Always On The Go, a 35-minute video, has been put together by Margaret Thompson and colleagues in Southampton. The manual was developed to accompany the video with the aim of training health visitors in the community to work with families with a child with ADHD.

The video starts with a good introduction of parents and children talking about what it is like to have ADHD and the difficulties they frequently encountered in getting a diagnosis. There are visual illustrations of the behaviours described and it was particularly helpful to have children talk about their own experiences.

Experts discuss some of the issues around aetiology, genetic influences, the effect of diet and theories of the core deficit. In some ways these ‘talking heads’ are less effective than the parent and child discussion, perhaps because of bad cutting. I wondered whether health visitors would have enough basic knowledge to follow the points that were being made.

The main part of the tape, however, focuses on practical strategies for parents and carers to use with these children. The advice is generally sound and well illustrated with some very nice examples of the strategies used. Good eye contact when giving instructions is stressed; the importance of keeping calm and giving low key quiet instructions in a calm factual manner; and giving instructions in short sentences, which is labelled the ‘one sentence rule’. Positive reinforcement is emphasised in order to boost the child’s self-esteem and the need for the praise to be specific. There are the usual useful aphorisms: ‘praise the good; ignore the bad’… ‘you can’t change everything at once’… ‘build by small achievable steps’. There is a nice illustration of using choices to avoid confrontation.

Parents are encouraged to anticipate difficult situations such as any delays, by an emergency box of toys and to reward each manageable chunk of time that the child waits. Parents are also encouraged to anticipate change by warnings and to anticipate children becoming hungry by snacks of bread and fruit. Boundary setting and consistency are encouraged and parents advised not to threaten sanctions that they are not prepared to carry out.

Most of the strategies described give reasonable advice and the accompanying video illustrations are vivid and helpful. However, I found myself wincing at some very sloppy use of behavioural terms; for example, ‘time out’ is used idiosyncratically, not as ‘time out from positive reinforcement’, an extinction procedure, but to be a calming ‘talk down’ in a comfortable place.

Towards the end of the tape medication is discussed for those where strategies alone are not enough. It is particularly good to hear children describe in their own words what it is like to take medication, the effect on their school work and particularly the positive response they get from those around them, both family and friends. The importance of the warmth of the relationship of parent and child is stressed and local support groups for parents recommended.

The accompanying manual appears to be less successful and appears to need rather better editing. Part I contains an article describing ADHD reproduced from the Southampton Health Journal; a description of a health visitor intervention reprinted from the Nursing Times; notes on temperamentally difficult children; and advice on dealing with difficult families. Part II contains the training manual for an 8-week and a 4-week Health Visitor intervention, including week by week checklists, assessment sheets and handouts for parents. There is also a list of helpful books and articles, information about support groups, and symptom lists for both ADHD and conduct disorder. Much of the content is useful and interesting but frequently somewhat disorganised and repetitive; for example, the definition of hyperkinetic disorder and the symptom list is given twice. What is good to see is a generous invitation to photocopy any parts that would be helpful for the reader.

**Video: Hyperactive Children in the Classroom Manual: Attention Deficit (Hyperactivity) Disorder AD(H)D—Information and Guidelines for Schools Hampshire County Education Department**

Produced by Teaching Media, University of Southampton, in collaboration with Ashurst Hospital, Southampton. Video and Manual, £45.00; video alone, £35.00. Orders to: University of Southampton Media Services, 31 University Road, Southampton S017 1BJ. There is special discount price of £20 for workers in Southampton Health Authority.

The introduction to Hyperactive Children in the Classroom covers the same ground as Always On The Go, i.e., strategies for managing hyperactive children at home. Parents and children talk about their experiences of having ADHD; aspects of the aetiology and theories of causation are touched on by experts; the diagnostic criteria and the differential diagnosis are described.

The video then focuses on the difficulties children with ADHD present at school and strategies that teachers can use to improve their management. As with Always On The Go, there are some lovely illustrations of the difficulties the child presents to the teachers and excellent modelling of the way the strategies described can be used. These include the importance of reducing distraction, keeping the desk clear, maintaining good eye contact with the teacher sitting opposite rather than beside the child. The acronym SMART is used to remind teachers to set up Small Measurable Achievable Realistic Targets. The teacher is encouraged to set up the task for the child, using praise to keep on task in

---

*Books & Video News*
order that the child will finish and experience success. There is also a nice example of using choices to avoid confrontation.

There is some discussion of the use of golden time as a reward for doing what is expected although this is insufficiently explained. Teachers are encouraged to reward children for waiting quietly, and to encourage organisational and study skills by making lists to check for the right books, the right equipment.

Although the use of medication is discussed, the opportunity is missed for giving fuller information to teachers about the effect of stimulant medication, the relatively rapid washout and the need for regular, frequent dosage. Furthermore, I think it may be confusing to teachers that one contributor stresses that medication can be ‘dangerous’ by not increasing the skills of the child but merely increasing the opportunity for learning by improving the relationship between adults and children in reducing conflict. Although many sophisticated viewers would understand the point he is making, teachers are frequently anxious about the use of medication in children and may misperceive the child’s more settled behaviour in response to medication negatively.

Both these video tapes are useful as introductions to the concept of ADHD and strategies for management. They offer vivid examples of strategies in action and are likely to be useful as adjuncts to teaching. Both give basic behavioural advice with useful catch phrases that should not be underestimated in the hurly burly of looking after demanding and busy children. Both would be useful for parents as well as professionals although many parents swiftly become well read and expert in the field. Neither video is sufficiently systematic to serve as a basis for professionals other than at a very basic level but both are valuable as an introduction. What was particularly engaging was the rather upbeat message of the good news being served to children for waiting quietly, and to encourage organisational and study skills by making lists to check for the right books, the right equipment.

Both these video tapes are useful as introductions to the concept of ADHD and strategies for management. They offer vivid examples of strategies in action and are likely to be useful as adjuncts to teaching. Both give basic behavioural advice with useful catch phrases that should not be underestimated in the hurly burly of looking after demanding and busy children. Both would be useful for parents as well as professionals although many parents swiftly become well read and expert in the field. Neither video is sufficiently systematic to serve as a basis for professionals other than at a very basic level but both are valuable as an introduction. What was particularly engaging was the rather upbeat message of the good news being that ADHD is a condition for which there has been much research and that the negative effects can be modified by the positive and that children reported to child protection agencies are at risk of severe or fatal maltreatment. The book gives the false impression that with better practice fatal child abuse can be both predicted and prevented. The most obvious conclusions—that 90% of fatalities occurred to children not on child protection registers—is assumed to be evidence of deficient assessment; this is a dangerous and unfounded conclusion that may create false expectations and spurious ground for legal action against social work agencies.

Kirk Weir
Child, Adolescent & Family Consultation Service, Ipswich

The Clinician’s Practical Guide to Attention Deficit/Hyperactivity Disorder
M. Marczugiano, T. J. Power, & N. T. Blum

The foreword to this useful and practical book states that its target audience is primary care physicians (i.e., North American family doctors). The high level of the subsequent discussion indicates the gap between the level of ADHD awareness and practice in the US and the UK.

It is divided into three parts based on assessment, treatment and presentation across the life span. It gives a clear and authoritative account of the processes involved in multi-professional evaluation and interventions, advocating educational and interpersonal work in addition to medication, where necessary.

The authors and their collaborators manage to avoid overlap between chapters and the overall style is clear and readable. I found the chapters on alternative treatments and behavioural interventions particularly helpful. The chapter on medication use is also balanced, well-referenced and presents an authoritative account of the processes involved in multi-professional evaluation and interventions, advocating educational and interpersonal work in addition to medication, where necessary.

The authors and their collaborators manage to avoid overlap between chapters and the overall style is clear and readable. I found the chapters on alternative treatments and behavioural interventions particularly helpful. The chapter on medication use is also balanced, well-referenced and presents an authoritative account of the processes involved in multi-professional evaluation and interventions, advocating educational and interpersonal work in addition to medication, where necessary.

The authors and their collaborators manage to avoid overlap between chapters and the overall style is clear and readable. I found the chapters on alternative treatments and behavioural interventions particularly helpful. The chapter on medication use is also balanced, well-referenced and presents an authoritative account of the processes involved in multi-professional evaluation and interventions, advocating educational and interpersonal work in addition to medication, where necessary.

The authors and their collaborators manage to avoid overlap between chapters and the overall style is clear and readable. I found the chapters on alternative treatments and behavioural interventions particularly helpful. The chapter on medication use is also balanced, well-referenced and presents an authoritative account of the processes involved in multi-professional evaluation and interventions, advocating educational and interpersonal work in addition to medication, where necessary.
The book’s primary weakness for an international audience is its North American focus. Some of the medications discussed are unavailable in the UK and the chapter on advocacy is irrelevant to practitioners outside of the US. There are at least a dozen appendices to chapters that are designed to be copied and used. These range from information sheets about the condition and behavioural interventions to model letters to schools for assessing treatment progress. These are potentially invaluable but would require modification before use outside of the United States.

Notwithstanding the above, the book succeeds in its aim of being practical and deserves to be read by those struggling with the practicalities of seeing increasing numbers of children and families with ADHD. It may not convince the sceptics but it will help those who want to know ‘how to do it’. I wish I had read this book before I started my own ADHD clinic.

Gordon Bates
Child & Adolescent Mental Health Service, Coventry

Communication Difficulties in Childhood: A Practical Guide
J. Law & A. Parkinson, with R. Tamhne

This book provides a useful general reference for all professionals working in the field of paediatrics. It is set in a medical model and there is a strong emphasis on multidisciplinary collaboration. It is essentially a book in two parts. Part one provides a review of normal language development in the pre-school years and an overview of communication difficulties. The chapters on prevalence, surveillance, and screening will be of particular interest to those involved in planning service provision for children with communication difficulties. There are two chapters concerning assessment. One focuses on the general developmental and medical assessments that should be routinely carried out when communication difficulties are queried. The other considers the range of communication skills typically assessed by speech and language therapists. There is a balanced consideration of parental report, observation and standardized assessment. Important multicultural issues relating to assessment, intervention, and service planning are raised in a separate chapter. Part one ends with chapters relating to intervention and long term prognosis for children with communication impairments. The findings reported here highlight the important questions for future efficacy studies and should help to dispel the myth that young children ‘grow out’ of communication impairments.

Part two contains a number of short chapters illustrating the communication profiles of different developmental disorders. Each chapter contains a case study, background information about the disorder, assessment and intervention, a summary, and references. Professionals from both the UK and the USA have contributed, resulting in clarification of terms and diagnostic labels used by different practitioners.

The book is well organised, making it easy to find areas of interest. The appendices contain valuable lists of assessment materials and contact addresses of support organisations. A glossary of professional terms is also provided. This information will be most welcome to students, newly qualified speech and language therapists, medical practitioners, and other professionals working with communication impairments.

Although there is some attempt to profile older children, the book is perhaps most suited to those working with children under the age of five. There is not much discussion of assessment and intervention in an educational context, which is unfortunate given the current debate in the UK regarding speech and language therapy to school-aged children.

This book covers an extraordinary range of issues and populations. This is certainly a strength in that there will be something of interest to everyone. However, this also contributes to the book’s weakness in that these issues are not covered in much detail. For example, the chapter on speech and language assessment does not introduce any theoretical models currently underpinning assessment nor does it provide a critical appraisal of the assessments recommended. It is important for everyone involved in assessment and interpreting assessment findings to be aware of the limitations of assessment and the underlying skills many of them assume.

Having said that, the comprehensive reference lists will enable those who are interested to locate relevant sources of more detailed information. If one views this book as an invaluable starting point for learning about an incredibly complex field, then it will not disappoint. James Law and Alison Parkinson have produced an important reference book for a range of professionals.

Courtenay Frazier Norbury
Oxford Study of Children’s Communication Impairments, Oxford

Growing Up With Two Languages: A Practical Guide
U. Cunningham-Anderson & S. Andersson

This book provides good practical advice for parents from different cultural (and linguistic) backgrounds who want their children to grow up with a working knowledge of both languages from their parents’ different cultural origins. The book draws on experiences from 50 bi-lingual/bi-cultural families—who made it, those who didn’t. As someone who tried to bring up my own mixed race children to be bi-lingual—and failed—I wished I had had access to the book and its wealth of practical advice before embarking on the venture.

An important point made early in this book is the common-sense fact that children with parents who speak a minority and a majority language will not acquire the minority language without commitment from both parents to support the children’s language development in the minority language. The method advocated by the book is the one-person—one language method; that is, the mother speaks to the children only in one language, the father in the other. This needs to be systematically and consistently applied, in all social situations, despite conditions of occasional embarrassment. It is important to ensure the children have sufficient direct interaction in the minority language, whether from the parent, peer group, or relatives.

Levels of motivation are likely to fluctuate at different times in a child’s life, or with different demands on the parent, e.g., long working hours may reduce exposure to the minority language. Learning may at times be uneven. Children need to learn two words for everything, two different systems of how words are put together, as well as the different social rules and conventions.
associated with cultural behaviour. The difficulties, therefore, should not be underestimated. Not everyone succeeds.

Puberty seems to be the ‘crunch point’. There are undoubted advantages to children’s self image as they gain competence in the language. They are enabled to communicate with other minority language speakers, including extended family. Holidays in the country where other relatives reside would help with enhancing a sense of language competence.

The authors also discuss the risks of young people growing up in two cultures and feeling like outsiders in both, particularly if there is insufficient mastery of at least one language, especially the dominant, or majority, language. The book stresses the importance of ensuring that the children feel like full members of the majority culture in which they live, and identification with the minority culture has to be a secondary aim. Depending on the extent of exposure and opportunity, children may also have active or passive skills in the majority language. A passive vocabulary, however, often converts, with opportunity, to active.

I enjoyed reading the book and I believe it is an excellent working guide for parents. I particularly commend this also to Local Authorities’ Children and Family Teams, and Family Placement Divisions, as background briefing for assessing families for trans-racial adoptions and foster placements. Departments with the responsibility of locating appropriate stable family placements for children of a different race and ethnic origin need themselves to be aware of the processes that these families need to undergo in order to support the development of the adopted or foster child’s different cultural identity and linguistic competence. Language is crucially important as it provides the most direct access to competence. Language is crucially important as it provides the most direct access to competence.

The authors found that the families concerned were in agreement about who was most helpful when it came to support and advice regarding the challenging behaviour of their children; teachers, other family members and informative published material were regarded highly, whereas doctors, psychologists, social workers and the Church were found to be least helpful. It appears that professional personnel do not perform well in the estimation of parents. The parents also consider that professionals are not properly trained to meet the needs of the child and their family. However, the book includes a section on parents’ strategies. The authors note that ‘parents know their own child best’, and clinical experience confirms that they can provide innovative and practical solutions.

The book provides strategies to manage challenging behaviour by outlining several case studies. However, the text would benefit from a more eclectic approach, with greater emphasis on the benefits of programmes to improve communications skills and cognitive behaviour therapy. In the last chapter, the authors provide a brief review of Gentle Teaching, TEACCH, the Lovaas approach and music therapy, but there is no conclusion or discussion of future directions for services or research.

Despite these minor concerns, Peter Randall and Jonathan Parker clearly have remarkable compassion for their families, and their intention was to provide a sensitive and constructive approach to the management of autism and to raise awareness of the needs of families. This book has certainly achieved this goal and is to be recommended for academics and practitioners who specialise in supporting families of children with autism.

Tony Attwood
Queensland, Australia

Children, Bereavement and Trauma: Nurturing Resilience
P. Barnard, I. Morland & J. Nagy

This slim volume is justifiably critical of approaches to bereaved children that treat them as victims, pathologise their plight and prescribe for them without listening to them or consulting their wishes; it does not appear, however, to recognise that, whilst most bereaved children will recover from their loss with family and social support, a small but significant number of them will develop troubling and dysfunctional symptoms after traumatic bereavements. The authors do not accept that there may be a need for specific treatments that could relieve or even remove these symptoms. The book gives no help in distinguishing which children would benefit from the kind of group support they are advocating and which need something more, and does not warn that consequences of ignoring post-traumatic stress may be long-lasting in terms of academic failure, an enhanced risk of psychiatric disorders in later childhood and adult life, as well as unnecessary suffering.

The authors draw on their experiences of running the Liverpool Children’s Project set up by the charity, the Children’s Society, in response to a perceived need arising in the wake of the Hillsborough football stadium disaster in 1989 where 90 people died, but subsequently reaching out to children bereaved in other ways over the 9 years of its existence. One would have liked to have known more about the project itself; how many children were referred, what was the age distribution, how big were the groups, how often did they attend and for how long, what were the problems that brought them there, how did they measure success, and why the project was disbanded? It is difficult to fathom from...
this book what went on in the support groups they ran but the general aim is stated to have been educational, to enhance self-esteem and self-efficacy in the belief that this would promote resilience and better coping strategies.

The review of the literature is patchy but they draw on some interesting writers, including the philosopher Heidegger, and the literature on factors that promote resilience to stress. I was glad to be introduced to the ideas of Grothberg and his colleagues on resilience. A chapter by Capewell has some good practical advice about how schools can aid children caught up in personal or community bereavements or traumas.

The authors have adopted an irritating way of referencing that means you have to search for a reference in four different lists. Some helpful website addresses are included.

Dora Black
Traumatic Stress Clinic, London

Failure to Thrive in Young Children: Research and Practice Evaluated
J. A. Batchelor.

Failure to thrive, as Charlotte Wright points out in her foreword, is a term used of children at one extreme of the normal range for weight gain. In an important earlier book, Jane Batchelor carefully analysed the diagnoses used in the care of children who fail to thrive, and showed how they rely on characteristics of the child and their family other than the anthropometric criteria that define the condition. Children undiagnosed or seen by health visitors as a part of routine care may therefore be quite different from those seen by hospital based paediatricians, let alone child psychiatrists or social workers dealing with child protection. This book offers a particular position on failure to thrive, rejecting the view that it is generally associated with abuse and neglect in favour of the view that it is generally associated with feeding problems in the child. The review of the research literature in support of this position is comprehensive and up to date.

I am, perhaps, more in two minds about the six ‘composite’ case studies used as illustrations in the text. I appreciate the problems of confidentiality, and the usefulness for educational purposes of material of this kind but it would have been helpful to know to what extent they do represent actual children, and it is always useful to have a clear distinction drawn between fact and interpretation. ‘Juliette’, for example (p. 41) is presented as an illustration of a sub-group of children who ‘appear to have little appetite, do not demand foods and are prone to sleep through the night from an early age...’ and we are told that ‘If not woken for feeds such children may then learn to go for long periods without food so reprogramming their appetite regulation system’. The presented case material, however, indicates that Juliette’s weight began to falter over the period in which solids were introduced, when her parents sought to avoid giving her food high in fat and sugar, the only ones, apparently, that she liked to eat. There is no evidence that I can see in the case history that this weight faltering was related to her early sleeping history, or that any reprogramming of her appetite was involved.

The recommendations for service provision are essentially that it should be multidisciplinary, at least partly home based, and properly evaluated, all of which we can agree with. As regards the identification of failure to thrive, the recommendation (p.83) is that it ‘should not be tied to absolute centile position...but rather to current growth rates relative to earlier growth allowing for regression to the mean’. This is clearly desirable in theory; it is less clear how it is to be achieved in practice.

In general, though, Failure to thrive in young children can confidently be recommended to anybody who needs an introduction to the area. It should improve the care of children who fail to thrive, and stimulate further arguments about the nature of the condition, and the research that is needed if they are to be resolved.

Robert Drewett
Department of Psychology, University of Durham

Books by Members
S. Baron-Cohen, H. Tager-Flusberg & D. J. Cohen (Eds.)
Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience (2nd Edn.)

M. Eminson & R. J. Postlethwaite (Eds.)
Munchausen Syndrome by Proxy Abuse: A Practical Approach

J. Harris-Hendriks, D. Black & T. Kaplan
When Father Kills Mother: Guiding Children Through Trauma and Grief (2nd Edn.)

S. Golombok
Parenting: What Really Counts?

G. Gorrell Barnes, G. Down & D. McCann
Systemic Supervision. A Portable Guide for Supervision Training

D. Iwaniec & M. Hill (Eds.)
Child Welfare Policy and Practice

J. L. Rapoport (Ed.)
Childhood Onset of ‘Adult ’ Psychopathology: Clinical and Research Advances