This very compact guide seeks to address the growing concern of many pediatric primary care providers who find themselves ill-prepared at the end of their training to help caregivers with their children's challenging behaviors. It is written for a wide audience including pediatricians, family physicians, nurse practitioners, physician assistants, and other professionals. The authors seek to shed light on how caregivers can address their patients' challenging behaviors before they potentially develop into categorical disorders.

The authors, William B. Carey, MD and Sean C. McDevitt, PhD, are 2 pioneers in the fields of child development and pediatric temperament who have paved the way for a body of research in these areas. They developed the Carey Temperament Scales, which are questionnaires that examine 9 dimensions of temperament in children as defined in the classic New York Longitudinal Study. They have also authored several books and many chapters on this topic area in medical texts.

This latest test is drawn from their extensive research and practice focusing on child temperament. It creates an approach for providers at the front line of pediatrics to aid families in managing childhood behavioral concerns. Early on, the authors discuss clinical vignettes of children with difficult behaviors. Chapters address “Obstacles to the Provision of Good Care,” “A Clinician’s Perspective on Behavioral Issues Presented in Primary care,” “Improving Assessment of Child Behavior in Primary Care,” and “Better Management in Primary Care.” This framework is provided as an approach to these issues, particularly when problems fall somewhere in the grey area between developmental variation and behavioral disorder.

The layout of the book is well done with easy-to-read tables, algorithms, and figures. As expected, there is an excellent section dedicated to discussion of temperament. I found this chapter particularly helpful because not only did it describe the dimensions of temperament, but it also provided strategies for dealing with children when their temperament leads to problem behaviors. For example, if a child has “high adaptability” in his temperamental profile, he may be especially susceptible to “unfavorable pressures from peers” or even the media. Other topics such as the role of medication in management, providing feedback to caregivers, and psychosocial problems in caregivers were only briefly discussed. Given their importance and relevance in behavior management, I would have wanted to read more about them.

I found the discussion of the impact of temperamental variability on a child’s behavioral profile helpful. This perspective can help parents understand their child’s behavior and ultimately guide clinicians to appropriate clinical interventions. The appendix provides simplified questionnaires for clinicians to use with families to identify children’s temperamental profile. While this is referred to as a rapid clinical survey, in practice, its administration may be more time consuming than described.

Overall, this book was clear and user-friendly, which makes it highly accessible to a busy pediatric primary care clinician. The recommendations the authors offer are useful and descriptive. This book conveys the importance of understanding temperament. More importantly, the impact of temperament on behavioral management for children and adolescents is considered theoretically but with clear practical applications. Disclosure: The author declares no conflict of interest.

Roxanne Almas, MD
Division of Developmental-Behavioral Pediatrics,
Brown University/Rhode Island Hospital,
Providence, RI