



american society for adolescent psychiatry

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Roxanne Lewin, M.D., Editor

Summer 2014

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FROM THE PRESIDENT SHELDON GLASS, M.D.

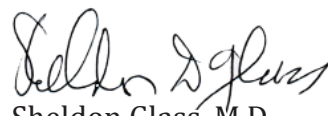
As we enter our 47th year of The American Society for Adolescent Psychiatry, ASAP is going to host its first joint conference with The International Society for Adolescent Psychiatry and Psychology March 26-29, 2015 in New York City. We are becoming a more global society. Adolescents throughout the world are reflecting that global influence. It is most fitting that we will have the opportunity to share our ideas, concepts, problems, and treatment strategies with our global colleagues at our 2015 Annual Conference.



In Baltimore this year ASAP expanded its annual conference to three days with a pre-conference on School Mental Health. With our joint meeting in New York we are expanding our conference to four days with the opportunity to take the ASAP Certification exam, which the ASAP Certification Committee has diligently worked to develop. We anticipate in New York an extraordinary opportunity to hear international leaders present their expertise in various aspects of adolescent psychiatry and address major topics of concern to adolescent mental health professionals. The conference will continue to offer continuing education credits for clinical psychologists, social workers, family therapists, licensed professional counselors as well as licensed physicians. We welcome your suggestions and expertise.

I would like to thank Greg Barclay, our outgoing newsletter editor (and newly elected President Elect), for the great job and contribution that he has made and welcome our newly appointed Editor, Roxanne Lewin. Thanks also to Gregg Dwyer, our Past President, for a yeoman job and Lois Flaherty, Editor of The Journal of Adolescent Psychiatry and President Elect of ISAPP, for her continued contributions.

We look forward to seeing all of you in New York in March for our next exciting annual conference.


Sheldon Glass, M.D.
President

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Mark Your Calender

The 2015 ASAP Annual Meeting will take place in New York, New York March 26-29, 2015. The theme of the 3-day conference will be "The Art and Science of Adolescent Psychiatry and Psychology".

Lois Flaherty, M.D.
and Gregory Barclay, M.D.
Program Chairs



Classified and Drop-In Advertising Available

Ads must be received at the ASAP office by the following deadlines: Summer issue – June 1; and Winter issue – December 1st. Copy should be typed and doubled space.

For classified ads, a check to cover the cost at \$1.00 per word (minimum \$25.00 per ad) must accompany the order. For an additional \$12.50 an advertiser who does not desire to be publicly identified may use an ASAP "Box Number" and will be sent copies of resumes or other information sent to the box.

For drop-in ads, rates are as follows: Underwriting a complete issue, \$1500. This entitles the advertiser to exclusive advertising rights in that issue, with two full pages of advertising. Full page ad: \$350; one-half page ad: \$250; one-quarter page ad: \$150.

The acceptance of advertising by this Newsletter does not in any way constitute endorsement or approval by ASAP Newsletter or ASAP of any advertised service product.

Regarding classified ads, the publisher reserves the right to accept or reject advertisement for ASAP Newsletter. All advertisers in this section must employ without regard for race, sex, age, nationality, or religion in accordance with the law. Readers are urged to report any violations immediately to the executive editor.

From the Editor

Welcome to the ASAP newsletter. Whether you are a regular reader or just browsing through, my hope is that you will find something of interest in this edition. For me, it is always a pleasure reading our newsletter. It feels like where friends gather to share their views about issues affecting our patients, pay tribute to colleagues and put forward ideas to improve the future of medicine. Speaking of improvements, we are fresh



off the heels of our last annual conference which was a big success. The turnout was great, the audience receptive and the speakers on point. We communed, we learned, and most importantly, had fun doing it. This year we met in the charmed city of Baltimore, Maryland and had the opportunity to draw from the experts of the Baltimore medical community. The Schonfeld lecture was given by Dr. Robert Findling, Professor and Director of Child & Adolescent Psychiatry at Johns Hopkins. This year, a third preconference day was added to address the School Mental Health. The welcome reception and dinner at the Baltimore Aquarium gave us a chance to chat with friends, personally welcome new members, and devour tasty delights.

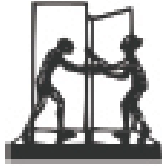
It is an exciting time in psychiatry. So much on our shoreline – the resurgence of heroin, the growing controversy around marijuana legalization, and the undefined role of prescription drug monitoring programs, to name a few. These are issues that will unequivocally increase the attention given to adolescent mental health. As healthcare providers, we need to equip ourselves with the tools to be of best service to our patients. We can achieve this by staying current and lending our voices to organizations committed to making a difference. ASAP is committed to making a difference.

We welcome mental health professionals and other providers that work with adolescents. Our community strives to bring together providers from various specializations and interests – pediatricians, adolescent medicine physicians, family practitioners, pediatric neurologists and most importantly, our trainees. There is so much we can learn from each other.

We are excited to hear your ideas and opinions. Many of the current members are distinguished experts in their field and a source for your career development as well as in clinical matters.

Visit our website at www.adolescent-psychiatry.org and be sure to join us next spring in the Big Apple for the 2015 joint meeting of ASAP and the International Society for Adolescent Psychiatry and Psychology.

Roxanne Lewin, M.D.
ASAP Newsletter Editor



Please join us in New York for the joint meeting of the International Society for Adolescent Psychiatry and Psychology and the American Society for Adolescent Psychiatry, March 26-29, 2015, at the New York Marriott East Side Hotel.



ISAPP



You will not want to miss this exceptional conference! The conference will include daily plenary lectures with subsequent multi-track break-out workshops and symposia; poster sessions; resumption of the certification examination in adolescent psychiatry to be held on Thursday afternoon, March 26, 2015; A set of practice-specific practical workshops; opportunities to take New York area tours and social outings; ASAP-specific functions and social opportunities.

We are now accepting proposals for presentations and poster sessions. The website for on-line submission of proposals is <https://cmt.research.microsoft.com/ASAPISAPP2015>

The meeting theme is "The Art and Science of Adolescent Psychiatry and Psychotherapy." Proposals will be considered for Scientific Papers, Symposia/Panel Discussions, Audiovisual Sessions, New Research, Workshops/Courses, and Posters. For definitions and guidelines for submission please click [here](#). The deadline for completed submissions is September 1, 2014, except for New Research Posters, which have a December 15, 2015 deadline.

For more information, contact Dr. Gregory Barclay at drb@drbarclay.com or Dr. Lois Flaherty at loisflaherty@gmail.com

Highlights from the ASAP 2014 Annual Conference



Drs. Jim Gilfoil, Perry Bach, John Dittenfaus,
and Lois Flaherty at the Welcoming Reception



Governing Board conducting business at the 2014 Annual Meeting

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Dr. Glass addresses the 2014 Annual Meeting participants



Dr. Dwyer presents the Life Fellow Certificate to Dr. Lois Flaherty

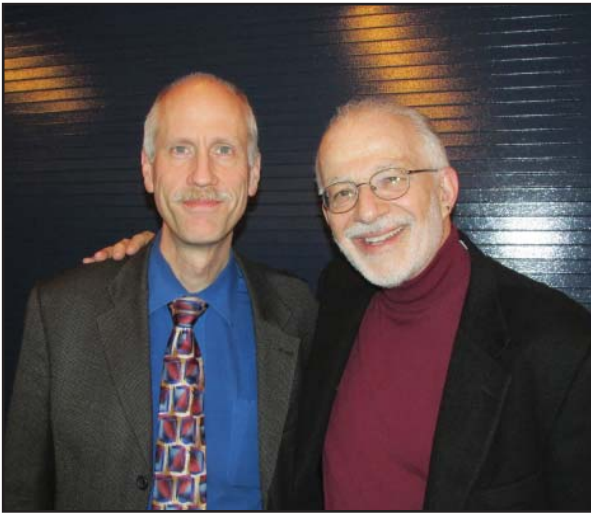


ASAP Vice-President and Newsletter Editor Dr. Gregory Barclay receiving Staples Award from ASAP President Dr. Gregg Dwyer



Dr. Dwyer presents the life fellowship certificate to Dr. Perry Bach

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Dr. Dwyer and Dr. Martin Fine at the Welcoming Reception



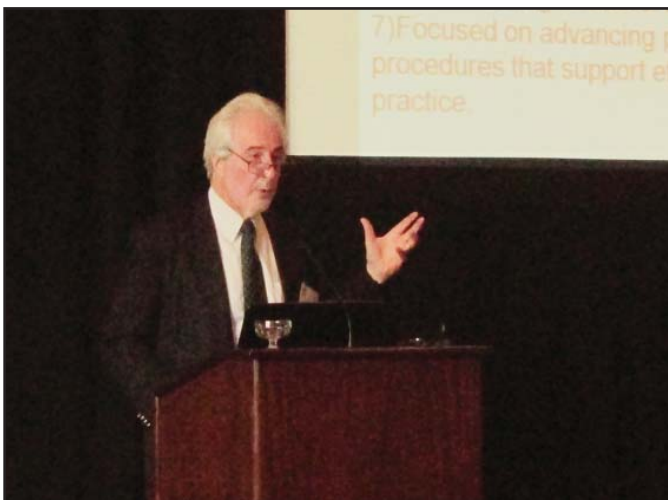
Drs. Eric Williams, Richard Ratner, and Sheldon Glass at Welcoming Reception



ASAP President-Elect Dr. Sheldon Glass presents the Schonfeld Award to Dr. Robert Findling



ASAP Treasurer Dr. Jesse Raley greeting newest ASAP Resident and Fellowship Member, Chad Lennon



Dr. Jonathan Cohen speaks to participants about classroom climate



Dr. Glass confers the Presidential Service Award to outgoing ASAP President Dr. Gregg Dwyer

APA DOINGS...Annual Meeting, May 2014

By

ASAP member Richard Ratner, M.D.

Once again, Greetings from the APA Annual Meeting, held this year in the Big Apple, New York City, at the beginning of May. As usual, I attended the APA Assembly meetings on behalf of ASAP, which take place in the two days before the scientific meetings begin. We like to think of the Assembly as representing the grass roots of psychiatry, but its resemblance to anything like Congress does not go very far. Congress has power; the Assembly has much less. Any of its decisions are subject to the actions of the Board of Trustees, the real power center, and while we carry influence because we are the reps of the people, any of our motions can be effectively vetoed. However, it seems as if we have been growing in influence over the past few years, and I would say that when the Assembly is behind something, it gets at the least a respectful hearing.

Herewith is a summary of what may be of interest to ASAPers for this spring's meeting.

PERSONNEL CHANGES

APA is now being led by a new Executive Director. Jay Scully has retired, and **Saul Levin, MD** has replaced him. Saul was born and brought up in South Africa, but his career has been here in Washington, DC. For the last few years in addition to running a private think tank, he has been actively representing the APA to the AMA. He was chosen because of his knowledge of health policy along with having administrative skills. As it happens I know Saul personally from our years in DC together. Just before his appointment he headed up the District of Columbia Health Department where, coincidentally, he was my daughter's boss. Based upon his presence at the meeting just concluded, I think the consensus is that he is a vigorous, self-assured and knowledgeable guy who has good people skills and a clear sense of mission. I think he will be good for the APA.

The new president of the APA, who has been president-elect for the past year, is **Paul Summergrad, MD**. I don't know Paul, but he too has been involved in health policy and was highly visible during the meeting, introducing himself to the Assembly and sharing views. Some of you know that **Renee Binder, MD**, is

the new president-elect, winning out in a three person field with very qualified opponents. As it happens, I also know Renee well as both of us do forensic psychiatry and are longtime members of AAPL (American Academy of Psychiatry and Law); Renee teaches and practices in San Francisco and has been a president of AAPL among many other career highpoints.



For those who keep an eye on APA leadership, news also reached us that **Darrel Regier, MD**, vice-chair of the DSM 5 Task Force, has resigned from the APA, apparently to pursue other interests. Not a personnel change, but DSM 5's Chair, **David Kupfer, MD**, was discussed in the Assembly as the result of a charge of conflict of interest brought against him recently. Seems like he was involved in a private company that was designing resources to be used by practitioners to assess and report data using the dimensional concepts introduced in DSM 5. The Board of Trustees spoke with Dr. Kupfer and issued a report, which indicated that his failure to report this activity was inadvertent, and no further action is contemplated.

SOME HIGHLIGHTS

For many of us, the highlight of this Assembly session was the appearance of psychologist and Congressman Tim Murphy (R-PA) who is among other things the co-chair of the Congressional Mental Health Caucus. He is rapidly becoming a legend among mental health practitioners and advocates as a result of his strong support of our cause. His recent coup was his dramatic interrogation of a hapless official from HHS, which had just announced that it would no longer 'protect' more than one psychotropic medication in any category. This would have meant that only one medication, selected by CMS, would be available to be covered for Medicare and Medicaid patients.

His speech was preceded by a video of the interchange, in which he elicited that the decision was an arbitrary one made by a bunch of 'career CMS psychi-

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artists' (read: no practitioners), without any basis in evidence or actual practice. He destroyed this bureaucrat, who himself had no medical training, and a few days later CMS completely reversed itself. Rep Murphy has crafted a comprehensive mental health bill (the Helping Families in Mental Health Crisis Act, available on his website or through the APA Government Affairs Office) for which he has been seeking sponsors in the House, which comprehensively deals with many pressing issues including expanded outpatient treatment, early identification and treatment for the Jared Loughners of the world, commitment standards, and privacy rules (to help with the identification of potentially dangerous mentally ill persons), and others. The bill sounds so ideal that he received a 5 minute standing ovation at the end. And Murphy is a Republican! (A recent Wall Street Journal article accuses the Democrats of trying to sink the bill for largely political reasons, even though Murphy has many Democratic cosponsors.)

Vice President Joe Biden gave a talk as well to the entire APA on Monday afternoon. It was a good speech touching the right notes, including the need for more psychiatrists, but little was said to indicate where the money might come from for some of his proposals.

Another piece of good news was the Treasurer's report, in which it was reported that the APA has benefited greatly from the issuance of DSM 5. According to retiring APA Treasurer Dave Fassler, APA's revenues for 2013 were \$81 Million, of which DSM sales accounted for \$51 Million. Expenditures totaled \$52 Million, of which \$13 Million was spent on DSM 5. Reserves are now a dramatic \$118 Million, up from only \$20 Million a few years back. Also, APA membership is up 3.4% to a little over 35,000.

ACTION PAPERS

Most of these columns report and summarize on so-called action papers, which represent motions submitted by members in hopes that the Assembly will act favorably on them. Passage does not guarantee that they become APA policy, but it exercises considerable weight with the Board of Trustees. This session they were a mixed bag. One asked the APA to study the possibility of increasing the number of patients that can be treated by physicians licensed to treat with Suboxone. This is in response to the fact that many practitioners

around the country have reached their mandated limits, and there do not appear to be many new physicians interested in getting into the field. Another asked APA to prevail on ABPN to change, by the 2015 certification exam, to the exclusive use of DSM 5. Currently they are saying that they will use a mix of IV and 5 until 2016, which is confusing for everyone, though it makes the examiners' jobs easier.

One paper asked APA to advocate with CMS that they do not penalize physicians who do not choose to use electronic health records (EHR's) in their practices by cutting their fees, as is currently the policy (it passed). Another asked APA to advocate for not using so called patient satisfaction surveys in any consideration of physician remuneration (also passed). The Assembly also asked APA to look into the possibility of discussing with the FDA altering or removing the black box warning on antidepressants, for reasons that should be clear to most practitioners, ie, that they have done far more harm than good and are on shaky evidentiary grounds. We decided to "urge the FDA to revisit the appropriateness of the Black Box warning about suicidality with antidepressants", though it was unclear just what mechanism might exist for making this happen.

A trio of papers were approved going to issues of safety in dealing with dangerous patients. One called on APA to advocate for changes to HIPAA such that psychiatrists can report serious threats without chancing privacy violations; another called for expanded research on dangerousness and guidelines for psychiatrists to self-protect; and a third asked APA to advocate for expanded hospital stays when necessary to properly assess and deal with risk for violence and expanded coverage for outpatient treatment of patients at risk to harm self or others.

A number of papers failed or were withdrawn for various reasons. The most notable was a paper asking that APA re-introduce industry supported symposia to its scientific meetings. This idea has been repeatedly rejected by the Assembly by wide margins, but one of my colleagues, dedicated to the idea, hopes that things will change.

This pretty much completed the Assembly's work this time. The next meeting is, as usual, in Washington, DC in the fall. Your humble observer hopes to be there.

Welcome New Members:

Michael Adler, M.D., Finesburg, MD
Andrea Brandon, M.D., New York, NY
Kristel Carrington, M.D., Brooklyn, NY
Pedro Coto, M.D., Baltimore, MD
Salvatore DiCarlo, M.D., Columbus, OH
Phyllis Heffner, M.D., Woodbine, MD
Chad Lennon, M.D., Lauren, MD
Michael Lesser, M.D., New York, NY
Kirk Meekins, M.D., Charleston, SC
Edore Onigu-Otite, M.D., Elliott City, MD
Rajinderdal Singh, M.D., Sylvania, OH
Lavanya Subramanian, M.D., Roswell, GA
Christie Tsimoyianis, M.D., New York, NY
George Tsimoyianis, M.D., Westport, CT
Jozef Zelenak, Columbia, SC

Book Reviewers Needed!

How does the prospect of expanding your professional book collection at no charge sound to you? If you enjoy reading and writing, then "Adolescent Psychiatry's" book review editor would be interested in hearing from you! We need book reviewers to assist in writing regular reviews for our quarterly peer-reviewed journal. You could do as many or as few as you want to do and you get to keep the books!

Interested? Please contact Gregory P. Barclay, M.D., Book Review Editor, drb@drbarclay.com, with your contact information and interest areas.

Mentors Needed

Do you want to make a difference by strengthening ASAP's new and resident/fellow Membership? The ASAP membership committee is organizing a registry of ASAP general members interested in serving as mentors to new and resident/fellow members and invites you to consider participating. If this opportunity interests you, please contact ASAP's Executive Director, Frances Bell (frd1@airmail.com) or membership committee member Gregory P. Barclay, M.D. (drb@drbarclay.com).

American Society of Adolescent Psychiatry Certification Exam

Eligibility Criteria to sit for the Certification Examination held on
March 27th at the 2015 Annual Meeting in NYC:

- ✓ Active Membership in ASAP
- ✓ ABPN Board Certification in General Psychiatry or Child Psychiatry or by the Royal College of Physicians of Canada in Psychiatry
- ✓ Valid License to Practice in the U.S. or Canada
- ✓ 25% of clinical time dedicated to treating adolescents and their families

Please contact Frances Bell to request application material: frda1@airmail.net

Is It Time to Become an ASAP Fellow?

By Gregory P. Barclay, M.D., ASAP President-Elect

The American Society of Adolescent Psychiatry honors long-standing members who have shown evidence of outstanding contributions to the field of adolescent psychiatry. ASAP's organizational by-laws outlines the following criteria for fellowship:



"To be a candidate for the honor of being an ASAP Fellow, the member must have been a member of the American Society for Adolescent Psychiatry (ASAP) for a minimum of eight years, and must have been actively involved in the affairs of ASAP, nationally or locally, through a constituent society or as a member-at-large.

"Active and Life Members may be honored by election to Fellowship. A candidate for ASAP Fellowship shall be evaluated on five parameters:

- a. Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, the American Board of Adolescent Psychiatry, or their equivalent.*
- b. Active participation in the affairs of the community, particularly with reference to the psychiatric needs of youth.*
- c. Outstanding clinical and administrative contributions to mental health services, particularly those serving the needs of youth.*
- d. Outstanding contributions to the teaching programs of a hospital, clinical, medical school, or other academic institution, including aspects of adolescent psychiatry.*
- e. Contributions to psychiatric research and/or publications.*

"A candidate for ASAP Fellowship may be recommended by a constituent society, by members of the Governing Board, or upon recommendation of three ASAP Fellows.

- a. Nomination by a constituent society: The local society must thoroughly evaluate the candidate's credentials, including satisfactory completion of the Nomination for Fellowship Form and supporting letters. If the local society determines that the candidate qualifies to be a Fellow, all supporting material should be sent to the ASAP Membership Committee.*
- b. Nomination by a member of the Governing Board: The Board member should be personally familiar with the candidate's credentials, and whether he meets the criteria for fellowship, including satisfactory completion of the Nomination for Fellowship Form. If so, the Board member shall send all supporting material to the ASAP Membership Committee*
- c. An ASAP member in good standing who believes that he may meet the criteria for fellowship shall complete the Nomination for Fellowship Form, obtain letters of recommendation from at least three ASAP Fellows, and submit the Nomination for Fellowship Form, the recommendation letters, and any other supporting data to the ASAP Membership Committee.*
- d. If a nominee is a member of a constituent society, the Membership Committee shall ask the constituent society for its recommendation, and that recommendation will be taken into account in the Membership Committee deliberations.*
- e. In all cases, the Membership Committee will review the credentials and make a recommendation at the next Governing Board Meeting. Election to Fellowship shall be made by a two-thirds majority vote of the Governing Board."*

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If you fulfill these criteria, or desire to nominate an ASAP member who fulfills Fellow status criteria, we are interested in hearing from you! Our membership committee plans to review applications and nominations this fall for inclusion at our annual meeting in New York in March, 2015. Please address any nominations or inquiries to our Executive Director, Frances Bell, at frda1@airmail.net or by regular mail at our central office.

Announcements of Awards

Gregory Barclay, M.D., receiving the 2014 Herman Staples Distinguished Service Award

S. Charles Schulz, M.D., received the Wayne Fenton Award for Exceptional Clinical Care - Schizophrenia Bulletin, Volume 39, No. 5, pp.943-44, 2013

Manuel Lopez-Leon, M.D. was awarded the Psychiatry & Behavioral Science Sections "Maier I. Tucher Award" at the American Academy of Forensic Sciences Annual Meeting for 2014.

Book Review Corner:

Parenting Out of Control – Anxious Parents in Uncertain Times

Margaret K. Nelson (New York University Press, 2010, ISBN 13:978-0-8147-5853-3, paperback, \$24)

Reviewed by Gregory P. Barclay, M.D.

Those of us who in the course of our daily work with children, teens, and young adults deal regularly these days with what has been referred to as “helicopter parents”. In her book, Margaret Nelson expounds a type of helicopter parenting style she identifies as “Parenting Out of Control” in which afflicted parents desire, for a variety of psychological reasons, constant availability and intimacy with their children, engage in constant negotiation with them, and all the while utilizing modern technology to monitor, constrain, and even spy on them. Dr. Nelson, who is a sociologist, developed her understanding of parenting out of control through a series of intensive interviews conducted with 93 parents and at least one of their teenage children living in various parts of the United States in order to compare differing parenting styles between the “professional middle class” and “working middle class” as defined in her book’s introduction.

The book is divided into two sections. The first, addressing the origins of “Parenting out of Control” based on how modern parents view the past, present, and future based on class distinction. Working class parents tended to parent as they were parented and were less apprehensive about the present and future than the professional middle class group. That group drew a clear distinction between how they believed their parents raised them (with a focus on achievement, universal rules, and rigid boundaries, e.g. children should be seen but not heard, etc.) vs. how they wished to raise or believed they were expected to raise their children (with a focus on intimacy, flexibility based on individual circumstances, flexible boundaries, and constant engagement). The interviews described in detail the anxieties many professional middle class parents, mothers in particular, experienced with regard to their children, and how modern technology has fueled their belief that they must be constantly able to track and be available to them. The chapters cover how the perception of the need for constant availability, intimacy, trust, and flexibility produce both great satisfaction for the parents, who keenly recall their own parents as disengaged and thus feel distinguished from them. Many of the interviews

covered how parents place a high value on trust and, as such, tend to believe their children based not on an investigation of facts but instead their desire to believe their children would never lie to them because they have been so deeply intertwined. The interviews also described a parenting approach in which negotiation takes priority over clear rules and consequences are individualized, leading the author to describe the style as “1,2,3 maybe”. This was a contrast to the working middle class parenting style, which was more rule and status (parent vs. child) focused.

The second half of the book is devoted to how this modern technology fosters the anxieties and parenting expectations of current professional middle class parents. These Chapters address how technology is available now to monitor children and remain continuously connected and available (e.g. baby monitors and cell phones). Other technologies, such as child locators, V-Chips, software filters exist that allow professional middle class parents to constrain the activities of their children and teens and thus remain effectively in control even from a distance. Finally, a third set of technologies exist that allow parents to continually spy on and monitor the activities of their children and teens (for example, GPS devices, cell phone call and text monitoring, computer screen monitors, required access to email and social networking sites). Interestingly, in the interviews with professional middle class parents, they spoke of trusting their children and valuing their privacy and individual freedoms, yet justified their spying and violations of privacy as essential to keep their children safe and protected from dangerous or unsavory influences. They did not appreciate how their intrusive style might engender the development of a double life, distance, and mistrust they were desperate to prevent.

The book concludes with an assessment of the consequences of “Parenting out of Control” in terms of potential negative effects on normal developmental autonomy and independence, parental roles, and our ever-evolving technology-oriented culture. The book

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is an interesting and informative book for health professionals and educators working with youth and parents, and is also likely of interest to parents who wish to understand and hopefully stem their own “Parenting out of Control” tendencies if they have awareness that what they are doing is not beneficial to their children. However, based on the interviews contained in

Nelson’s book, it seems unlikely that afflicted parents would perceive anything inappropriate about their style until or unless something went so wrong that it was necessary to examine its consequences in the treatment setting. That said, it certainly deserves a spot on the waiting room bookshelf.

Beyond Addiction: How science and kindness help people change

by Jeffrey Foote, PhD, Carrie Wilkens, PhD, and Nicole Kosanke, PhD, with Stephanie Higgs (2014, Scribner), 336 pgs., hardback, \$26.00 US, ISBN 978-1-4767-0947-5

Reviewed by Kevin J. Zimmerman, PhD, Licensed Marital & Family Therapist

Within families, a distinction is often made between the family member with the problem and everyone else. The problem may be drinking, yelling at the kids, or not contributing equally to keeping the house clean. When one family member is seen as having the problem, the other family members feel they have one of two options: attempt to force the problem-family member to change, or detach and accept that we can’t make anyone change.

Beyond Addiction challenges these two common but unhelpful approaches to treating individuals with substance use issues. The reality is that the behaviors of families members are much more interactional and systemic. Like the interconnected pieces of a child’s mobile, in which movement in one piece of the mobile causes each other piece to move, the behavior of one family member affects the entire family system. Yes, a person’s substance problem can negatively affect other family members, but the good news is that family members can and do influence people with substance problems to decrease or eliminate their substance use.

In the first of the book’s four parts, the authors offer their insights into why individuals use substances. In Part 2, they teach the reader the skills to affect change, including positive communication, behavioral reinforcement strategies, and problem-solving skills. In Part 3, they offer guidance for navigating the various substance treatment approaches and settings. Finally, Part 4 presents ways for family members to take care of themselves, so that they can continue supporting and helping their loved one. Throughout the book are helpful boxouts of two types: “Good news” underscores

the many reasons that readers can feel optimistic about the information or strategies presented; “What’s hard about this” acknowledges the challenges that people often encounter when attempting to practice a new behavior.

“Kindness” is in the subtitle, and the message that kindness is the most effectual agent in helping people change pervades the book. Kindness isn’t just a novel approach to substance use treatment; According to the authors, kindness is an evidenced-based, clinically proven approach to helping those with substance problems.

What is most notable about the book is that readers can substitute “substance problems” with any other problematic interpersonal relationship issue. Take, for example, their communication analysis exercise, in which you first describe an argument in as much detail as possible, and then you rewrite your part of the argument so that it exhibits more of the characteristics of positive communication than were evident during the argument. This type of reflective practice would benefit nearly any relationship, whether the argument centers on substance use or on another issue entirely.

The book amounts to a powerful home-study course on effectiveness training for families, with a focus on kindness and collaborative problem solving to bring about change. Aside from a few tables that sprawl across pages with many empty cells, the book is highly accessible to a broad audience and filled with helpful exercises and examples that can benefit anyone who is interested in improving their interpersonal relationships.

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