

## BOOK REVIEWS

### **Adult Children of Parental Alienation Syndrome: Breaking the Ties That Bind**

*Baker, A. L. J. W.W. Norton & Co: New York, 2007. 320pp. CA \$40.00.*

Most child psychiatrists have encountered warring separated or divorced parents, where one or even both are determined to exclude the other from contact with the children. This is accomplished by convincing the children that the other parent is disinterested, drunk, dangerous or otherwise unfit to parent them. This is a minefield for the unwary psychiatrist, replete with misinterpretations, mistaken assumptions, or downright lies. Great difficulties can be encountered with children who have been thoroughly brainwashed and programmed. They are completely unaware of, and unable to comprehend, how they have been misled. This book promised a better understanding of this problem, and some guidelines for management.

The forty subjects were recruited on the internet and by word of mouth. They were self-selected; people who believed that one parent had alienated them from the other. The interviews followed the semi-structured protocol often used in qualitative research. Subjects ranged in age from 19 to 67 years; 25 were female and 15 male. The alienating parents described consisted of 34 mothers and 6 fathers. In most cases the subjects' parents were separated and divorced, but several described the process of alienation in an intact but extremely dysfunctional family. The author claims to be debunking myths about Parental Alienation Syndrome (PAS), emphasising that the syndrome is complex, and not just a matter of hostile, bitter ex-wives seeking revenge on the men who abandoned them. She identifies three patterns: "the narcissistic mother in the divorced family," (p. 23-29) "the narcissistic mother in the intact family" (p. 29-32) and "the rejecting/abusive alienating parent" (p. 32-34). The agenda of debunking myths could have been better served by using the term narcissistic parent, as one of the six fathers fell in a narcissistic group and another had a mixed pattern.

Common strategies used by the alienating parent were: badmouthing; limiting the other

parent and their extended family's contact with the children; withdrawing love or getting angry at the child; telling the child that their other parent did not love them, forcing the child to choose between parents; insisting that the other parent was dangerous; discussing adult relationships with the child; avoiding mention and removing photos of the other parent; forcing child to reject the other parent; limiting contact with the extended family; belittling the other parent; creating conflict; cultivating dependency; and throwing out letters and gifts.

Some subjects realised by their late teens that they had been manipulated, but others did not see the situation clearly until their thirties or later, or until they became parents themselves and had similar struggles with an ex-spouse. Sometimes realisation that one was a child victim of parental alienation came with maturation, but in other cases a significant person or event appeared to propel new insight. Catalysts included: therapy; reaching a major life milestone such as becoming a parent; intervention of a significant other or family; being the recipient of hostility from the alienating parent, or seeing them be dishonest or mistreat others; the targeted parent returning; and becoming alienated from one's own children.

The author tries to extrapolate from these retrospective accounts to create guidelines for working with alienated children. This chapter is brief, and has little to offer the experienced child psychiatrist or counsellor. The author likens the child with PAS to a cult victim who can be helped by exit counselling strategies. The strategies appear relevant to youth in their mid to late teens, but are not practical for younger children.

The case descriptions in this book are interesting, but become repetitive as they are quoted and re-quoted to illustrate the various patterns, characteristics, strategies and catalysts that the author describes. In my opinion, the essence of the book could have been distilled into a couple of articles. It may be of value to beginning therapists and consumers, but is not recommended for more experienced professionals.

**P. Susan Penfold MBBS, FRCPC**, Vancouver, British Columbia

**Anger Management: An Anger Management Training Package for Individuals with Disabilities**

*Hrepsime Gulbenkoglou, H. & Hagiliassis, N. Jessica Kingsley Publishers: London, 2006. 169 pp., CA \$55.00.*

*Anger Management: An Anger Management Training Package for Individuals with Disabilities* is written as an anger management package for “people with intellectual disabilities”, as well as for people with “complex communication needs”. The stated target clinician audience is “teachers, carers and social workers.”

Although it does not appear that anger management protocol in the book itself been rigorously validated, the authors report that the theoretical framework in the package is consistent with Novaco’s (1975) cognitive-behavioural conceptualisation of anger, which has since then been used by various researchers and practitioners. In this framework, anger is seen as a reaction to perceived threat, in which cognitive, behavioural and physiological responses can be targeted for intervention.

The problem with most anger management programs is that they are developed for adults of average cognitive ability, and that they require a great deal of verbal expressiveness.

This anger management program has heavy emphasis on pictographic materials (i.e. simple drawings and illustrations) to illustrate various concepts, in the same way that Picture Exchange Communication Systems (PECS) are used for individuals who are more visual and less verbal. For example, for the helpful/unhelpful strategies, each strategy is described by text, such as, “Putting on some relaxing music”, and is accompanied by a nice simple picture.

Thus, most children and youth of normal intelligence would probably understand these materials, though it is important to point out that the program is not specifically designed for children and youth. Illustrations are of adults, and the book does not list coping strategies that you might have for children and youth such as “Tell an adult”...

The program is organized into 12 sessions, with which one could run an anger management group. Each session is intended to run as a two hour session, with 15-minute break. Although the authors state that each session should be

delivered in the sequence in which they appear, an experienced clinician could easily pick and choose materials.

The 12 sessions are: 1) Introduction to Anger Management (Part 1); 2) Introduction to Anger Management (Part 2); 3) Learning about Feelings and Anger; 4) Learning about Helpful and Unhelpful Ways of Dealing with Anger; 5) Learning to Relax (Part 1); 6) Learning to Relax (Part 2); 7) Learning to Think Calmly (Part 1); 8) Learning to Think Calmly (Part 2); 9) Learning to Think Calmly (Part 3); 10) Learning to Handle Problems; 11) Learning to Speak Up for Ourselves; 12) Putting it all Together.

Each session includes a clinician’s guide, as well as photocopiable materials and handouts for group participants.

In summary, *Anger Management* is a practical anger management package that was designed for anger management with adults with intellectual disabilities, but in a pinch, could probably be used with older teenagers and young adults. Child/youth mental health professionals will not find it essential to read this, because they will probably already be using their own validated programs in children and youth. But if you are doing work with older teens and young adults, then you might consider looking over this book to get some ideas.

Although handouts in the book are photocopiable for running your own groups, as per the industry standard, all materials are still copyrighted and there are no digital versions to adapt and modify for your own use. It would be nice one day if someone could create ‘open source’ documents with a Creative Commons license that would allow clinicians to modify and adapt for their own use.

The book is free from significant production errors. As of April 2008, it is priced at \$55.00 new (paperback) at Chapters.ca, and at Amazon.ca. It is somewhat expensive, but both Chapters and Amazon also sell ‘used and new’ versions at less than half the price, at ~\$23.00.

**Michael Cheng MD, FRCPC**, Ottawa, Ontario

**Magical Moments Of Change: How Psychotherapy Turns Kids Around**

*Terr, L. W.W. Norton: New York, 2008. 304 pp. CA \$34.00.*

I have known Dr. Lenore Terr professionally

and personally for many years. Mostly she has written and presented on Trauma. This book "Magic Moments of Change" shows a different side: the consummate clinician. Dr. Terr trained in Ann Arbor, Michigan, and this book is her and others' way of honouring her mentor, Saul Harrison who died in 2004. She approached a number of child and adolescent psychiatrists, both American and Canadian, to submit vignettes that were pivotal in leading to change in their patients, and to briefly explain how these moments worked. Thirty-three responded with 48 case presentations. She also included moments from the long-term treatment of a "wild child" that she worked with successfully over fifteen years and which serves to pull the book together, giving continuity and illustrating the many points she wishes to make. Her goal was to shed light on the art and science of psychotherapy, focusing on individual therapy and what leads to change on "how psychotherapy turns kids around" (title).

These are real stories by real therapists and not formal, dry theoretical presentations. The important message is for clinicians to be real and human and to use themselves to help their patients grow and change. She does not ignore the importance of fundamental understanding of the child and his or her problems, but suggests that sometimes the dictums of psychotherapy need to be put aside or gone beyond to make the contact that brings about the magic of change.

The book is divided into four parts: Using the Professional Persona, Creating the Right Atmosphere, Getting the Child, and lastly, Reacting in a Timely, Pungent Fashion. Dr. Terr begins with a description of Cammie, depicting what happened to her. Throughout the book she recounts her work with Cammie and the critical turning points that led to further development, and in so doing, ties the book together and makes clear the messages that she is trying to give. From the beginning, she binds the psychological needs of the child to the expertise and personality of the clinician. The clinician must not only be a teacher, investigator, and coach, but also a real human being. It is the judicious use of self at the right time that connects with the child and brings about change. For me, chapter four (pp. 72-93) was one of the most important chapters, where she discusses the challenges of using oneself in ways that stay within the thera-

peutic parameters and yet be real.

Dr. Minde, who is a member of the Academy, donated a wonderful story about a child who was worried that she might have killed someone and that if she ate anything, she might accidentally swallow a fly, and so kill another living being. In typical Minde fashion, he asked what was the worst thing might happen and answered his own question, that the fly might come out in the poo hopping around and singing a "Fly in the Poo". It was a daring move, but hit just the right note, putting into perspective the fears of the child and family. The same is true of the story of Dr. Beitchman who was dealing with a ten year-old with high anxiety and a fear of ghosts. After weeks of therapy he chose to confront the situation by pointing out the secondary gain. "It must be fun to have a ghost around. After all it gives you lots of attention, considering all those people who like to talk about it" (p. 206). He felt it only worked because of the strong therapeutic alliance and that the patient was ready to give up the symptomatology.

Comments that are made must be meaningful, with good fit and correct timing, of interest to the child, understandable by him or her and full of fun. The past, present and future need to be linked with transference and the habitual behavior of the child. It's not that the rulebook is thrown out, but the stories give permission to the clinician to be freer, more creative and direct.

Dr. Terr is a friend and colleague whom I like and respect immensely. Even if it were not so, I would recommend this book, not only to seasoned clinicians, but to those just starting out in practice. To my way of thinking, it's definitely worth a read and buy. How often do we get to hear stories, all of which have happy endings, and are full of wisdom about how the magical moments of change come about?

**Elsa Broder MD**, Toronto, Ontario

**Natural Genius: The Gifts of Asperger's Syndrome**

*Rubinyi, S. Jessica Kingsley Publishers: London UK & Philadelphia, PA, 2007. 120pp. US \$19.95.*

The title led me to understand that this would be a book about children with Asperger's disorder and the special talents that these chil-

dren can sometimes possess. However, reading the summary on the back cover revealed that it is actually “Susan Rubinyi’s story of raising her son, Ben.”

Descriptions of the challenges and triumphs of families raising atypical children can be informative to a practicing psychiatrist. They help us better understand the challenges faced by the families we see, and can serve as a useful clinical tool, helping to decrease the isolation that many parents feel, especially in small communities. Having now read her tale, I know something about the author and her background, but very little about her son. It is true that his accomplishments are described, and she is obviously very proud of him, but one does not really get to empathize with and understand him through the story. Nor does one get a feel for the approach taken in raising him and the challenges that were overcome. The facts are presented, and the chronological order of events pertaining to him, and even more so those related to his mother, are well explained, but the human touch is somehow missing.

As a psychiatrist the story was interesting, in that reading it led to thinking about the way

in which it was written, which was reminiscent of scientific papers in many ways. This then led to questions about the inheritance of autism and the subtle differences in empathy and communication that remain within the spectrum of normal behaviors, and can be highly adaptive in some settings. As a mother, I found it difficult to empathize with the author and gained little insight into parenting approaches that could be of use in raising a child with a Pervasive Developmental Disorder (PDD), so I would not recommend this as a book for the parents of most children diagnosed with autism or Asperger’s disorder. There are other, more gripping and more informative family stories available. This story is shorter than many others of the same genre, but the language used would preclude recommending it to parents with reading challenges. A parent of an exceptionally bright and intelligent child with PDD and who tends to enjoy reading facts, as opposed to stories, might well find this book enjoyable, but this is not a volume that needs to be available in the office.

**Pippa Moss MD**, Tatamagouche, Nova Scotia

## **Upcoming in the *Journal* for February, 2009:**

### **Theme Issue on Knowledge Translation**

Guest editors Janet Curran (PhD candidate) and Mandi Newton (PhD) will present a special theme issue on knowledge translation (KT as defined by CIHR is “the exchange, synthesis, and ethically-sound application of knowledge – within a complex set of interactions among researchers and users – to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system”). For the child and adolescent mental health field, challenges still remain in providing care based on best evidence in a health care system that is often unable to provide the necessary infrastructure and resources. In this special issue KT experts from across Canada will address KT challenges, opportunities and strategies related to closing the knowledge gap in the field of child and adolescent mental health.

Whether or not parental alienation syndrome is a recognized mental health condition, it's certainly a real thing. We'll tell you what it is and what you can do.Â Signs and symptoms of parental alienation syndrome. When Gardner talked about PAS, he identified eight "symptoms" (or criteria) for it: The child constantly and unfairly criticizes the alienated parent (sometimes called a "campaign of denigration").Â The child uses terms and phrases that seem borrowed from adult language when referring to situations that never happened or happened before the child's memory. The child's feelings of hatred toward the alienated parent expand to include other family members related to that parent (for example, grandparents or cousins on that side of the family). Dr Amy Baker is a developmental psychologist, researcher and author of Adult Children of Parental Alienation Syndrome: Breaking the Ties that Bind.Â A Workbook for Children Coping with Divorce, Parental Alienation, and Loyalty Conflicts. Get It. This workbook for middle school children teaches kids how to use critical thinking, coping, values, and other skills to stay out of their parents' conflict. The Adult Children of Parental Alienation Syndrome, Breaking the Ties that Bind, is a thought provoking series of interviews. After reading the book, one can no longer deny the existence of parental alienation. It also becomes futile to question the claims of PAS as a "credible disorder". The interviewees shed light on the disturbing outcome of Parental Alienation when it is left untreated. Amy Baker's research reveals the ramifications of a disorder that leads to devastation, despair, and desertion. Due to venomous words by the alienating parent, the adult children look back on their lives wi