alter the development of the neural systems that mediate cognitive functions necessary for normal development, thus producing the behavioural symptoms that define these disorders.
3. No single etiological factor is sufficient for a disorder, and few may be necessary.
4. Consequently co-morbidity among complex behavioural disorders is to be expected because of shared etiological and cognitive risk factors.
5. The liability distribution for a given disease is often continuous and qualitative rather than discrete and categorical, so that the threshold for having a disorder is somewhat arbitrary.”

As the author explains, with co-morbidities such as Reading Disorder and ADHD, each disorder has its own profile of risk factors (etiological and cognitive) but some of these risk factors can be shared in another disorder, hence the co-morbidity. This reminded me of the co-morbidity between Fetal Alcohol Spectrum Disorders (FASD) and ADHD or ASD/Asperger’s Disorder, which is my particular area of expertise.

Part II of the book deals in depth with a range of disorders which range from the more traditional learning disorders such as Dyslexia, Mathematics Disorder, non-verbal learning disorders and Communication Disorders to developmental psychiatric disorders such as Autistic Spectrum disorder and ADHD which have learning disorders embedded in their clinical presentations. In this part, the author also describes Developmental Co-ordination Disorder from a holistic perspective. This section of the book will surely find a place in the busy child and adolescent psychiatrist’s office and offers an academically rigid and clinically relevant guideline for diagnosis and management.

Part III, Implications for Practice and Policy, lifts the book to a whole different level. There is an acknowledgement of the traps of mistaken beliefs which are rife in medicine, particularly in the area of learning disorders and intellectual disability. He quotes Carl Sagan’s ‘The Demon-Haunted World’ (1995) and ‘Why people believe weird things: Pseudoscience, Superstition and Other Confusions of Our Time’ (Michael Shermer, 1997). He further challenges the reader by offering the concept that ‘what we see with our own eyes can easily turn out to be wrong’ (page 252). Again quoting, another seminal writer, Karl Popper (1959), he re-iterates that the proper goal of science is to falsify hypotheses not to confirm them.

These concepts are not brought forth to invalidate current scientific beliefs in the area of learning disorders, but to exhort further scrutiny and honesty. Controversial hypotheses and therapies abound in the area of intellectual

disabilities and learning disorders, including the MMR vaccine and secretin theories.

Nevertheless, the author strongly affirms the importance of this area of clinical medicine, and reminds us that the prevalence of mental illness and learning disorders is a significant problem, particularly in countries that are not ravaged by infectious diseases. The recognition of the public health impact of these disorders should be guiding health care policies and evidence based treatments. One striking figure, although outdated, stands out from the book as food for thought: the lifetime costs to society for a person with autism is estimated to be \$4 million (1996 US figures from Newschaffer & Curran, 2003). When will governments in developed countries notice?

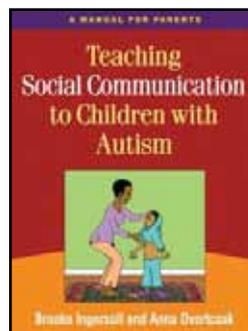
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### **Teaching Social Communication to Children with Autism: A Practitioner’s Guide to Parent Training**

*Brooke Ingersoll & Ann Dvortcsak. The Guilford Press, New York, NY, 2010. 386 pages, \$85 (US).*



*Teaching Social Communication to Children with Autism: A Practitioner’s Guide to Parent Training* is the written curriculum for Project IMPACT (Improving Parents as Communication Teachers). Project IMPACT was designed to integrate parents as teachers for early intervention programs for young children with autistic spectrum disorders (ASD). The IMPACT program draws from evidence demonstrating that parent training enhances social interaction, joint attention, and play skills. This model operates on the premise that parent training is cost-effective, applicable, promotes improved generalization and maintenance of skills, and enhances parental optimism while decreasing stress. The focus is on improving core areas of social communication including social engagement, language, imitation, and play through a handful of interventions. To this end, the authors have provided the field with a comprehensive and

easy-to-follow guide for parents to teach their children with ASD social communication skills.

Since the development of early intensive interventions for youth with autistic disorders in the 1960s, the field has been generally divided between those following a developmental approach and those using behaviourally-based techniques drawing on operant conditioning. This guide incorporates elements of both approaches in a unified manner.

Ingersoll and Dvortcsak have laid out their curriculum in a two-book and DVD package. The practitioner's manual provides in-depth lesson plans for both individual and group instruction. The parent manual is a concise manual of stepwise interventions including helpful illustrations and homework sheets. The DVD features detailed PowerPoint presentations for group instruction and illustrative video clips of parents demonstrating intervention techniques.

These manuals teach "Interactive Teaching Techniques" to enhance the child's spontaneous initiations, including "Follow Your Child's Lead," "Imitate Your Child," and "Animation." Once the parent is adept at these, further interactive teaching techniques are introduced to provide playful barriers to the child's solo activities and provoke further spontaneous communication. Finally, "Directive Teaching Techniques" outline prompts designed to increase the complexity of communication with immediate natural reinforcement of desired elicited behaviour. Throughout these pages, readers are exhorted to optimize "teachable moments" to enhance the learning of these strategies.

The authors provide consistent lesson plans packed with guidance. The lessons are proactive in identifying common pitfalls and include helpful troubleshooting tips.

While the logic is clear and the instructions are step-wise, the reader may be inundated by the redundancy of the guide. The over-inclusive style of the manual will likely

benefit new trainers, and help maintain fidelity of the curriculum, but will limit its use as a quick reference.

The parent manual was succinct, jargon-free and user-friendly. The DVD video clips were helpful to visualize the differing strategies and to consolidate skills.

While the manuals provide structure, parents may find they still flounder with the lack of operationally defined behaviours and difficulty in charting a child's progress. They may similarly find the goal-setting guidelines to be nonspecific and not representative of their child's development.

Ingersoll and Dvortcsak summarize a favourable review of the evidence of parent training, but a critical appraisal of the evidence yields three fair-quality randomized controlled trials with only some indication of short-term improvements in language, social, and adaptive skills. The evidence on the effectiveness of early intervention is also mixed.

This should not be the sole manual on the bookshelf of parents and trainers of young children with ASD. A variety of training approaches and breadth of knowledge in the field will lend itself to an eclectic approach to this difficult-to-treat patient population.

These manuals supplement other resources by providing clarity and concrete instruction for the treatment of a disorder of uncertain prognosis. This training manual and DVD package are an essential resource for parents and therapists of children with autism spectrum disorder.

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