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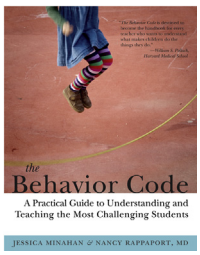
From the Field

Three books from our field are being reviewed this month. Observant readers will appreciate the vast breadth of interests and expertise reflected in these very different books and the wide divergence in approach, but will also note that the forum happens to reflect a slightly smaller world: one book is coedited by the editor-in-chief of this *Journal;* another is coauthored by the former editor of this forum; and yet another book is reviewed by someone whose own book is being reviewed this month. Given the possibility of selection bias or ascertainment bias, I cannot claim innocence, but grouping them together was not wholly intentional, and it serves as a nice metaphor for the variety, diversity, and intimacy of child psychiatry.

There is a saying that goes something like this: there's no group as homogenous as those outside the group think it is, nor is any group as heterogenous as those inside the group think it is. I am certain that the actual quotation is much more concise and far prettier, but I cannot track it down online and I cannot find it when scanning Christopher Hitchens' *Hitch-22*, where I'm pretty sure I once saw it. (I don't quite have the energy to reread *Hitch-22* just to locate a quotation; if anybody can find the quotation or come up with one close enough, I would be happy to give full credit to all concerned and must hope the quotation I am searching for was not first said by, say, Stalin.)

The quotation has a rich relevance for guild issues (imagine how those outside an American Academy of Child and Adolescent Psychiatry conference must picture us as professional clones, whereas inside the conference it can feel as though there are dozens of exclusively tight-knit and grudging cliques that need to be "bridged"). It is also relevant for the phenomenology of our field and diagnoses that are amalgams of homogeneity and heterogeneity. With this in mind, I invite you to consider 3 books about 3 different worlds we inhabit (emergency rooms, hospital corridors, schools), written from 3 different perspectives (edited volumes, narrative, guidebook), and about the extraordinary plethora of childhood experiences within those worlds.



The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students. By Jessica Minahan and Nancy Rappaport, M.D. Cambridge, MA: Harvard Education Press; 2012.

As we learn more about the interconnection among social, emotional, and academic functioning in youth,[1,2] there has been a growing recognition by educators on the importance of addressing the psychological needs of students. Likewise, mental health providers recognize tremendous opportunities in focusing more attention on the school lives of their young patients, in addition to psychiatric symptoms. *The Behavior Code: A Practical Guide to Understanding and Teaching the Most Challenging Students*, by Jessica Minahan and Nancy Rappaport, bridges these 2 worlds of education and mental health. Through illustrative case examples, the authors take familiar behavioral assessment and classroom management strategies and expand these approaches with a child psychiatric perspective to offer a rich understanding of how to connect and respond to a student with challenging behavior.

From their years of experience working in such classrooms, Minahan and Rappaport bring to life the enormous challenges that teachers face when traditional, general classroom management strategies that work for most students fail for others. Although the authors' approach can be applied to any student, this text focuses on those elementary school students whom the authors have deemed the 4 most challenging types in the classroom: students with anxiety-related, oppositional, withdrawn, or sexualized behaviors. By providing in-depth discussion on each of these

4 behavior types, *The Behavior Code* offers teachers and other school support staff an understanding of the underlying psychiatric issues related to behavior and key strategies to implement in the classroom. For child psychiatrists and other mental health professionals, *The Behavior Code* inspires us to see the importance of consulting to teachers in the classroom and using this text as a fundamental resource to share with schools.

The authors begin with a basic premise, that "all behavior is a form of communication," and that by unlocking what the child is communicating through behavior, the teacher can "break the behavior code" (p. 15).

The Behavior Code describes the Function, Accommodations, Interaction Strategies, and Responses (FAIR) Plan, a 4-step process that serves as a template for addressing challenging behaviors that do not respond to general classroom management strategies. The FAIR Plan begins with "functional hypothesis of behavior and antecedent analysis," similar to the familiar functional behavioral assessment, which has been used in schools for years and underscored in the Individuals with Disabilities Education Act of 1997.[3] This ABC method examines the antecedents (A), the behavior itself (B), and the consequences over time (C) and then generates a hypothesis about the patterns that are highlighted from these data. What the FAIR Plan adds to this traditionally behavioral approach is an interpretation of these behavior patterns in the context of child psychiatric disorders, which is often missing in schools. The next steps in the FAIR Plan include accommodations for classroom management, interaction strategies for building relationships between teacher and student, and response strategies that reinforce positive behaviors. What stands out as another critical ingredient added by the FAIR Plan is how it encourages teachers to develop a positive relationship with challenging students. This step in the plan may be one of the most critical, with research showing that improving student engagement is a critical factor in addressing low achievement and dropping out.[4]

For teachers and school staff, *The Behavior Code* provides not only behavior management strategies but also a concise description of common psychiatric illnesses and conditions in the context of everyday classroom examples. This provides the psychoeducation often lacking in the conceptualization of classroom behavior. For some teachers, the authors may seem to be asking far too much of them in the FAIR Plan, especially with the mounting pressure that many teachers face to increase the performance of their students and to include more standardized requirements into the school day than ever before. Having support staff and psychiatric consultants work alongside such teachers to help analyze, interpret, and implement these strategies may serve to encourage teachers to experience the positive results of these strategies and empower them to implement these practices themselves in the future. The important, although brief, inclusion of self-care for teachers in the last chapter highlights an essential step in our consultation with schools, by recognizing the importance in providing support to our patient's teachers.

The Behavior Code imparts an underlying message to child psychiatrists. Our role and responsibility in treating children with mental health problems goes far beyond the walls of our office. Through real-life examples from the classroom, the authors provide us with a view through the lens of teachers to see how students manifest mental health problems through all sorts of behaviors in the classroom and to see that these behaviors, taken at face value, can be easily misinterpreted. In the past, schools and mental health professionals have used different approaches and language to address the same psychiatric problems affecting students in educational settings. Schools would take a primarily behavioral approach without regard to the underlying disorder, and psychiatrists would approach disorders clinically with less of an understanding of how symptoms translate into educational achievement and how to intervene in the classroom. This text takes us one step closer toward blending the education and mental health worlds, extracting the best strategies from both, and applying them to challenging cases. As child psychiatrists become even more embedded in schools, consulting to some of the most challenging students, the resources in *The Behavior Code* are helpful, practical tools we can offer teachers with whom we work.

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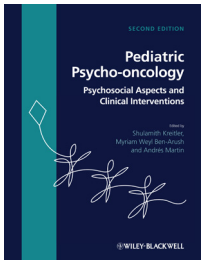

Pediatric Psycho-oncology: Psychosocial Aspects and Clinical Interventions. 2nd Ed.
Edited by Shulamith Kreitler, Myriam Weyl BenArush, and Andrés Martin. Oxford, UK: Wiley-Blackwell; 2012.

This is the second edition of the textbook of pediatric psycho-oncology. Although it seems that a "second edition" would imply that much of the content is unaltered or at most updated, this edition is best viewed as a new and exciting book rather than a mere update of the previous one. This is because the field has expanded; it now relies on scientific findings in a way that probably could not have been imagined a few years ago and has attracted many talented scientists.

I am heavily biased in favor of this textbook. There is no conflict: I have no financial or academic stakes in its success. I am biased in that my own work suggests that this major undertaking is important. A textbook that summarizes findings in this field—in fact, in any field related to pediatric consultation/liaison work—is much needed as a teaching tool and primary reading for anyone who wishes to develop a career caring for children with medical illnesses. Therefore, I liked the book even before I started reading it. It addresses a clear need, and it does so brilliantly.

The book is divided into 4 sections: "Active Treatment," "Survivorship," "Death and Bereavement," and "Additional Considerations." There is also an appendix. The sections are not mutually exclusive. For example, the chapter on "Quality of Life," which appears in the "Active Treatment" section, certainly applies to survivors. However, the sections provide a welcome anchor to the chapters within.

The "Active Treatment" section starts with a review of cancer treatments, in which Izraeli and Rechavi achieve quite an astonishing feat: they summarize what they call "medical aspects of childhood cancer that are particularly pertinent to pediatric psycho-oncology" (p. 3)—in 3.5 short pages. By focusing on specific aspects of the study and practice of pediatric oncology and weaving in basic information about how cancer develops and is being treated, the authors provide a wonderfully concise but informative summary. This brilliant chapter is easy to read as it progresses logically along a coherent narrative rather than bullet-point descriptions.

The next 2 chapters, discussing psychosocial care models and quality-of-life constructs, are a detailed primer for anyone who would like to practice in this field or develop a research career devoted to it. Kreiter and Kreiter's chapter on quality of life summarizes the concept of quality of life, its measurement, and its implications. It is detailed and comprehensive, and it could be used as a reference chapter by anyone who is interested in the concept of quality of life, whether or not specifically related to oncology.

The next 4 chapters provide summaries of different issues encountered during the psychosocial care of a child with cancer in the acute or maintenance phases of treatment. Pain, psychiatric impact, and the psychosocial impact of stem cell transplantation and radiotherapy are discussed. In the interest of full disclosure, Margaret Stuber, who writes on psychiatric impact, is my former mentor. Dr. Stuber is one of the founders of the field, which is important to contemplate in the context of the wonderful chapter that she contributes to this volume. It is organized, comprehensive, and a very easy read. The chapter is clearly written from the perspective of a practitioner and researcher who saw the field evolving toward data-driven investigations (in fact, Dr. Stuber's contributions are a prime reason for such developments) and yet did not lose her fundamental belief that scientific knowledge should be evaluated critically and should never replace sound judgment or compassionate care.

The next 7 chapters address interventions that have been used to alleviate psychosocial distress and adversity. Communicating with children, cognitive-behavioral therapy interventions, education, psychopharmacology, complementary and alternative medicine, art therapy, and palliative care are discussed.

I do not envy the writers' task here, because very few, if any, of those interventions have ever been rigorously studied in the target