

Reclaimed Powers is perhaps misplaced in a series entitled *Handbooks for the Caring Professions*, as it is neither a practical guide nor exclusively of interest to a professional audience. The style and content make it approachable by the lay person, but the comprehensive appendix and notes should also make it acceptable to the professional.

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Treating Troubled Adolescents: A Family Therapy Approach. By H. CHARLES FISHMAN. London: Hutchinson. 1988. 330 pp. £25.00.

Adolescence is taken in this book to be a developmental stage in the life-cycle of the family as a whole, and a structural form of family therapy is used. The author has previously collaborated with Minuchin, in *Family Therapy Techniques* (1981), and this new book could be seen as an illustrative companion. The core consists of transcribed extracts of therapy sessions which deal with severe disturbances such as violent, suicidal, or runaway behaviour. Theory is not expanded to a great extent beyond the introductory chapters and subsequent linking material. This can lead to a sense of oversimplification – as for example in the brief discussion of adolescence as a 20th century phenomenon and a product of social need, and as in the definition of homeostasis. But it also relates to one of the virtues of the book itself, and of the therapeutic method it describes – it consists of a few simple but powerful ideas put to the test time and again, adhered to tenaciously while avoiding the temptation to follow complex developments for their own sake. The repeated emphasis is on attending to the context of the difficulties, finding and confirming areas of competence, and presenting options to the family, while in the immediate present of the therapy session aiming for decision and change.

The case extracts are central to the purpose of the book, and on the whole they succeed well in illustrating the author's approach. But this was not always so: I found the nuances of the American colloquial dialogue too subtle in some cases to be meaningful. The text is also longwinded at times, as otherwise simple and clear points are laboured and repeated – perhaps a product of the method!

The avowed aim of the therapy here is rapid effective change in the face of crises. As such, the clear and simple therapeutic approach will be found valuable by many in these heated situations. The book does provide insights, and there are some touching moments.

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Directive Group Therapy: Innovative Mental Health Treatment. By KATHY L. KAPLAN. New Jersey: Slack. 1988. 165 pp.

Directive group therapy, in the author's own words, is "a special form of group treatment designed to meet the needs of acutely ill, minimally functioning patients . . . [who are] unable to function in almost all areas and have serious impairment of communication and judgement capacities". These patients, on acute admission wards, get the benefit of intensive medical assessment and physical treatment, plus intensive nursing care, but are rarely seen as able to benefit significantly from group-orientated occupational treatments (OTs) because of their minimal functional capacity. This book describes, with admirable clarity, a programme designed to offer such treatment.

Occupational therapists have, in recent years, become much occupied with Kielhofner's model of human occupation, derived from systems theory, which aims to give a firm theoretical basis to the ways OTs work. This model provides a structure within which assessment, treatment, and monitoring of patient's needs, progress, and outcome are given meaning in terms of each individual patient's volition (using parameters of exploration/helplessness), habituation (competence/incompetence), and performance (achievement/inefficiency). Each of these are seen as part of a hierarchy of interacting subsystems, such that those levels which guide or constrain function at other levels can be addressed and modified directly. This model is clearly, albeit briefly, outlined in an early chapter of Kaplan's book, and informs much of the rest of the text.

Thereafter, the book is itself a model of how a difficult clinical problem can be addressed within a multidisciplinary team. It is essentially a practical handbook, describing how the author and her colleagues set up and ran their directive group programme (in a unit with enviably high multidisciplinary staffing levels!), but also providing guidance, advice, and instruction to others wishing to do the same. The practical chapters contain facsimiles of forms used for referral, initial assessment, and monitoring, which are in the main clear, brief, and directed to appropriate areas of function, and all sections are illustrated with case material. Whatever the style of therapy, these practical plans for assessment, setting goals, and monitoring treatment provide a useful model for most professionals involved in offering psychosocial treatments. How many OT departments have a wide range of 'accepted' treatments on offer, many in group settings, where this kind of practical approach to definition and evaluation of the function of the group would not be of benefit to patient care and reassuring to those of us in the multidisciplinary team who remain unconvinced of the value of loosely formulated interventions such as concentration or communication groups?

Directive group therapy (like much else that is offered to patients as part of a treatment package) has not