

whose members share. Child development, gender issues, male and female roles in society are similarly explored, and working hypotheses for psychopathology are described and derived from observation of the malfunctioning of these systems in the modern world.

The second part of the book is devoted to more clinical descriptions showing, for example, how lack of 'dominance' (equivalent to 'self-esteem' and differentiated from 'domineering') results in reactive problems of aggression. The authors work in a broadly cognitive-behavioural framework and concepts of which behaviours were adaptive in hunter-gatherer bands are used to guide and advise clients about the required behavioural and attitudinal changes that are needed for a happier life nowadays. Although it is clear from the case histories that there is regard for the importance of empathy and the therapeutic relationship, the importance of these aspects are not satisfactorily accounted for, and the question of dependency and problems of weaning from the therapist needs some elaboration. The clinical examples are vivid and focus as might be expected on vignettes which illustrate the theory in practice. The fact that much has passed between therapist and client before this is only referred to briefly, leaving this to the imagination in what are essential areas of work. In a short volume, designed to argue a particular point, this is probably not unreasonable, although I hope the authors will write further on this in future, in particular how they manage the defences and countertransference problems in the months or years before the client begins to make use of the framework they offer.

I found this an enjoyable book to read. The authors demonstrate that they are willing to work patiently with difficult clients over many years, and I found that the book added to my understanding of human functioning in social groups. For both of these reasons I would recommend this book to a wide audience.

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Conversations with Pre-school Children. Uncovering Developmental Patterns. By PAUL V. TRAD. New Haven/London: Yale University Press. 1989. 227 pp. £14.95.

The intention of this book is to acquaint health care professionals with the developmental process in pre-school children, in order that they may distinguish normal from abnormal behaviour. The author's basic tenet is that behaviour suggestive of psychopathology may actually be normal adaptive responses of young children encountering traumatic events. He contrasts the medical model, which he considers limited, with the new field of developmental psychopathology, which draws on knowledge from various scientific disciplines.

The book consists of a brief examination of the case histories of six pre-school children whose behaviour has caused concern. The clinical descriptions are accompanied by limited reports of conversations between the author and the child, mainly in question and answer form. Following each vignette is a lengthy discussion of theories of normal development pertinent to each case. A wide range of models and theories are used – primarily attachment theory, theories of temperament and also of cognitive development. Research on children's behaviour, especially recent research, is quoted extensively, and the chapter on play behaviour is particularly comprehensive and erudite. However, it is surprising that the pioneers of play therapy and psychoanalysis with children, Melanie Klein and Anne Freud, are not mentioned.

The children's behaviour is examined under various headings – cognition, locus of control, play behaviour, pro-social behaviour and aggression. It can be deduced from these titles that this is a very American book, which focuses on a very American preoccupation – that every child showing any disturbance of behaviour will automatically receive a diagnostic label under DSM-III-R. Even a description of normal sibling rivalry is discussed as possibly classifiable as the disorder 'phase of life problem'.

For my taste Trad focuses too much on the theory and insufficiently on the personal details of each case, with scant exploration of the environment of each child. This lends a mechanistic impersonal feel to the book, with too rigid a consideration of psychopathology and a disappointing reluctance to give meaning to the children's behaviour. Finally, I feel the book falls short of its aim to provide a practical guide for professionals in this field.

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Suicide in Children and Adolescents. Edited by GEORGE MACLEAN, with contributions from S. DAVIDSON, R. T. JOFFE, D. R. OFFORD and C. R. PFEFFER. Ottawa, Ontario: Hogrefe & Huber. 1990. 144 pp. Canadian \$26.00.

This slim Canadian volume covers a topic which is of interest to both child and adolescent psychiatrists and adult psychiatrists. Its five chapters cover subjects ranging from epidemiology and clinical assessment to the role of depressive disorders and risk factors in management of suicidal children and adolescents. An increase in completed suicide in adolescents and young adults has caused concern both in North America and in the United Kingdom. The reasons for this are uncertain. Throughout this volume it is clear that research on suicidal attempts and completed suicide meets a gap in

knowledge which is not yet filled by accurate research. The North American experience of the use of firearms by adolescents is not one seen in the United Kingdom. However, in other respects, the risk factors, outlined somewhat repetitiously, show that we need to be concerned about the mental health of children and adolescents who at the end of a road of disturbance may either attempt or complete suicide. This book is a helpful contribution to the field, but reveals once again the need for more research particularly into younger children with suicidal ideas. The role of depressive disorders in children and adolescents is stressed, something which in the past has been given a low priority in thinking about suicidal children.

In general this is an excellent book with a good review of the area, although more careful editing perhaps would have saved some repetition. The best chapters were those by Pfeffer on the manifestation of risk factors and that on management by Davidson. The ending of each chapter with a list of references with comments by chapter authors is a practice to be encouraged. This book is to be recommended to trainees in child and adolescent psychiatry and adult psychiatrists on call for general hospitals. However, since it is Canadian I am not sure whether it will be easily available and whether, in fact, British alternatives such as Keith Hawton's books would be more accessible.

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Clinical Interviews with Children and Adolescents. By PHILIP BARKER. London: W. W. Norton. 1990. 153 pp. £14.95.

Many clinicians contemplating an interview with a child or an adolescent become panic-stricken and their usual competent interviewing skills evaporate. This can lead to doctors and others actually neglecting to interview children and consequently missing the diagnosis. I therefore approached this slim volume with some eagerness, hoping to find just the text to introduce trainees to the skills of interviewing children. The idea is an original one and in many ways this book admirably meets the needs of trainees and others by simplifying the process and offering the distillation of the experience of a sympathetic and skilled clinician. There are sections on interviewing young children, older children and adolescents, children with special problems of communication such as those who are mentally handicapped, deaf, autistic or psychotic, and a chapter on assessing the suicidal youngster. The structure of interviews including the proper way to terminate contact is given due attention, and this will be of help to novices who find termination the most difficult part of psychotherapy or counselling sessions.

However, in the end I found the book a disappointment. The author seems never to have got clear in his mind what his aims are. He seems to be considering therapeutic interviews as well as diagnostic ones originally and yet he misses them off the list of reasons for interviewing children! On page 12 he states that interviews "that impose change are used rather rarely", betraying his intention not to consider the interviews that aim for change (i.e. therapy or counselling ones). Yet in the chapter on termination, the author is clear that children become attached to those who are treating them and is advising accordingly. Some of the information is misleading. On page 127 he states: "suicide and suicidal behaviour are common in adolescents". It is true that clinicians commonly see such youngsters, but the behaviour is rare in adolescents, the majority of them never evincing such pathology. Those of us who have training responsibilities will find the chapter on interviewing children in most standard textbooks covers most of what we need and the rest must be supplied by example and carefully supervised experience.

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Time-limited Intermittent Therapy with Children and Families. By THOMAS KREILKAMP. New York: Brunner/Mazel. 1989. 243 pp. \$41.00.

Health Maintenance Organisations have developed rapidly in the United States in the last decade. They provide a type of medical care which is intermediate between general practice and routine National Health Service out-patient care, at a relatively low cost compared with the health care provided by individual medical specialists in their private offices or at major medical centres. Family medicine, equivalent to British general practice, is available in some areas, but most parents regularly consult a specialist paediatrician about their children, not only for serious illness but also for developmental checks, minor complaints, vaccinations, and advice about feeding, sleeping etc. for infants. These functions are more normally dealt with by health visitors and clinical medical officers in child health clinics in Britain. Each local centre for a Health Maintenance Organisation usually serves a population of between 10 000 and 60 000 people and therefore can provide specialist care on an out-patient basis by employing paediatricians and other practitioners including psychiatrists, psychologists, nurses and social workers.

Kreilkamp describes the therapy provided in the small-child mental health service of a Health Maintenance Organisation in Cambridge, Massachusetts and contrasts it with the much more time-consuming