

Magical Moments of Change: How Psychotherapy Turns Kids Around

by Lenore Terr, M.D. W.W. Norton & Company, New York, N.Y., 2008, 304 pages, \$27.95 (hardcover).

I first read this magical work over the December holidays when the season was sprinkled with warm childhood memories, and I was unable to put the book down. Mesmerized, I read on, fascinated by what proved to be a magical mystery tour through Lenore Terr's previously told treatment of Cammie, a "wild child" who was a victim of and witness to brutal and sadistic early childhood trauma.¹ Dr. Terr summarizes the 15 years of monthly sessions she spent treating Cammie, describing various transformations along the way. What makes this combination of science and art so captivating is that Dr. Terr enlists more than 30 child and adolescent psychiatrist colleagues from a myriad of settings to write about dramatic moments of change that they observed in psychotherapy with their patients. She then follows each vignette with a commentary, a "Meaning of the Moment," that puts those change moments, "turnabouts" or "turnarounds" if you will, into context.

Dr. Terr casts a magical spell on the reader with a fresh, crisp, and often playful style of prose that is evocative of re-reading a favorite childhood story. I liken the unfolding of this book to the making of a patchwork quilt, with Cammie's story being the unique pattern of the quilt, and the contributing authors supplying most of the patchwork squares. *At 2 years and 5 months of age, she could pick up a doll and play, grim as it was, with "death," "sex," and "injury." She knew how to use symbols . . . and then respond to them in play* (p. 17). Dr. Terr is not only Cammie's psychiatrist over the years, but through this literary work, a quilter who fashions the patchwork tales of clinical lore into a therapeutic quilt of magical wisdom and artistic ability.

Dr. Terr divides the book into 4 creative sections that mirror her astute observations of working with children. Using the Professional Persona is the first section, which describes choosing a persona to help the young patient. With respect to Cammie, Dr. Terr writes, *I had to represent a strong contrast to Cammie's sadistic, neglectful, violent, and frightening birth parents. So I chose the "god of fun"* (p. 23). The second section's maxim is Creating the "Right" Atmosphere. According to Dr. Terr, one way to achieve the right atmosphere is for the child/adolescent psychiatrist to always be ready and eager to play. In Cammie's case, Dr. Terr introduced a monthly game of Little Red Riding Hood. *Cammie showed me that she had developed a penchant for "identifying with the aggressor." . . . I strove to see how we might change the atmosphere in Little Red Riding Hood's forest—and, thus, in my office—but Cammie and I needed time for that* (p. 101).

"Getting" the Child is the third portion of the book, in which Dr. Terr advises to watch the child and listen to what he or she says in order to determine where the child is coming from and what the child will do. She notes that children will provide leads for the therapist to follow. Upon visiting her murdered baby sister's grave for the first time, Cammie said, *"You died," Cammie addressed her words to Bethany. "I got to live," she went on. "I promise you I'll have a good life"* (p. 161). The final part is titled Reacting in a Timely, Pungent Fashion, and the primary theme is that the therapist must know the child well enough to gauge whether his or her response would be appropriate. Dr. Terr reflects, *Here, then, was my chance for a classic child-psychotherapeutic interpretation. It would link past to*

present, exposing Cammie's unconscious. . . . My pointed, timely comment made Cammie's unconscious—behavioral memories that she would never fully be able to grasp—available for our deliberate inspection (p. 219).

Magical moments of change come slowly in some children, especially those like Cammie. *Eight turning points eventually emerged as this spitting, vomiting, hissing, biting, grabbing, and growling little monster slowly, slowly changed into a composed, lively, intelligent young woman* (p. 271). Whether a professional works in schools, community agencies, or more traditional psychiatric settings, this enchanting book will serve as a catalyst for understanding the magical moments in child therapeutic work that spark change.

On the final page of the book, Dr. Terr writes, *So what does it take to help create magical moments of change for children? It takes the best training one can find. It takes experience. It takes only one commandment: "Do no harm." It takes a lifelong commitment to keep reading, keep thinking, and keep trying. And it takes a big, big dose of playfulness* (p. 264).

REFERENCE

1. Terr LC. "Wild Child": how three principles of healing organized 12 years of psychotherapy. *J Am Acad Child Adolesc Psychiatry* 2003;42(12):1401-1409

Beth Ann Brooks, M.D.

Wayne State University School of Medicine
Detroit, Michigan

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Making Sense of Autism

by Travis Thompson, Ph.D. Paul Brookes Publishing Company, Baltimore, Md., 2007, 266 pages, \$29.95 (paperback).

A week ago, a colleague knocked on my door. "I want you to take a look at a 5-year-old in my office," she explained. "I've diagnosed him as having autism, but his mother would like to talk to an expert." I met the child and his mother; he did appear to have autism, and his mother was upset. I wished my colleague could have sat with her over many visits, and dealt with her pain and her questions, but she was from a town many hours away. Worse, there were no clinicians knowledgeable about autism near where she lived, and no autism society. A few days later, I received Dr. Travis Thompson's book to review, and I thought, This is what I should have recommended to her.

Although the author has years of impeccable scholarly credentials to his credit, this book was not written with a goal of providing "and-yet-another" detailed review of the latest research findings on autism—such as professors and graduate students might seek. It is a book for parents and clinicians who need a sympathetic, jargon-free introduction to autism and its effect on families. It refrains from discussing largely academic issues, such as the nature and development of social communication in children, our frustrations in trying to fit a spectrum diagnosis into the rigid categorical structure of DSM-IV, and the difficulties occasioned by our imperfect understanding of the neurobiology of social communication in neurotypical individuals, let alone in persons with autism. Instead, it talks of what happens when parents first are told that their child

is autistic, what they should expect in the way of assessment procedures, and what the major features of the disorder are. Numerous clinical anecdotes enliven what is, for the author, a conversation with parents who are reading his book.

The 10-fold increase of the prevalence of autism over the past thirty years is noted, along with our uncertainty as to why this might be. Vaccination is discussed and put to rest as a cause for this increase. There is a comprehensive primer on all the various treatments that have been advocated for children with social communication deficits, and there is a more detailed description of traditional behavioral approaches. The pros and cons of various pharmacotherapeutic treatments are discussed in one chapter—though I wish that the results of the recent multicenter studies of risperidone could have been included. Chapter 10 is entitled “Caveat Emptor, Cautionary Considerations for Parents and Practitioners.” It is the finest and most inclusive treatise on the subject that I have read. All the “miracle” cures are there, with a discussion of why they are not only ineffective, but why some are dangerous.

I will have my colleague call her patient’s mother and recommend this book to her. I will also recommend the book to the resource libraries of the local branches of the Autism Association and to parent support groups. Because the book presents a broad general approach to what parents wish to know about autism, I expect it should remain useful for many years.

Peter E. Tanguay, M.D.

University of Louisville School of Medicine
Louisville, Kentucky

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Contesting Psychiatry: Social Movements in Mental Health

by Nick Crossley, Ph.D. In book series: *Critical Studies in Health and Society*. Routledge, New York, N.Y., 2006, 229 pages, \$49.95 (paperback).

Contesting Psychiatry: Social Movements in Mental Health by Nick Crossley is a wonderful comprehensive review of mental health social movements in the United Kingdom from 1950–2000. The book provides a breadth of information regarding the rise of resistance movements and their impact on psychiatric care. The author does a wonderful job of describing how social movements gained traction and lays a solid foundation for the language particular to this field for those who are unfamiliar with it. The first few chapters develop the background of social movement organizations and chronicle the necessary aspects of successful movements. The later chapters focus more on the antipsychiatry movement during the sixties and the development of a union of mental patients as well as the genesis of the patient advocacy movement. Finally, the book describes the backlash created by the movement and changes that have occurred because of it.

The first chapter is dedicated to the discussion of the research done by Mayer Zald and John McCarthy, who did much of the initial work in analyzing social movements and counter-movements. The author carefully summarizes the work done by them, but he also acknowledges the research flaws that had occurred and also the contentious nature of their findings. He feels that while economics are important, it was not the only factor in motivating movement as asserted by Zald and McCarthy.

In the ensuing chapters, Crossley develops his own theory on how social movements in mental health grew from small

groups to organizations with much political influence. The author’s model derives mainly from the work done by Neil Smelser and his concept of “value-added model of mobilization.” Crossley is able to present a rather elegant theoretical model of the birth of social movements and social movement organizations.

Using a more polished version of Smelser’s value-added model, the author guides the reader through the chaos of many uprisings and social movements and their subsequent counter-movements within the field of mental health. It was at this point that the book truly took flight, as Crossley provides a complete history of rising movements in the United Kingdom without overwhelming the reader with superfluous details.

Crossley chronicles key social movements for and against the United Kingdom’s mental health establishments. Some interesting points include the rise of the antipsychiatry movement, the unionization of mental health patients, the appearance of Scientology, the mobilization by social movement organizations, and the politics leading to formation of social movements. He provides unbiased discussions of many of the social movement organizations including Schizophrenia—A National Emergency (SANE), Mental Patients’ Union, People Not Psychiatry, and National Association for Mental Health, which transformed into MIND in the 1970s. Crossley discusses all of these matters in an organized fashion on the basis of how movements influenced other movements.

The author, trained as a sociologist, is well suited to discuss the origins and continued flourishing of these movements within a social context. This book is not solely a history book or a textbook. Rather, it is a discussion of how mental health patients and their needs gave rise to protest, which then caused political change. At the same time, the book is quite academic in nature by the inclusion of many research findings.

As a final point, Crossley provides some insight as to how the lessons learned from the advocacy of social movement organizations within psychiatry may be applied not only to other fields of medicine, but to national political organizations as well. This book provided a fascinating examination of mental health social movements in the United Kingdom during the last 50 years. For those interested in such a topic, this comprehensive review by Crossley is a must read.

Vanessa Hernandez, M.D.

John W. Tsuang, M.D.

Harbor/University of California, Los Angeles
School of Medicine
Los Angeles, California

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The Substance Abuse Handbook

by Pedro Ruiz, M.D.; Eric C. Strain, M.D.; and John G. Langrod, Ph.D. Lippincott Williams & Wilkins, Philadelphia, Pa., 2007, 518 pages, \$65.00 (paperback).

This excellent volume provides a cogent and concise summary of the contents of the larger *Substance Abuse: A Comprehensive Textbook*,¹ an important textbook of addiction. Although a synopsis of the larger textbook, this volume provides all the detail needed for not only an overview but an in-depth analysis of the topic areas.

This volume consists of 11 sections that cover the following topics: etiological factors, substance abuse, compulsive and addictive behaviors, evaluation and diagnostic classification,

treatment modalities, management of associated medical conditions, life cycle, women's issues, special groups/settings, models of prevention, and training and education.

Indeed, this synopsis, being compiled later than the larger textbook, includes updates in many areas, especially in the area of therapeutics. Furthermore, attention to detail has been paid in sections that provide the biological and psychosocial underpinnings of addictive disorders. Current knowledge on the efficacy of new medication treatments for substance abuse disorders is well articulated. In all, the chapters provide excellent depth of focus and scope, and there are no apparent weak areas in the book. Therefore, this volume retains the broad perspective, scope, detail, and excellence of the larger textbook.

Commendably, the authors have delivered a volume that is uniformly written and edited. The presentation is succinct, informative, and written in a direct style. Unique for such a small book, the references are well chosen, mostly up-to-date, and applied in a manner that confirms that the editors reviewed each of the chapters carefully and judiciously. There is also a nice balance between prevailing clinical opinion and possible improvements in care for the future promised by research.

Particularly, this volume focuses on treatment approaches and modalities. Notable is the injection of expertise and judgment by the editors as to the best approaches, which in my opinion are balanced and well reasoned. Hence, this work is concise enough to form the basis of a brief review and update of selected topic areas by psychiatrists-in-training. Furthermore, this volume would serve as an important primer for examinations

in the area of substance abuse. More experienced psychiatrists would also benefit from the layout, which allows for identifying an answer to a focused clinical question. So strong is this volume in distilling the critical elements of the larger textbook, that for many this would be all that they need.

In all, this is an excellent, scholarly, concise, and up-to-date text in the addictions. This book retains all the important ingredients of the larger textbook and, as such, can be recommended without equivocation to all those looking for a well-written but informative text in substance abuse. As such, this book would be found very useful by students and graduates of psychology, psychiatry, and addiction medicine. Important updates to the larger book can be found in this concise text, particularly in the area of neurotherapeutics. The editors are to be congratulated on this excellent text.

REFERENCE

1. Lowinson JH, Ruiz P, Millman RB, et al. Substance Abuse: A Comprehensive Textbook. 4th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2005

**Bankole A. Johnson, D.Sc., M.D., Ph.D., M.Phil.,
F.R.C.Psych.**

University of Virginia School of Medicine
Charlottesville, Virginia

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