

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