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ace contact between psychologists and putative victims (here called "survivors"). However, given the emerging scale of the problem and the available number of clinical psychologists, this seems somewhat unrealistic. (I recently visited one district where the psychology service promised to a Community Mental Health Support Group was withdrawn completely, having been overwhelmed by the demand for help!). We are not told what the "special assessment skills" are or whether they could be taught to non-psychologists.

In relation to treatment, it is suggested that psychologists "work through other staff" by being "heavily involved in their training". This would seem more realistic, but realism reaches extraordinary depths, bordering on either cynicism or narcissism, when the authors state that "The goals (my emphasis) of intervention will depend ... to some extent, on the kind of therapy offered by the particular psychologist".

The authors also suggest that psychologists may have a role in 'supporting' those who are involved in the field of sexual abuse. In addition" we may be uniquely well placed to contribute to advice on structures and procedures which would optimise interprofessional co-operation.

As for prevention, the authors acknowledge that "there is, so far, an inadequate research base for programmes of prevention". Are psychologists substantially contributing to this research? What does it mean when the authors tell us that the BPS is "supporting" it?

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Handbook of Clinical Assessment of Children and Adolescents, Vols I & II. Edited by CLARICE J. KESTENBAUM and DANIEL T. WILLIAMS. New York & London: New York University Press. 1988. 1170 pp.

The appearance of a new textbook in child and adolescent psychiatry has become a rarer event than it used to be, but the publication of a new American two-volume text is bound to be of great interest. The contributors to this multi-authored textbook are entirely drawn from psychiatrists and psychologists working in the USA, indeed they mainly come from prestigious centres in and around New York. The title of the book is misleading in that there is a large section on treatment approaches, and most of the chapters deal with management as well as assessment.

As might be expected, the structure of the book is heavily yoked to the DSM-III classification. In the introduction the editors stress the change in American child psychiatry from an anecdotal, discursive approach based exclusively on a psychoanalytic model, to an approach much more strongly linked to empirical findings. This change is largely reflected in the contents, although

there are exceptions. In the 1990s, it is difficult to continue to recommend the use of the Rorschach, even as a projective test, and the discussion of the psychosexual development of the pre-pubertal child is firmly free of any constraints provided by the empirical literature.

There are, however, many excellent chapters, too numerous to mention individually. I learned most from the chapters on pre-school language assessment, pervasive developmental disorders, and drug and alcohol problems. The increasing reliance that American clinicians place on questionnaires and structured interviews in making their assessments is noteworthy. For example, in the highly technically competent account of the assessment of anxiety disorders, there is a detailed description of the scales available for use, but no mention at all of the clinical skills that can be deployed to assess the functional disability produced by anxiety states, or those that can be used to link a child's anxiety with those of other members of the family, especially the parents.

These reservations apart, this two-volume textbook contains a great deal of value. It will probably not be the first choice of textbook for psychiatric libraries or specialist child and adolescent psychiatrists, but certainly should rank high among those currently available.

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Annual Progress in Child Psychiatry and Child Development 1989. Edited by Stella Chess and Margaret Hertzig. New York: Brunner/Mazel. 1990. 576 pp. \$50.00

Yes, the editors of this annual review have done it again! They have successfully highlighted trends in original research and review over the previous year, as they have been doing annually for over two decades, thus ensuring that signal contributions of immediate topicality and lasting interest are brought to our attention and are not smothered by the profusion of journals and welter of publications in this and allied disciplines.

Ten themes have been selected, reflected in 33 papers which include studies of infancy, development, gender and race, special stress and coping, temperament, depression and suicide, clinical issues (covering AIDS), and adolescent issues. There are also papers covering the special issues of day care, and historical perspectives. The selection process cannot have been easy and called for breadth of vision allied to fine judgement regarding significant advances, rather than a blind dependence on distinguished departments or eminent names. The tour de force is the section on depression and suicide, with Klerman providing a focus on secular trends, Angold summarising developmental changes in psychopathology and biological manifestations, and a review of classificatory and diagnostic issues. Pfeffer's work gives