Book Review/ Évaluation de ressource écrit

ADHD: The Facts
Mark Selikowitz (2004)

Publisher: Oxford University Press: New York
Available from: Oxford University Press (Canada),
www.oup.com
Cost: $19.95 (Cdn)
Reviewer: Alison McInnes, Ph.D.
Brain & Behaviour Research Program
Department of Psychiatry Research
Hospital for Sick Children
Toronto, Ontario

Speech-language pathologists are becoming involved to an increasing extent with diverse groups of children and adults in clinical and consultative practice who present a wide range of communication and learning disorders. Recommending and providing information resources for parents, teachers, and other practitioners is an important part of comprehensive service to clients. However, it is often difficult to find well-written resources that present a complete and up-to-date summary of clinical issues and approaches to treatment. The recent book by Dr. Mark Selikowitz, *ADHD: The Facts*, is one such resource that will be valuable to speech-language pathologists, both as a general information resource and one that can be passed on to individuals interested in learning more about this disorder. The stated intent of the book is not only to inform the reader about attention-deficit/hyperactivity disorder (ADHD), but through this process to change attitudes and negative and unproductive approaches to managing the adaptive and learning challenges that children with ADHD face at home and at school.

With the growing public awareness of ADHD, speech-language pathologists are more likely to receive referrals for children with ADHD than previously, in both preschool and school settings, and therefore need an adequate knowledge base about the disorder. Academic underachievement is ubiquitous in children with ADHD, and reading disorder and/or language impairments are frequent co-occurring disorders. Therefore, there is a clear need for S-LP involvement and consultative input for individualized academic programs for many children with ADHD. Furthermore, as current views are shifting from the earlier view of ADHD as strictly a behaviour disorder to ADHD as a neurodevelopmental disorder with associated cognitive and linguistic deficits, the focus of interventions must also shift from traditional behaviour management programs to teaching approaches that take these deficits into account. This reconceptualization of ADHD and its implications for intervention is well-presented and explained in *ADHD: The Facts* in a detailed yet very readable style that will appeal to both practitioners and the lay public.

The book is organized into seven sections, the first four covering descriptive information about ADHD symptomatology and associated impairments, neurodevelopmental causal factors, and clinical assessment. At the outset are appropriate disclaimers regarding use of the content information for self-diagnosis. The clinical subtypes of Predominantly Inattentive, Predominantly Hyperactive/Impulsive, and Combined subtypes are clearly explained and described with examples of daily functioning at home and at school. A good overview is also provided of other psychiatric conditions that frequently co-occur with ADHD, such as anxiety disorder and Tourette's syndrome. In addition, Conduct Disorder and Oppositional Defiant Disorder are described as separate behaviour disorders that frequently co-occur with ADHD. This is a very important point to convey to parents and teachers, who often view some of the more extreme behaviour difficulties as part of ADHD. The section also introduces common characteristics of children with ADHD including social skill difficulties, learning problems, low self-esteem, task impersistence, working memory difficulties, and defiant behaviour, placing each in the context of its contribution to overall impairment in daily functioning. Several common myths about ADHD are dispelled, including the popular view of some that ADHD is a new disorder caused by poor parenting skills and disruptions to family functioning caused by working parents with busy and stressful lifestyles.

The information on the neurological and genetic bases of ADHD is well-organized and readable, and provides a comprehensive summary of what is known about ADHD and brain dysfunction from research to date. A main strength of this book is its recurring focus on deficits in working memory in children with ADHD which are thought to underlie many of their problems with information processing, learning, and daily functioning. The level of detailed explanation in this section is rarely available to parents and teachers in material accessed through the Internet and other resources, and presents a balanced summary of current research in the field.

The last three sections deal with specific issues for interventions at home and school including an informative section on medications for ADHD, a survey of unconventional treatments for ADHD and evidence or lack thereof supporting their use, and issues pertaining to ADHD in adulthood, that will be highly relevant for parents of adolescents with ADHD, and for adolescents and young adults themselves.

The book emphasizes a multi-modal approach to treatment involving medical, educational, and behavioural components, and optimally including parent and teacher strategies for promoting learning, friendships, and development of independence in the child. The author contends that by approaching children's persistent and frustrating behaviour patterns and emotional reactions to failure from an antecedent (i.e. preventative) versus a consequential perspective, there is a higher likelihood that positive change and growth will occur. This view is also consistent with current thinking in the learning disabilities field regarding approaches for helping children overcome negative affective reactions and avoidance regarding their academic performance difficulties.

The section on medical treatment for ADHD presents a comprehensive summary of how stimulant medication works and research on its effectiveness, and addresses many of the frequently asked questions and concerns of parents who are contemplating putting their child on medication, an often stressful and difficult decision. The book appropriately urges parents to discuss all treatment options, including use of stimulant medications, with their pediatrician or family physician. The section on unconventional treatments is especially valuable in this regard, as it describes the purported rationale and course of some of the currently popular non-medication treatments for ADHD, many of which are costly both in time and funds, and whether there is any controlled research to support their use. This information will help parents gain a broader understanding of the pitfalls of quick fix approaches to ADHD treatment, and help them make informed decisions regarding treatment that will best address their children's needs.

The final section explains that a fairly large proportion of children with ADHD will continue to display impairing symptoms of ADHD to varying degrees in adulthood, and therefore it must be considered for many as a lifelong disorder. However, the author provides encouragement that if ADHD is well-managed during childhood and adolescence, and individual strengths can be supported, overall impairment can be reduced, and individuals with ADHD can lead satisfying and productive lives. The book ends with useful websites for further information from the various family information and support organizations concerned with ADHD.

ADHD: The Facts is well-written, informative, and persuasive regarding its stated purpose of changing negative attitudes toward ADHD. It would be a valuable addition to a professional library or resource library for parents and teachers, as well as individuals who wish to learn about the disorder. It is not an academic text and provides no reference section, and therefore will not be suitable for professional training programs. However, as a comprehensive overview of the disorder and key issues for assessment and intervention, this book will appeal not only to parents but to practitioners in various fields who are involved with children with ADHD.

Resource Review/ Évaluation des ressources

I Think! I Can! Interactive Stories for Preschool Routines

Author: Beth Eck (2004)
Publisher: Thinking Publications, Eau Claire, Wisconsin
Cost: $31.00 (Can.)
Reviewer: Jamie Maschmeyer, B. Ed., MSLP, R-SLP, S-LP(C)
University of Alberta, Edmonton, Alberta

I Think! I Can! Interactive Stories for Preschool Routines is a resource of eight ready-made social stories designed for the preschool setting. The material was developed for use by speech-language pathologists and preschool special education teachers, but the author notes that the stories may be useful to teachers in general and to some parents. Although the stories were developed for children age 3 to 5 with Autism Spectrum Disorder (ASD), the author states it would also be useful for young children "who demonstrate cognitive, social, or behavioral deficits." The purpose of the material is to assist children who have social challenges to interact appropriately and positively within the classroom environment. The author developed eight simple, visual stories to enhance children's understanding of expectations and to assist children in learning/rehearsing appropriate responses during common classroom routines.

The *I Think! I Can!* resource can be organized into five sections. The introduction provides an overview of the material and describes the author's objectives and target audience. The second section contains background information on social stories and refers to Carol Gray's extensive work in this area. The author provides answers to the questions: 'What is a social story?', 'Why are social stories used?' and 'How is a social story written?' This section of the resource also includes a brief overview of Gray's (2000) guidelines for effective social stories. The third section includes clear instructions for preparing and using the stories, emphasizing the flexibility of the stories to meet varied needs. Creating the stories involves copying the reproducible pages, customizing the content and illustrations as needed, coloring the illustrations (optional), laminating the book, and finally attaching Velcro to allow children to select graphics to be included in the story. Using the story as a teaching tool involves introducing the story to an individual, adapting the story as needed, reviewing the story with the child (daily or more initially, and less frequently over time), and evaluating the child's progress. The fourth section includes the eight social stories which professionals are permitted to duplicate for instructional purposes. Story titles include: Circle Time, Center Time, Clean-up Time, Snack Time, Story Time, Rest Time, Outside Time, and Good-bye Time. The stories consist of three to four pages each, containing one or two short sentences paired with black and white illustrations on each page. The last section of the resource provides two appendices for tracking children's progress, using behavior analysis.

The use of visual stories to support young children in successfully negotiating the social and communicative demands of the classroom is becoming more common, particularly in the field of special education. Social stories have proven a valuable tool in the preschool classroom, particularly for children who are visual learners, children who struggle to understand the subtle rules of social interaction, and children who tend to understand language literally. Such stories endeavor to make expectations for daily routines and social interactions concrete and predictable, allowing children to be more successful and comfortable in the preschool environment. They can also aid children in anticipating changes to the routine and in learning how to respond appropriately. *I Think! I Can!* may prove useful to some professionals for several reasons. First, given the growing interest in the topic of social stories, the material is pertinent, and many other ready-made social stories that are commercially available tend to be designed for older children or those with higher language and/or reading abilities. Second, the resource is well organized and easy to use. The author provides clinicians with clear instructions on using the material, and the stories are ready-made. The resource also includes some suggestions for modifying the stories, utilizing additional resources. Third, the resource offers practical 'how to' guidelines for the development and construction of effective social stories, based on Gray's work. The information contained in the background section of the material could be used as a quick reference on designing social stories for teachers, speech-language pathologists, and even parents. Fourth, the eight stories follow the guidelines that the author discusses. Each story answers critical 'wh' questions and all are written in first person perspective. The language in the stories is concrete and paired with visual support. The content of the stories is written in a positive tone, focusing on what children should expect in a social situation and how to respond appropriately. Directive statements are used sparingly and are carefully worded. For example, the story entitled "Snack Time" states, "I will try to stay at the table with my friends at snack time," rather than a more directive statement like, "I will not leave the table at snack time." Some stories incorporate the perspectives of others which is often challenging for children with Autism Spectrum Disorder to comprehend. In addition, some of the stories also allude to possible changes to the routine, thus helping to prepare children who tend to be routine-bound and inflexible for likely variations to their schedule. Finally, the stories conform to several developmentally appropriate practices. In particular, the language level is appropriate for very young children,

and the illustrations are spare. The author also suggests modifying the stories with real photographs for children requiring more concrete learning experiences. The stories target social skills and communication during daily routines typically observed in preschool, thereby focusing on social-language learning in meaningful and functional situations. This permits ongoing practice of social skills in context and eliminates the need to generalize learning to a more functional setting. Print is paired with pictures in all the stories, reinforcing development of early literacy skills which is an essential component of all 'best practice' preschool programs. The stories also allow children to actively participate in developing and using them through making choices and planning activities. For example, in the story entitled 'Center Time', children are able to choose between pictures to indicate where they will play. The social stories are also versatile and general enough to meet the needs of a variety of children. The teacher/S-LP may use a story with one child to elicit pro-social behavior and with another child to enhance comprehension of the steps involved in a routine. The author notes several applications for the stories that the speech-language pathologist or teacher may find useful including learning to make choices, providing descriptions, making plans, expanding vocabulary and recalling information.

One consideration for the clinician is that the stories are intentionally general to allow usage across preschool programs. As a result, the stories may not be individualized enough to meet the needs of a particular child or preschool program. This is especially true if there is a specific behavior/understanding that the professional hopes to foster. Another consideration is the practicality of customizing the stories. Adapting the language or illustrations of the stories would necessitate a cut and paste approach, which may not ultimately be efficient. Furthermore, if only the content of the story is modified the clinician risks losing the essential close association between the print and the animation. Usage of pictures from multiple sources within the same story may also be confusing for children. Professionals might consider using the stories as a framework to develop more customized versions for their classroom routines and children. Using the story as designed may also become problematic if the content is too specific or does not match the routine in a particular classroom. For example, in the story 'Clean-Up Time' the author writes, "I can look at the picture and word on a box to find out where to put a toy." Children who tend to understand language literally may be confused if some toys are put on shelves or into cupboards in their preschool classroom. A limitation of the stories is the omission of affirmative sentences (such as 'this is all right') although the author does explain in the background section that these are one of four sentence types that can be included in social stories. Affirmative sentences are valuable as they can assist children with social difficulties in understanding common social norms.

In summary, speech-language pathologists and teachers working with young children who have social, language and cognitive challenges will appreciate the information on constructing effective social stories and the eight ready-made stories designed for common preschool routines. It would be most beneficial for professionals with emerging interest in developing and using social stories in the classroom, as well as professionals with limited time to create original stories. The stories would be particularly useful at the beginning of the school year as the classroom staff members endeavor to establish predictable daily routines. This resource could easily be extended to include other classroom activities and routines which children attending preschool are exposed to including: lining up with peers, waiting for a turn, going on a field trip, making an art project, preparing a snack, helping an adult, playing with a peer, and toileting.

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Resource Review/ Évaluation des ressources

Short-term Memory Difficulties in Children: A Practical Resource
Joanne Rudland (2004)

Publisher: Speechmark Publishing Ltd., Telford Road, Bicester, Oxon, UK
Cost: $49.50 (US)
Reviewer: Cynthia Bakker, MSLP, S-LP(C)

This resource was designed for therapists supporting children 7 to 11 years old who have a short term memory difficulty impacting their language learning. The goal of this resource is to provide a structured program of hierarchically organized activities for practicing memory strategies, to be used as a supplement to an existing program or as a stand-alone resource. The resource is designed generally for individual program intervention, but could be adapted to group use, should a clinician feel competent. This book is clearly organized into chapters including: a short summary of memory theory, an overview of therapy strategies (including a format for implementing activities), and pen and paper activities for short term memory improvement (organized hierarchically according to the author's knowledge of memory development). Finally, the author has also provided a short list of assessments appropriate for diagnosing short term memory problems in school age children.

The introduction to memory theory is a broad overview of memory research to date, providing a general introduction to the theorists involved, terminology and characteristics of memory, and a review of influential models of memory. It was well written and easy to follow, but did not draw links between memory and language learning difficulties. Therapists would have to apply their own knowledge of cognitive development to the information to draw conclusions of how memory difficulties would affect language learning.

The second chapter is a "how to use the book" summary, and again is well written and easy to follow. Here the therapist will find ideas for planning therapy, and recommendations for how and when to use this resource. The author notes that it is essential to confirm a diagnosis of short term memory difficulties before implementing a program of treatment, and she recommends appropriate assessments for this purpose in following chapters. The author also cautions the use of this program with children who have disordered language or attention difficulties. A fairly intensive amount of practice and time spent on therapy is recommended as necessary for progress.

The body of the resource contains memory activities for therapy and practice. The activities are reproducible, structured, and organized hierarchically for use. Again this section is easy to use, and because the activities are ordered according to development and difficulty, it is simple to implement. However, some of the activities are pen and paper, so being able to read fluently for the student would be a benefit. The majority of the activities are "sit and listen" so children who require movement to learn may have difficulty completing the tasks, and it would require some modifications in this case.

In summary, this resource was well organized, well written, and simple to use should the therapist have the time to provide one to one and intensive practice, and also if the therapist is certain that short term memory difficulties are the child's main deficit. The therapist would want to be familiar with memory difficulties in children, be comfortable with memory theory, and have a good knowledge of the deficits of the children with whom they will use the resource. The therapist using the tool needs to apply their own knowledge of how language learning disabilities or attention difficulties interact with memory skills, as co-occurring conditions would impact the effectiveness and ability to use this resource. It would be necessary to provide supports and supplements to materials for children with language-based reading disabilities, language processing difficulties, or other interfering conditions which often co-occur with short term memory difficulties (the author herself points out these difficulties). The resource also requires a significant amount of time one-to-one or even in group to implement the work provided, which not all therapists have the luxury to do. It may not be well suited to provide to support staff to implement.

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