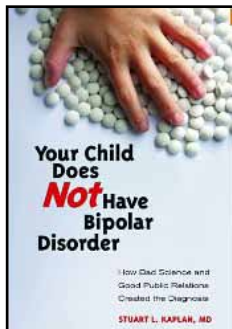


## Your Child Does Not Have Bipolar Disorder: How Bad Science and Good Public Relations Created the Diagnosis

Stuart L Kaplan. Praeger: Santa Barbara, California, 2011. 190 pages. \$36.33, hardcover.



Many handbooks profess to be a guide for parents who suspect their child has pediatric bipolar disorder. *Your Child Does Not Have Bipolar Disorder* provides an alternate approach that begins by introducing the concept of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and highlights the criteria required to diagnose adults, which differ significantly from symptoms that have been used to characterize pediatric bipolar disorder. There is no separate diagnostic category for pediatric bipolar disorder in the current edition of the DSM. Dr. Kaplan argues that the chronic irritability, aggression, anger, explosiveness, mood dysregulation, hyperactivity, and behaviour problems that often characterize children diagnosed with pediatric bipolar disorder are in fact consistent with a diagnosis of severe Oppositional Defiant Disorder (ODD) combined with Attention-Deficit/Hyperactivity Disorder (ADHD). He contends that this common misdiagnosis leads to incorrect treatment.

Part I of *Your Child Does Not Have Bipolar Disorder* guides the non-expert reader through the history of the development of pediatric bipolar disorder as a diagnosis and critically reviews the scientific literature that has sustained it. Dr. Kaplan explains how the prevalence of the diagnosis increased steadily due to the work of its proponents among academic child psychiatrists, extensive media coverage, lobbying from the pharmaceutical industry, and ultimately an endorsement by the National Institute of Mental Health. Indeed, between 1996 and 2004 pediatric bipolar disorder went from being a rare entity to a diagnosis held by nearly one third of American children discharged from psychiatric hospitals (Blader & Carlson, 2007).

Following this description of the evolution of the diagnosis, Dr. Kaplan systematically deconstructs the major studies cited by proponents of pediatric bipolar disorder

as evidence it exists while interweaving clinical case examples. For example, he relates that in many of the key studies physicians diagnosed children with pediatric bipolar disorder without personally interacting with the child. Dr. Kaplan points out that there is also a body of literature that shows the prevalence rates of pediatric bipolar disorder in the US to be higher than that of adult bipolar disorder. Unless the prevalence of bipolar disorder is increasing, this indirectly suggests that many children diagnosed with pediatric bipolar disorder will not have the disease as adults. This is inconsistent with the current conceptualization of bipolar disorder as a chronic relapsing condition. Overall, Dr. Kaplan presents a compelling argument against the existence of pediatric bipolar disorder.

Part II outlines the medications that are used to treat pediatric bipolar disorder and their side effects, which underscores the gravity of prescribing these medications to children and adolescents unnecessarily. The chapter entitled “Bad Science” summarizes what Dr. Kaplan believes are the common errors researchers make while studying pediatric bipolar disorder. These include changing definitions, combining age groups, and using poorly validated semi-structured interviews. Dr. Kaplan cautions that “...advocates of the pediatric bipolar diagnosis have advised that stimulants make bipolar disorder worse and should not be used in this group of children” (page 129). He argues that if the symptoms of children receiving the pediatric bipolar disorder diagnosis are better explained by a combination of severe ODD and ADHD, this approach would preclude adequate treatment. The evidence supporting use of stimulant medications in youth with ADHD is eloquently outlined, with an extensive section on risks, and includes reviews of studies that used stimulant medication in a purported pediatric bipolar population with good results. This chapter will be helpful to educate professionals and parents who withhold stimulant medications despite their proven efficacy and relative safety.

The book concludes with an extensive “advice for parents” section that endorses stimulant medication in the treatment of ADHD and also devotes 15 pages to describing a comprehensive family-based behaviour modification program for ODD symptoms that the author recommends parents undertake with the support of a clinician.

*Your Child Does Not Have Bipolar Disorder* is a well-organized and readable critique of the diagnosis of pediatric bipolar disorder that presents strong evidence that bipolar disorder does not exist in children under the age of 12. A perceived weakness could be that the title of the book is provocative and clearly proclaims Dr. Kaplan’s bias on the issue. Anxious parents desperately seeking a label for their dysregulated child in a society that is ill-equipped to handle them may derive more comfort in a title that declares what their child does have, instead of what they do not. We

are hopeful that this book will launch further discussion of the social and cultural factors that contribute to diagnostic trends.

We recommend this book for child psychiatrists, parents, pediatricians, general practitioners, and other health professionals who treat this difficult pediatric population. With the ongoing controversy surrounding the diagnosis of pediatric bipolar disorder, it is imperative that health professionals take the initiative to educate themselves, and this book is a welcome vehicle to guide critical appraisal of the relevant literature from Dr. Kaplan's perspective. It could also serve as an invaluable tool for parents struggling with difficult-to-manage children and perhaps provide some guidance and clarity around more appropriate diagnosis and evidence-based interventions.

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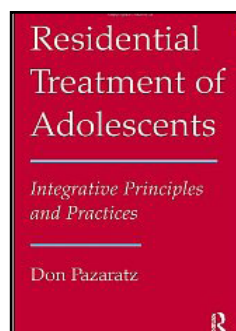
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**Reference**

Blader, J. C. & Carlson, G. A. (2007). Increased rates of bipolar disorder diagnoses among U.S. child, adolescent, and adult inpatients, 1996-2004. *Biological Psychiatry*, 62(2), 107-114.

**Residential Treatment of Adolescents:  
Integrative Principles and Practices**

*Don Pazaratz. Routledge: New York, NY, 2009. 242 pages, \$125 (US), hardcover.*



This well presented and organized, easy to read, book will be a disappointment to most psychiatrists seeking guidance in residential treatment for adolescents. Although the preface promises “This book details the theory, rationale, and practice of residential treatment (and) can be used as a standard text for all front line practitioners such as child and youth care workers, correctional workers and special education teachers” (page xiii) – readers will be surprised to note that (adolescent) psychiatrists are not included in

this “front line” list. After further explaining the comprehensiveness of the text the author states “A fully detailed account of residential treatment is beyond the scope of this book” (page xv). Indeed, essentially missing from the entire text are references to the role of psychiatrists in residential care, the role of psychiatric diagnosis or formulation (let alone the bio-psycho-socio-environmental-spiritual model), references to medication (prescription, types, and management), evidence-based guidelines, or reference to any outcome measures.

Readers will find great guidance to child care workers at all levels including specific tips on such matters as level systems (30 pages), positive discipline (20 pages) and therapeutic programming. The text is also interesting historically in terms of the policies, politics, practices, and procedures of providing services to adolescents in a Canadian province (Ontario) between the nineteen seventies and late nineteen eighties when the outstanding collaboration between multiple agencies created this (Four Phase System) model – “arguably the most influential continuum of treatment and care of adolescents” (page 290) which subsequently dissolved by the early nineties. What went wrong is considered in the 21-page afterward.

Whilst program managers might enjoy the philosophies and policies behind a lot of residential work and certainly front line workers with a high enthusiasm for esoteric eclectic views will be similarly entertained, psychiatrists facing daily residential treatment experiences will find little support or guidance, and there are scant outcome measures to support the work they do. It should be fairly stated however that research, experience, and literature in this area remains sparse despite a solid 60-year history of residential treatment in the modern Western world. This niche area of adolescent psychiatry will never be popular and is essentially ignored by many training centres. Self-interest, serendipity, or mentorship seem to be the only entry ports at present.

In my work consulting to residential treatment programs for adolescents over 25 years (from Schedule I locked facilities to essentially outpatient use of psychiatry only) I have found that a good working model (for example – attachment, family-based, or developmentally informed models), a viable business model (residential treatment centres for adolescents are notoriously expensive, low margin, high-risk politically), and a solid management model with a long-term horizon are keys to success. Psychiatrists venturing into this area need a wide spectrum of skills from treating acne, to dealing with systemic issues around bullying, to management of countertransference reactions via layers of supervision in all types of persons associated with the care – from the cleaners to the CEO's. Although I support the notion of not overly medicalizing residential treatment, I think there is significant risk in undervaluing the role that ongoing psychiatric direct and indirect consultation has to contribute to the model. Whilst this book gives lots of

modern statements about “self psychology”, “engagement with the family”, and “engagement” with the youth, it is less than comprehensive on issues such as a third party consent, responses to criminal behaviour (including staff assaults), and the complex issue of peer relationships – positive, negative, and sexualized. I was particularly concerned about the sole case history cited (12 pages, 7 only for the case study) of a case that might have been summarized as cured by the youth’s self-initiated limited “parentectomy”.

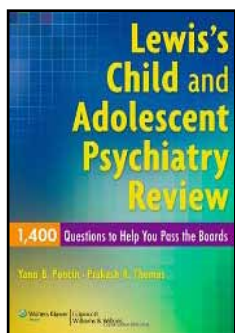
Psychiatrists may have to write their own contribution to integrative principles and practices in residential treatment of adolescents, as that is not covered in this text.

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### **Lewis’s Child and Adolescent Psychiatry Review: 1,400 Questions to Help You Pass the Boards**

*Yann B. Poncin, Prakash K. Thomas. Lippincott Williams & Wilkins: Philadelphia, PA, 2010. 261 pages. \$68.99 (US), softcover.*



Prakash Thomas and Yann Poncin, two teachers from the Yale Child Study Center, authored this companion guide to Lewis’ *Child and Adolescent Psychiatry: A Comprehensive Textbook, Fourth Edition*. The book is divided into seven tests, composed of 200 questions each, each followed by its respective answer section. The questions are multiple choice, true/false, and matching term questions. Generally the questions are well written and easy to understand. A question may draw conclusions from a study but not indicate that this is the case specifically in the answer. For example, question 44 (in test 1), “What is the current view on Selective Serotonin Reuptake Inhibitors (SSRIs) and suicidal thinking and behaviours when compared to placebo?” The answer: “they increase suicidal thinking compared to placebo” and the explanation adds: “by about two fold, from approximately two out of 100 for placebo to four out of 100 for SSRIs”, which when you read the Lewis’ Textbook (page 535) refers onwards to results in the TADS (Treatment for Adolescents with Depression Study).

In general, the answers provided are very brief and indicate the page in Lewis’ textbook to refer to for further reading.

As the authors suggest, it is best to have Lewis’ Textbook next to you to read further on a topic to learn why your answer is right or wrong.

This book can assist in preparation for the Child Psychiatry Resident-in-Training Examination (Child PRITE) or the ABPN Child and Adolescent Psychiatry exams. The Appendix is organized by topic (based on the Textbook chapters) and refers to the pertinent question (by page) in the specified test (1 to 7). This allows the reader to specifically review a particular topic such as Epidemiology or Reactive Attachment Disorder for example. The alphabetical index refers to the pages where a question addresses a specific topic such as fluoxetine, communication deficits, tricyclic antidepressants, or analgesia. The index has several questions for “adolescent” but only a few questions for “anxiety disorders” or “Fragile X syndrome”. The index can be confusing to use as in some cases it refers to a page with answers, and does not give the number of the question, or it refers to a question indirectly related to the topic.

The main child and adolescent psychiatry topics are covered and address epidemiology, diagnosis, and treatment (pharmacological and behavioural). The questions vary in their level of complexity or specific detail but are adequate for a child and adolescent psychiatrist. Some questions may be more specific and require an author-specific knowledge of the literature such as question 17 (test 2): “Smyke and Zeanah developed which of the following approaches in assessing attachment disorders?” The answer refers to the Disturbance in Attachment Interview and the page referenced to in Lewis’ Textbook (page 715) has just one sentence on the Disturbance of Attachment Interview but does not mention the name of the authors or give more details about the measure. Some questions explore factual knowledge such as question 4 (test 4), “Which of the following programs have significant empirical support for adolescents with depression?” Choices include Multisystemic therapy, Dialectical behavior therapy (DBT), Interpersonal Psychotherapy (IPT), Electroconvulsive therapy (ECT) or mentalization-based treatment. The answer is given as IPT.

Rarely, a question is confusing such as question 155 (test 5), “the percentage of patients with tuberous sclerosis who have autism is closest to: 0.1%, 1%, 3%, 5% or 55%”. The answer given is C (3%), “A Wood’s lamp examination helps identify tubers. Some sources identify up to 25% of children with tuberous sclerosis as also having autism”. Confusingly, the referred page in Lewis’ Textbook, page 342, states “tuberous sclerosis is present in up to 5% of children with autism”. This confusing answer does not address the stated question, nor does it correspond to the answer proposed, though such inconsistency seems to be the exception among the questions in this book.

This book can help the trainee consolidate their knowledge and provide teachers with questions to measure learning. It will be helpful to the trainee wishing to assess their current

knowledge of child and adolescent psychiatry, as covered in Lewis' Textbook, and underline areas requiring further reading. I recommend this book to child and adolescent psychiatrists to facilitate their own learning on topics they may not deal with regularly and as a resource for teaching and evaluating trainees. It is a useful book to facilitate the acquisition of factual knowledge. This book will be helpful to anyone reading the Lewis Textbook, and wishing to test the retention of their reading and learning.

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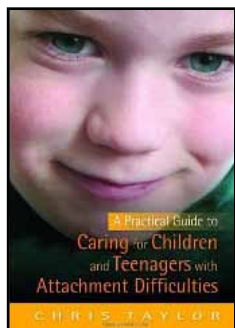
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### Reference

Lewis' Child and Adolescent Psychiatry: *A Comprehensive Textbook*, Fourth edition. Andres Martin, Fred R. Volkmar, eds. Lippincott Williams & Wilkins: Philadelphia, PA, 2007.

## A Practical Guide to Caring for Children and Teenagers with Attachment Difficulties

Chris Taylor. Jessica Kingsley Publishers: London, UK, 2010. 221 pages. \$32.95 (US), softcover.



As the title suggests, “The Practical Guide to Caring for Children and Teenagers with Attachment Difficulties” is a no-nonsense manual for caregivers of children and adolescents with maladaptive attachment patterns. This text represents the culmination of Chris Taylor’s extensive experience managing a residential care facility, training residential caregivers, and working with vulnerable and traumatized children. It includes a basic review of attachment theory, application of principles to the therapeutic residential environment, and practical advice for commonly encountered difficulties in caregiving. This book features learning outcomes for each chapter, translation of theory into practice, therapeutic goals, and concrete examples of common scenarios. It is intended to provide guidance to professional caregivers, parents, and foster parents in raising children and youth with attachment difficulties. An annotated bibliography and listing of self-help resources is also provided, which is of benefit for those who wish to learn more.

Children and youth with maladaptive attachment patterns are notoriously difficult to treat, and such interactional dynamics are often handed down from generation to generation, making maladaptive attachment a pervasive family issue. Individuals with attachment difficulties tend to also manifest mental health concerns such as anxiety, depression, substance misuse and personality disorders. Their presentation has a multi-factorial etiology reflecting biological vulnerabilities (e.g. Fetal Alcohol Spectrum Disorder), temperament, parental match, and chronic or recurrent life stresses or losses. These children suffer chronic struggles with low self-esteem, decreased sense of personal efficacy, and compromised emotional and behavioral regulation. While pharmacological approaches can be helpful, the mainstay of treatment requires individual, group, and family systems approaches to psychotherapy, emphasizing the modeling of healthier attachment relations. This requires an intense, energy-consuming, long-term, and sometimes little-appreciated therapeutic investment. Key to the success of attachment-based therapy is process, relying on the establishment and maintenance of a trusting therapeutic relationship with staff, the practicing of healthier attachment behaviours, and improvement of emotional and behavioural regulation. In turn, it requires a well-consolidated team effort, with knowledgeable and insightful debriefing support for staff.

While there are many resources available regarding attachment theory and the associated neuroscience, Taylor’s book appears to be one of the first practical guides to attachment-based therapy with a concrete, operationalized approach. It brings a realistic but also humanistic tone to the topic of attachment, which can really only be provided by one who has extensive clinical experience with the population over the long-term. Taylor’s effort is both engaging and validating for those interested in the area.

As a Child Stream Psychiatry resident in her fourth year, I (Trudy Adam) happened to be starting a clinical rotation at a tertiary adolescent treatment center whose therapeutic approach was based heavily on attachment principles at the time that I reviewed Taylor’s book. The timing could not have been more fortuitous. Taylor’s writing was extremely helpful in orienting me to the therapeutic intent and practice of residential milieu therapy for children with attachment disorders. I continued to refer to it as situations arose, and adapted its practical approach in many circumstances entailing anger, coercion, and challenging (often impulsive) behaviour. After some practice, I was eventually able to apply attachment principles in-the-moment to difficult, but commonly encountered, scenarios. By the end of my rotation, I was assisting in the facilitation of debriefing sessions with caregiving staff at the facility. In short, I am not sure how I could have progressed so quickly in learning to “practice” with an attachment perspective, as well as speak intelligently about it, without Taylor’s contribution.

We would not recommend this text as a thorough foundational review on attachment theory, or as a resource for learning about the neurobiology of attachment. Both aspects are oversimplified here, and entail a number of inaccuracies. For example, on page 125, Taylor describes the cerebrum and its role, but refers to it as the cerebellum. As well, neurological correlates to attachment behaviour are described in causal terms, rather than as associations. However, it must be emphasized that these shortcomings do not detract from the volume's primary goal – to describe “a philosophy and model of caring for children and young people with disrupted and painful childhoods that promotes and sustains recovery” (page 11). This, the book does in spades.

Perhaps the sections on theoretical aspects could have been presented more concisely, and the practical aspects developed more fully. There seems to be some problematic redundancy in the coverage of the theory with its application to clinical or parental practice, and then again with the operationalization of attachment principles in specific situations discussed in the final chapters of this book. The work's real strength lies in the practical aspects of exercising attachment therapy, and this could be even more heavily emphasized. It would have been very interesting to hear Mr. Taylor's thoughts on the application of attachment principles to family-based therapies, as well as some discussion of how dialectical behaviour skills might be helpful in recovery from trauma and maladaptive attachment styles.

After studying Taylor's book, and using it as a resource for clinical practice with youth with attachment difficulties, I would say that its target audience is appropriately described as the residential care worker, and other associated professionals. Taylor's informal writing style belies the complexity of the topic, and is presumably meant to appeal to parents

and laymen struggling with attachment behaviours in their children. However, only the most sophisticated and psychologically minded of parents or foster parents are likely to appreciate the nuances of the attachment perspective, and modify their own attachment dynamics without specialized training supervised by an experienced professional. While the book is forceful in its recognition of caregivers' own contributions to the attachment dynamic, it requires an exquisitely attuned parent to be able to put it into practice, even with the aid of this text.

In selecting this text for review, I had hoped for a relatively concrete description of how to apply basic attachment principles to the process-based therapeutic interventions applied in the institutional setting, and I certainly received it. However, I had also hoped for some discussion of its application in family-based therapies, which was overlooked. Despite my criticisms, I must say that Taylor's effort is well-directed in promoting a safe living environment as the psychotherapeutic mainstay of establishing more adaptive attachment bonds. Further, I believe that Chris Taylor is on the mark in forwarding the notion that this may only be achieved through modeling of attachment principles in verbal and behavioural interactions with affected children and youth. He underscores this point in his text through the provision of practical, optimistic, and effective advice suitable for professional caregivers at any stage of their career.

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## 2012 CONFERENCE WATCH

**ANNUAL CANADIAN PSYCHIATRIC ASSOCIATION CONFERENCE**

September 27 - 29, 2012  
Montreal, Quebec  
Website: [www.cpa-apc.org](http://www.cpa-apc.org)

**CANADIAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY ANNUAL MEETING**

September 30 - October 2, 2012  
Montreal, Quebec  
Website: [www.cacap-acpea.org](http://www.cacap-acpea.org)

**AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY ANNUAL MEETING**

October 23 - 28, 2012  
San Francisco, California  
Website: [www.aacap.org](http://www.aacap.org)

**CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES ANNUAL MEETING**

October 28 - 31, 2012  
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Website: [www.caphc.org](http://www.caphc.org)

**ANNUAL CANADIAN PSYCHOLOGICAL ASSOCIATION CONVENTION**

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Quebec City, Quebec  
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**INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS (IACAPAP) WORLD CONGRESS**

August 11 - 15, 2013  
Durban, South Africa  
Website: <http://iacapap.org/world-congresses>  
Website: [www.resotel.eu](http://www.resotel.eu)

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