Cognitive-Behaviour Therapy for Children and Families

Inspired by a conference that highlighted a need for greater written information about cognitive-behaviour therapy (CBT) with children and families, Philip Graham invited professionals from around the world and gave them the same brief. They were required to focus on a particular disorder, describe it, and give a rationale for the use of CBT in its treatment. Case examples were to be used to illustrate the success and limitations of the approach (or,phrased more positively, to demonstrate the problems still to be addressed). CBT within a multimodel approach, its effectiveness, and a discussion of relevant research issues were to conclude each chapter.

Despite an absence of Americans, the primarily Antipodean, Canadian, British, and Dutch contributors (psychologists and psychiatrists) have covered the ground of the principal concerns of working with children and adolescents. The result is a highly readable, clearly laid out, and helpful collection of chapters that are easy for the reader to dip into and find relevant information.

The issue of what CBT is—especially for work with adolescent children—and how it fits in with and differs both from the more familiar behaviour therapy and also from other psychological therapies is addressed generally and separately for each problem area. Clarification for any of us clinicians who might dare to admit to being fuzzy about the edges is therefore permitted. Problem areas examined are difficulties in preschoolers (Douglas), obsessive-compulsive disorder (Shafran), anxiety disorders (Ronan & Deane), conduct disorders in young children (Bailey), children with learning difficulties (Turk), post-traumatic stress disorder (Smith, Perrin, & Yule), pain (McGrath & Goodman), depression in adolescents (Harrington, Wood, & Verduny), adolescent conduct disorders (Herbert), interpersonal problems (Spence & Donovan), drug and alcohol abuse (van Bilsen & Wilke), and eating disorders and obesity (Schmidt).

The specifically cognitive elements of therapy vary greatly, from only parental understanding of the rationale of therapy (Jo Douglas’s chapter on preschool-age children) through to the child helped to relive memories in order to control flashbacks and nightmares (Smith, Perrin, & Yule’s chapter). So far, so good. But does CBT work? Philip Graham echoes most of the authors in drawing the inevitable conclusion that it is best employed within a multimodel therapeutic approach. Perhaps increased attention to developmental, family environmental, and emotional factors is the key. As Martin Herbert succinctly phrases it: “To be effective, programmes must attend to the sources of resistance.”

This is a welcome book that brings together a wide range of information for all practising clinicians working with children and young people and will be an invaluable learning source for trainees in psychology and psychiatry.

Helen Likierman


Services for neglected children have been poor, Professor Stevenson argues, partly due to professional indecision about when to intervene in family life and what route to take to promote optimum development of the children at risk. She makes a strong bid for the attention of practitioners, social workers in particular, so that the understanding of neglect is well informed and carefully considered and so that practice can be raised to a higher level.

She argues persuasively that evidence is available to show that socioemotional, developmental, and especially educational deficits are common in seriously neglected children. However, despite knowledge of the broadly adverse consequences of neglect, there remains a lack of precision about the specific developmental effects and frequently a lack of agreement about the adequacy of parental care. This can lead to professional indecision and legal and administrative delays resulting in children being left in highly unsatisfactory circumstances with indeterminate plans. The author calls this being “in limbo in the family” rather than “in limbo in care”.

A comprehensive picture of severe neglect is built up as the chapters consider in turn poverty, family factors, the parents, the children, the agencies and professionals involved, and finally assessment and intervention. In so doing, the author manages to steer clear of simple analyses and prescriptions. For instance, she points out that factors like domestic violence, lone parenthood, lack of partner support, and substance abuse may all be contributory, but not sufficient, explanations of neglectful parenting.

The book identifies some important debating points like questioning reliance on the forensic model of child abuse investigation; expecting social workers brought up on investigative work in child protection to have therapeutic skills with children; and the tendency to hold mothers responsible for damage to children while disregarding men’s failures. It calls for more systematic assessment of children’s well-being through use of the Looking After Children forms and the need to extend the system to include the assessment of parenting capacity.

Types of family- and group-based intervention are discussed, although with suitable caution regarding families with a limited capacity to change. “Partnership” is seen as a worthy aim, but difficult to achieve where the parents do not accept that they have parenting deficits. The author acknowledges the paucity of controlled evaluations of intervention with neglecting families but pushes with some pointers to good practice like including wider family members and “missing men” in therapy, moving towards parenting education and skills acquisition rather than generalised “support”, and providing direct therapeutic services to the children.

I have one complaint, which is the occasional critical reference to “dry academic research” or to “traditional empirical quantitative methods”. These negative comments may only deter practitioners from reading well-designed studies that are the best basis for making progress in this difficult field. It would have been preferable to encourage practitioners to improve their research appreciation skills so that reading a quantitative study becomes less of a challenge and the difficulties involved in acquiring secure knowledge are properly acknowledged.
In summary, the book succeeds well in the task of producing a readable and informative text in which the concerns and dilemmas of practitioners are treated respectfully and there is no sense of preaching from the academic high ground.

Alan Rushton


A main thesis presented in this book is that suicidal behaviour is not “understood” when it is isolated from social systemic contexts. The author contends that we must consider complex processes involving life events and personal and social variables as multiple causal chains. When parts of the system are investigated separately, the important emergent holistic properties vanish. The author uses a general systems approach to the explanation of social behaviour in relation to suicide in which feedback works in a circular sequence of modifications to maintain homeostasis. Rules governing the understanding of suicidal behaviour can be seen at a number of differing levels of abstraction and complexity in which suicidal behaviour is part of an interactional familial pattern of maintaining system viability.

Family interaction and suicidal behaviour are linked because the occurrence of suicidal behaviour is seen as part of a pattern of communication within a disturbed relationship. The negotiation of life cycle changes is critical for the family as a system of individuals and as a systemic entity in a larger social ecology. The author describes desertification, whereby an ecology goes beyond the limits of its resources. He suggests the same situation occurs in suicidal behaviour, where individuals and their families exhaust their resources, whether psychological, physical, emotional, filial, financial, or social.

The author’s model of distress management approaches systemic distress at different levels of organisation: individual, familial, or cultural. The strategy is to assess the current situation neutrally, connoting all behaviour positively, seek to resolve conflict by a public commitment to a common goal, and not to engage precipitately in attempts to “change”. Understanding the systemic context of individual behaviour and punctuating the behaviour of individuals as part of a circular causal sequence of interactive behaviour is also considered therapeutic.

This book is a welcome development in the application of systems theory to clinical problems.

Mike McClure


The aim of this book is to examine trauma and development from a life-span perspective. The book covers a wide variety of topics, including the childhood impact of crime, abuse, and violence, the effects of trauma on children, environmental considerations, the effects of exposure to community and domestic violence, war, physical and sexual abuse, the role of early trauma in men who assault their wives, the developmental consequences of child maltreatment, children in divorced families, interventions with children who have experienced trauma, children’s reports on personal events, and childhood sexual abuse.

Whilst each reader will, no doubt, find certain chapters more interesting than others, most are relevant to all those who work with children and adolescents. I particularly enjoyed reading the chapters that discussed children’s responses to traumatic events, the impact of divorce on children, and the reliability of children’s memories and adults’ perceptions of their credibility. With an increasing number of refugee children coming to this country, the consideration of some of the effects of war on development is timely and helpful.

Many of the 44 contributing authors are well known. The chapters are well written and each one ends with an extensive list of references. The editors have attempted the difficult task of covering a wide range of topics, yet the book is coherent. There is integration of knowledge gained in different fields, and the need for continuing research is appropriately stressed. There is a comprehensive author index at the end.

Unfortunately, the details of a few references are missing or incomplete and other references are marred by minor spelling or punctuation errors. The subject index seems rather brief. The price for the hardback is high and will, I suspect, deter many from buying this book. Nevertheless, it would make a useful addition to any departmental library and I would recommend it to those who work with children and adolescents.

Martin Newman


The eight contributors to this book are all clinicians with an interest in the understanding of trauma. All either work or have worked at the Tavistock Clinic’s Unit for the Study of Trauma and Its Aftermath in the Adult Department. The book makes for interesting reading and provides useful insight into such work.

The book “focusses” (sic) upon the psychoanalytical approach to the treatment of adults suffering from post-traumatic stress disorders, and takes the underlying view that to be involved in a severely traumatic event inevitably stirs up the unresolved pains and conflicts of childhood. The editor argues that the impact of traumatic events upon the human mind can only be understood and treated through achieving with the patient a deep knowledge of the particular meaning of those events for that individual.

It includes an introduction to psychoanalytical thinking about trauma, the meaning of the “accidental” in everyday life, and descriptions of the four-session therapeutic consultation offered to all the unit’s referrals and once-weekly, psychoanalytically-informed treatment. There are accounts of work with patients in five-times-weekly analysis and a description of the editor’s work with groups of people who have undergone a traumatic experience.

The book is compact, attractive, readable, and affordable. Two sentences are duplicated on page 160. There is a useful bibliography, a good index, and suggestions for further reading. I believe that the book would have benefited from a final chapter to discuss a number of issues. I am still unclear at whom the book is aimed. By its very nature, the book concentrates on those who seek psychological help rather than those who do not. I would have welcomed greater information about the indications and contraindications to psychoanalytical approaches to the treatment of psychological trauma, more discussion of the problem of comorbidity, and further information about research into outcomes measures. Such information would put the vivid clinical descriptions in a wider context.

Martin Newman


This book is a major updating of the 1983 Penguin written by
the first two authors. The changes from the earlier volume reflect the major changes of interest and direction that have emerged over the last 15 years. The research orientation and depth are clear from the titles of the second and third chapters: Identifying the Most Useful Areas of Research and Concepts and Measures of Crime. These are followed by a range of fascinating chapters taking in historical trends, social factors, and treatment and prevention. A key new concept, derived from the large number of longitudinal studies that now exist, is that of the advances in understanding the natural history of antisocial behaviour. One of the most exciting areas that is taken up is the interplay of genetic and environmental influences in causation and maintenance of antisocial behaviour. For generations this theme has been the subject of guesswork and speculation. Now it suddenly appears in sharp focus, with the promise of much, much more to come.

Much more is also known now about the more traditional themes such as trends in crime over time and place. Here again the many painstaking longitudinal studies from countries all over the world have contributed to the closely reasoned arguments and conclusions in the book. Other areas revisited yield interesting ideas such as gender differences. Throughout it is evident that there has been a major advance in the way statistics and research design can now be used to get much more out of the data than was previously possible.

The style from chapter to chapter is a little uneven, as is inevitable if three authors have each made a substantial contribution to the writing and the ideas. The result is still far better than an edited book with different authors for different chapters each, to some extent, going off in their own direction. I read the book through and there was no chapter that I did not find both absorbing and informative. At times the density became rather too much. It is very difficult to describe complex research designs and findings in such a brief treatment and had I not already studied related texts, I would certainly have lost my way.

I have found myself regularly referring to this book for reference over a number of issues. Despite its density, the text does have an air of excitement and is interesting and fresh. I am sure there are many others who will find the same. This book is remarkably good value for money and should be widely read.

Rory Nicol


This impressive book gives an account of how innovative services have been developed across the state of Pennsylvania, in order to meet the needs of certain kinds of children who have reached the end of the road in terms of conventional help: children whose violence has alienated everyone and propelled them into the justice system; families who have become the focus of multi-agency involvement, conflict, and confusion; adolescents teetering on the edge of admission to institutional care even it will solve nothing and no-one wants it. The three authors, all profoundly involved in this work over the past decade, map out what has been achieved and how. They describe an “ecosystemic” approach, which works from the premise that systems of professional care for such families may have become just as fragmented or troubled as the families themselves, and may need just as much sensitive therapeutic attention. Using ideas and methods from structural family therapy, they promote interventions by small teams of professionals working intensively, mainly in family homes, and supported by a careful infrastructure of training and supervision.

For the British reader, both the resources available and the problems encountered in Pennsylvania seem at times like something seen through a magnifying glass. As a London general practitioner, I am familiar on home visits with having to deal with “dogs, cats, birds, gerbils, hermit crabs and rats”, but I have yet to find out if I can stay calm and therapeutically useful in the presence of a father sitting at the kitchen table examining a gun. The authors also assume a level of knowledge of the managed care system in the United States that clinicians here may not possess. Generally, however, this is a book that travels extremely well and there are many reasons why it should be read on this side of the Atlantic as much as in America.

One of the most striking things about Creating competence from chaos is that it is entirely isomorphic with its subject—a model of careful structure, comprehensiveness, respect for the consumer’s intelligence, and attention to detail. Lindblad-Goldberg, Dore, and Stern write with passion and clarity and their work is particularly well contoured, moving from an initial overview of the programme, through theoretical foundations and planning considerations, on to a detailed description of the practical, clinical, educational, and research aspects of the work. The case vignettes, covering both clinical cases and supervision, are outstanding.

Apart from anything else, I would recommend the book for its articulation of a contemporary structural approach. For practitioners who may regard structural therapy with carefully calculated post-modern scorn, it is salutary to read an account that is perfused with a thorough understanding of such issues as attachment, empowerment, and active partnership with parents. Even social constructionist purists may be won over to the idea that you cannot treat chaos with neutrality alone. Sometimes you have to go out and buy food for the family’s dinner.

John Launer