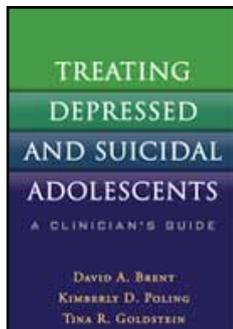


Treating Depressed and Suicidal Adolescents

David A. Brent, Kimberley D. Poling and Tina R. Goldstein. *The Guilford Press: New York, NY, 2011.* 276 pages. \$35.00 (US), hardcover



Treating Depressed and Suicidal Adolescents is a well organized and detailed description of a method to treat adolescent patients developed by the Services for Teens at Risk Center (STAR-Center) in Pittsburgh, Pennsylvania. This book presents a straightforward management recipe with a complete framework easily applicable to most treatment settings. However, despite providing a description of the success that the STAR-Center has had using this approach, the authors do not provide the data in this book to review the utility of this treatment paradigm.

The treatment method described by the team at the STAR-Center in this book draws on skills from many different treatment modalities including cognitive behavioural therapy, dialectical behavioural therapy, interpersonal therapy, family therapy and pharmacotherapy. One of the greater strengths of this book is the numerous case examples described throughout the text to clarify specific tools and skills introduced to follow this treatment method. Another strength of this text is the inclusion of numerous worksheets (some reproducible at the Guilford Press website for those who have unlimbered their wallets to obtain the book) with easy to follow guidelines for clinicians and patients to work through.

The book's introduction involves a discussion of the evidence for current treatment approaches in the clinical care of depressed adolescents. The authors begin by describing a method for the assessment of adolescents presenting with low mood and/or suicidal ideation. Playing towards the strength of this book, it offers numerous examples and questions to assess the DSM-IV-TR criteria of depression and bipolar disorder. It also guides

practitioners through questions related to other mental health diagnoses that may present differential diagnosis challenges including anxiety disorders, eating disorders and substance-use disorders.

The next section presents recommendations for a successful therapeutic environment. This section provides ample details of how to structure and carry out successful therapy sessions including safety planning, creating engagement to therapy, rapport building, psychoeducation and goal setting.

The authors go on to describe specific techniques to be used during therapy sessions with depressed and suicidal teens. One of the more useful techniques that the book describes is chain analysis. This technique enables both therapist and patient to identify the various factors leading up to a problematic behaviour such as a suicide attempt. The text then continues with a discussion of ways to intervene in areas of the chain to reduce the recurrence risk of similar behaviours. The book goes on to include discussion of other features of CBT that are integrated into this treatment method including behavioural activation and addressing negative core beliefs. In these chapters there are numerous worksheets for clinicians and patients including safety planning, chain analysis, treatment planning and the Emotions Thermometer to be used throughout therapy.

The consolidation phase of treatment described next covers the subsequent 3-6 months of treatment. During this phase the book also provides an approach to the treatment of residual symptoms such as sleep difficulty, fatigue and irritability. The authors conclude with a description of the maintenance phase of treatment and its utility to reduce relapse in the critical first year of remission from depression.

Also of utility to clinicians working in this field is the chapter on treatment-resistant depression. This chapter identifies features of treatment resistance and its clinical significance in the adolescent population. It also provides insight into identifying risk factors that may predispose patients to treatment resistance. The chapter concludes with suggestions for the management of specific predisposing factors associated with treatment-resistance.

We recommend this book as a valuable asset for clinicians who work with depressed and suicidal adolescents. Its user-friendly approach of incorporating psychotherapy and pharmacotherapy approaches makes it a handy quick reference to keep in the office. The emergency

room mental health clinician will also likely benefit from the book's review of safety plan development and implementation, which may be particularly beneficial in the management of patients being discharged from the emergency room.

Benjamin Grintuch
Resident in Psychiatry
University of Calgary
Calgary, Alberta

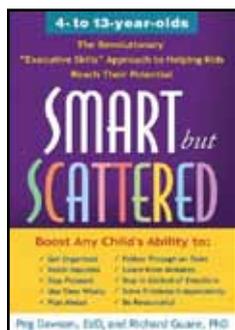
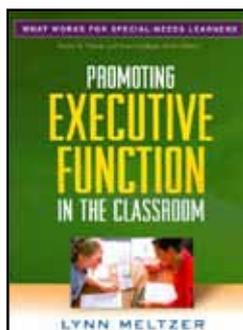
Waqar Waheed MD, FRCPC, DABPN
University of Calgary
Calgary, Alberta

Promoting Executive Function in the Classroom

Lynn Meltzer. The Guilford Press: New York, NY, 2010. 252 pages, \$35 (US), softcover.

Smart but Scattered

Peg Dawson & Richard Guare. The Guilford Press: New York, NY, 2009. 314 pages, \$17.95 (US), softcover.



This review intends to contrast two books written about executive functioning. The first book, “Promoting Executive Function in the Classroom” (Lynn Meltzer) is targeted at teachers. Its aim is to encourage educators to teach executive function skills to all school aged children. The primary focus is on special-needs learners, such as individuals with symptoms of attention-deficit hyperactivity disorder. The book is presented fairly clearly, in that the figures and tables presented condense the information from the general text in a meaningful way. Although the large format promotes the photocopying of worksheets, there are only a few worksheets provided and they appear to have no specific rationale to their use.

The major shortcoming of this book is its reliance on techniques taught through organizations which Meltzer co-founded, including the Institute for Learning and Development (ILD) and ResearchILD. Both of these organizations are cited widely throughout the book, and it is difficult for the reader to feel that they have

fully understood how they can help their students unless they seek out resources through these other institutions. Unfortunately, because too many examples stem from Meltzer's organizations, there is a bit of a sense of advertising for these other organizations. For example, in helping to assess students, Meltzer suggests using several MetaCOG surveys which are available from ResearchILD. In showcasing strategies to help students organize their work, the STAR strategy or Triple Note strategy are suggested, though further information must be garnered from Meltzer's organizations. Even the clinical vignettes provided at the end of the book highlight strategies that cannot be fully implemented unless the reader purchases materials from Meltzer's organizations. Although there are a few specific strategies that that can be applied in the classroom without the additional aids, they are difficult to identify as they are scattered within the book alongside strategies that require support through Meltzer's organizations. This book is difficult to digest as a stand-alone reference, and it would most useful as an adjunct to other executive functioning books.

The second book about executive functioning, “Smart but Scattered” (Dawson & Guare), is aimed at parents who have children who may be struggling with various aspects of their lives, including their academic life, their interactions with peers, and their relationships at home. It proposes to teach parents to train their children to improve their executive skills set. The wide range of activities targeted includes daily routines, such as cleaning up a bedroom, learning to manage negative behaviours and emotions, and tackling homework. The writing is clear overall and it is fun to read. There are some concerns about the excess emphasis on theoretical aspects in the first chapter. Parents who may also have executive skills deficits may find this chapter heavy to read and may have a hard time staying focused on the meaning. This book is quite interactive, and one strength of this book is its use of questionnaires to assess skills. Questionnaires are provided both for children (of various ages) as well as parents, so that they can both see their strengths and weaknesses. Following the questionnaires, there are examples of how the executive skills strengths and weaknesses in both parents and children affect their interaction style.

Parents are encouraged to use this knowledge to increase their patience and improve their relationship. This book is also strong in that many specific examples are given that show how to apply skills building in real-life situations. Techniques to teach executive skills are shown in a step-wise manner, and planning sheets are available throughout the text. There are also numerous fill-in sheets available for parents to use. Another strength of this book is its focus on the emotional aspect of executive functioning, and providing strategies to bolster the emotional skill set of children. One drawback to this book is that the physical format is smaller, so it is less convenient for

parents to photocopy and utilize the fill-in sheets provided. This book would be strongly recommended for any parent who wishes to help their children maximize their potential, even if they do not have identified academic or behavioural struggles.

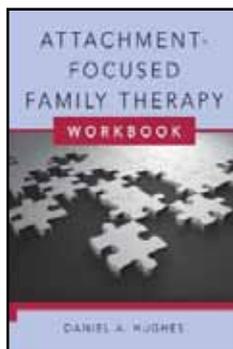
Hygiea Casiano, MD, FRCPC

University of Manitoba

Winnipeg, Manitoba

Attachment-Focused Therapy Workbook

Daniel Hughes. WW Norton & Company: New York, NY, 2011. 253 pages. \$31.50 (CDN), softcover.



Dr. Daniel Hughes, a well published psychologist who specializes in attachment, has written a practical handbook for clinicians looking to learn how to conduct attachment-focused family therapy (AAFP). Specifically designed to help foster and adoptive families of children with signs of developmental trauma and attachment disturbances, AAFP was originally developed under the name Dyadic Developmental Psychotherapy (DDP).

The book starts off with an overview of attachment theory for those who are new to the world of attachment. Key concepts in the treatment approach include:

- 1) Intersubjectivity; 2) Affective-Reflective Dialogue;
- 3) PACE; 4) Repair of the Attachment Relationship; and,
- 5) Therapist as Attachment Figure.

Intersubjectivity is how the therapist can help the patient regulate his/her affect by matching the patients' affect. For therapists trained to be always calm and neutral, this may feel unnatural. Interestingly enough however, it is what most of us do naturally in conversation with others, e.g. when listening to a friend or co-worker tell a story, we naturally match their affect.

Affective-reflective dialogue is a technique whereby the therapist helps the patient integrate the affective (i.e. emotional) meaning of an event with the "cognitive understanding of the event." Integration of the affective-reflective is important, because when dialogue is reflective only, it tends to be 'intellectualization', and when dialogue is affective only, it is catharsis. For those familiar with

cognitive behavior therapy (CBT), it is somewhat similar to helping clients see the the link between feelings and thoughts, and vice-versa.

PACE is the therapist's attitude of being "playful" (i.e. being optimistic, humour when appropriate); and having "acceptance" (i.e. being validating/accepting of the patient's experience without judgment), "curiosity" (i.e. showing non-judgmental interest and curiosity in the patient's experience) and "empathy" (for the therapist to convey his/her experience of the patient). Although PACE is an attitude that the therapist employs throughout the therapy, it is really the same natural attitude that healthy parents would normally have with their children.

Whereas many clinicians naturally feel disappointed when there are breaks in the attachment relationship with their clients, Dr. Hughes views these breaks as inevitable, and in fact, welcomes breaks as an opportunity to resolve the break, thereby strengthening the relationship.

One of the challenges in working with overwhelmed parents is that standard psychoeducational, directive or advice-based interventions fail, because parents are simply too overwhelmed. In other words, parents may need to feel cared for themselves, before they can care for their children. The solution to this dilemma is to ensure that the therapist can be an attachment figure for the parents, by first connecting, accepting, validating and empathizing with the parent. A parent that feels cared for, will have their 'parenting circuits' reactivated and recharged so that they can then care for their child.

As a workbook, various techniques are used to make the content more visually appealing, and easier to learn. The format for each chapter is similar, starting off with a brief overview of the chapter material. There are extensive examples of session dialogue throughout, which greatly helps the learner in knowing what to say during therapy. Each chapter finishes with a quiz. Finally, the workbook includes a DVD with a sample therapy session.

I thoroughly enjoyed this book, and using its principles has greatly enriched my psychotherapeutic armamentarium, and it has enabled me to have breakthroughs with families in situations where I have previously been stuck and struggling. Regardless of the mental health issue, strengthening a patient's attachments is helpful and in many cases, that will be sufficient. In other cases, additional, specialized techniques and medications may still be required, but outcome is always improved with strong attachments. In summary, I would highly recommend the Attachment-Focused Workbook for all clinicians and trainees working with children and youth.

Michael Cheng, MD, FRCPC

University of Ottawa

Ottawa, Ontario