**Adopted Children Speaking**  
C. Thomas & V. Beckford with N. Lowe & M. Murch  
London: British Agencies for Adoption and Fostering, 1999, pp.162. £27.95 (pb).

The volume adds to the growing series on adoption produced by the British Agencies for Adoption and Fostering. The book uses interviews with 41 children to present their views on topics, ranging from their sense of exclusion from the matching process to their views of the court mechanisms. The importance of life story work for the children is clearly expressed, as is the importance of structuring such work to make it relevant to the children at different stages of their development. However, the lack of linkage to the children’s own histories makes it difficult to place their comments about contact in context, and the fact that the half who did not take part were having difficulties in the placement suggests the views offered by this text should be seen as predominantly about placements that are being relatively successful.

This volume is uncommon in that it offers the child perspective of the adoption process, and the message of involving children within the process is an important one, as is giving them the opportunity to discuss their wishes and feelings regarding the adoption process and future contact arrangements with birth families. As such, it is a welcome addition to the field, although interest in it will probably be limited to those who work directly with adopted children.

*Maurice Place*  
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**We Are a Family: Sibling Relationships in Placement and Beyond**  
A. Mullender (Ed.)  

This publication addresses a range of issues on sibling relationships in fostering and adoption. It is primarily aimed at social work practitioners involved in complex and difficult placement decisions. This aim is fully achieved, as the manuscript is well structured and focused on its theme, combining an interesting range of authors from the field. From the introductory overview, and the reference to John Lennon’s search for his adopted sister in 1964, to the concluding suggestions for policy and practice, the book encourages critical thinking and balanced decision or policy making.

The book includes five sections. The overview and framework (three chapters) are followed by contemporary research and the presentation of seven studies. There are also sections on personal and professional accounts, the needs of particular groups (black children, abused and abusive children, single adoptive parents, children with Down’s syndrome), and the experiences of adult siblings.

Practitioners, policy makers and researchers in fostering and adoption will find this book of interest.

*Panos Vostanis*  
*University of Leicester*

**The Handbook of Child and Adolescent Psychotherapy. Psychoanalytic Approaches**  
Monica Lanyado & Ann Horne (Eds.)  

This book will be of use to the interested reader in an allied profession seeking to understand the psychoanalytic approach to helping troubled children. However, it could be of considerable use to managers who have the task of planning child and adolescent mental health services and apportioning clinical resources at a time of ever-increasing pressures. Harsh questions have to be faced about whom to employ and how they might be used with regard to value for money and the availability of research on which to base clinical governance. The *Handbook* makes an impressive case for the employment of child psychotherapists by attempting to convey the range, methods and theoretical basis of their potentially unique contribution to the multi-disciplinary team. It attempts to convey the complexities of assessment for psychotherapy as an appropriate treatment method, and to tackle the thorny question of ‘how much therapy is good enough?’

The *Handbook* is written by experienced professionals with proven expertise in specific areas and yet remains remarkably transparent and jargon-free, describing treatments of differing levels of intensity and covering such topics as psychotherapy in cases of trauma, delinquency, sexual abuse, gender identity, dysphoria, learning disability, multiple handicap and eating disorders. There are chapters on work in such different settings as community clinics, residential care, hospitals, and therapeutic communities. Unusually, the *Handbook* also deals with dilemmas for the child psychotherapist in working with intercultural issues and with refugee children and outlines the profession’s growing confidence in the development of research instruments. A copy of this book should be available in every child mental health library.

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**ADHD: Research, Practice and Opinion**  
Paul Cooper & Katherine Bilton (Eds.)  

This interesting, tantalising book has three sections: on understanding ADHD, supporting those with it, and about ADHD in practice. Paul Cooper starts with an excellent ‘narrative’ review on understanding it and includes a sensible account of the unresolved debate on diagnostic validity. There are interesting accounts by a mother, a sibling and someone diagnosed with ADHD.

The section on ‘Supporting People with ADHD’ was more variable. There were fascinating accounts of the approach taken within a well-resourced (private) school, illustrating the importance of a detailed assessment, which is multi-modal and deals with complex educational needs. There is a vivid description of the importance of a teacher in the lives of these children. This intensive support could not happen in many UK schools and highlights the need to address such deficiencies in both Education and Health, and to encourage closer working between schools and mental health services.
The chapter on cognitive approaches to education and training gives a concise, clear and practical outline, with no strident claims. But chapters on ‘Dietary Factors’ and ‘Holistic and Other Approaches’ were weak and written with almost a believer’s zeal.

Geoff Kewley’s chapter on the role of medication in a multi-modal approach covers the reluctance of British paediatricians and child psychiatrists to prescribe stimulants, as well as, more practically, the types of medication, side effects and safety. He does assume the diagnostic validity of ADHD, although acknowledging that it ‘rarely exists as a discrete condition’. This particular chapter should be read in conjunction with two recent publications. First, the MTA trial (1999) which showed that the quality of supervision may be an important factor in achieving long-term therapeutic benefit from medication, and that psychological interventions (including child, family, and school-based ones), add little to the effects of long-term stimulant therapy. Second, the summary of the forthcoming systematic review by the Agency for Health Care Policy and Research (2000), which shows methodological flaws in many studies on drug treatments. More rigor is needed to ‘establish the relative effectiveness of stimulants and tricyclic antidepressants; and to compare the effects of stimulants with clonidine, bupropion, or selective serotonin-reuptake inhibitors’.

The three studies in the final section ‘ADHD in Practice’ were small (9, 15, and 16 participants) and the conclusions cannot be generalised. The qualitative study by Cooper and Shea provides important insights into the views and perceptions of children with it. This vital area has been neglected for too long.

A surprising omission, given that much of the book is about multi-modal approaches, is the absence of the perspective of a child and adolescent psychiatrist or of work in multi-disciplinary Child and Adolescent Mental Health Services. This book is not about state-of-the-art research as the title suggests and there is no critical appraisal of any of the research quoted. Despite that, it is worth reading.

References

Understanding and Supporting Children with Emotional and Behavioural Difficulties
Paul Cooper (Ed.)

Conventional wisdom defines ‘understanding’ as knowing and being sympathetic to the needs and feelings of another. The collected papers in this book offer a substantial opportunity for its readers to reflect on their prior knowledge and experience and to bring their thinking up to date. No less than 12 notable practitioners and academics discuss the nature and consequences of emotional and behavioural difficulties (EBDs) in children and how and what professionals might do to relieve problems.

In three main sections, the book first deals with Understanding Emotional and Behavioural Difficulties and changes in how they might have been perceived and provided for in myth, metaphor and recorded practice. The second section considers issues in the Assessment of Emotional and Behavioural Difficulties, while the third, and longest, looks at tried and tested ways of Supporting Children with Emotional and Behavioural Difficulties in their schools and families as well as clinical settings. The book is well indexed and provides an extensive list of references. Initially conceived by Vedar Varma, to whom the editor dedicates it, the book aims to provide a comprehensive guide for professionals.

The tone of the book’s argument is set out in Cooper’s introduction, proposing a strong message that EBDs are often subtle (or not so subtle) forms of communication...that something is wrong in their world and that they need help to sort the problem out.’ He also writes Chapters 1, 2 and 14. In the first he gives an historical perspective on educational initiatives, focusing the reader’s attention on pioneering work over the past 100 years, and governmental responses before, between and since the two World Wars, tracing all the changes in sociological and psychological insight that have slowly evolved. In the second he examines the challenge of problems exacerbated in adolescence, recommending the view that ‘multi-dimensional causes require multi-modal interventions’.

The rest of this section addresses issues of gender and cultural differences of familial or ethnic origin, with illustrative case studies.

Section two consists of two chapters on assessment, first through psychometry and second by psychiatric examination. For those unfamiliar with these processes both papers provide valuable information about the methods used and the outcomes.

Section three presents a range of approaches, encompassing behavioural, cognitive, psychotherapeutic and systemic principles and strategies. The benefits of work with young children and early preventative projects are expounded, followed by classroom management practices for use with primary pupils, and ‘able misfits’ in mainstream schools as well as with pupils who have profound and multiple learning difficulties, to alleviate problems and promote prosocial behaviour.

In its penultimate chapter this section examines parental influences and records parents’ own views on their children’s EBDs. Models of parent training are described, debated and evaluated. Cooper rounds off the book having drawn together the threads of humanistic, educational, social and psychological influences, and reminds the reader of the need for multidisciplinary research into the ways in which biological and environmental influences interact. He uses the current debate about AD/HD to highlight the dangers of polarising professional views in the ‘nature/nurture’ arena. Dilemmas created by confronting practitioners clinging to their own views can be reversed if, as he advocates, existing knowledge and different ideas are combined by educationalists and medical scientists collaborating together, the result being a ‘new idea or set of ideas that amounts to more than the sum of the two original ideas’. I found this book easy to read and provocative. It would have been even more beneficial if it had included papers from practitioners in nursing and social work.

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Dyslexia and Reading: A Neuropsychological Approach
Jean Robertson
dyslexia. The theoretical motivation derives primarily from a model that assumes that different dyslexia profiles may be linked to the different processing styles of the left and right cerebral hemispheres. The book is illustrated with many single case studies, and this helps to give it a ‘human feel’ that is lacking in many other dyslexia texts. The case study approach and the general style of writing also makes the book accessible to its target audience of practitioners who provide support to dyslexic students.

I do, however, have a number of serious reservations about the book. First, the rather crude notion that the left hemisphere is analytical and the right hemisphere is holistic has long since had its day (e.g., Corballis, 1999). For instance, Robertson tries to stimulate the putatively weak hemisphere in her subjects by getting them to manipulate letters with their contralateral hand. Whilst it is true that tactile input to the left hand will activate the right somatotopic cortex, it seems improbable that the whole of the right hemisphere would be stimulated by such a task or that the information would not be passed on to the left hemisphere. One of the critical tests for Robertson’s theory would come from a 2x2 design in which dyslexics with putatively weak left and right hemispheres were randomly assigned to intervention programmes based upon left and right hemisphere stimulation. The prediction is that only those dyslexics in the intervention programme consistent with their diagnosis would benefit. Although Robertson provides pilot data that are promising, one can’t help feeling that the book should have been published on the back of a larger scale study.

Reference

Autism and Personality. Findings from the Tavistock Autism Workshop
Anne Alvarez & Susan Reid

This informative and gripping book is based on the work of the Autism Workshop at the Tavistock Clinic. It is divided into two sections, with the first part taking readers through topics such as the assessment of children and their families, the meaning of trauma in relation to autism, and a conceptualisation of the problems facing the therapist. Therapists working with autistic children and their families will find this section extremely helpful, not least because it spells out some of the major changes in technique that Tavistock trained therapists have pioneered. The style and content of the book, however, make it compelling reading for anyone with an interest in this area. The traumatic impact on a family of discovering their child is autistic is emphasized; not just the realisation that ‘there is something wrong with their child but the impact of professional diagnosis, the loss of the expected “normal” child and the constant daily strain of living with bizarre, avoidant, strange or totally uncommunicative behaviour.’

There are a number of neurobiological factors involved in a child becoming autistic but this book concentrates on finding a meaning for autistic behaviour. This is especially clear from the nine case studies that make up the second part of the book. The tenacity, liveliness and intense emotion that characterise the therapists’ accounts of their work is challenged by the children’s fear of communicating, relating or of being in touch with themselves. It needs a special extra effort to ‘reach’ these children and we find therapists singing, jumping and encouraging their patients, sometimes speaking in special ways or tones of voice, to enable often very young children to move back into life’s developmental stream. The opportunity to be part of a Workshop, or to have supervision, is clearly essential as the impact the child has on the therapist is tremendous. Anne Alvarez argues that ‘it is no longer only psychoanalysts who place feelings at the centre of cognition, as part of its very structure: feelings, especially feelings about other people, are thought by developmentalists and contemporary brain researchers to be not incidental or additional to cognition but at its very heart’.

The idea of a lack of a ‘regulatory function’ from birth in autistic children is raised. Relatively everyday events like the birth of a sibling or an accident as well as events more commonly regarded as traumatic, like abuse or war, can be, and often are, a factor in the onset of autism in children where the regulatory function is missing. Alvarez suggests that autistic children use their rituals to calm themselves when they feel overwhelmed by experiences that most people would probably take in their stride. An additional problem is that the rituals can become addictive, an end in themselves, creating an unreachable world for the child far removed from the intense pressure of relationships or of needing to think.

Several of the therapists mentioned the importance of humour in their work once they have established a foothold in the child’s world. Sue Reid, in her account of her work with Catherine, writes ‘my exhaustion by the end of the session and struggles against the glumness (an unpunctuated stream of talk that had little or no recognisable structure and endless repetitions) of her communications were revealed when I referred to “the clinking” (i.e., clear thinking)’. This caused Catherine to giggle so much that she was still chuckling when we left the room. She often returned to tease me with “the clinking” in subsequent sessions. It is interesting that humour can play such an important role in forging a link between child and therapist. There is a tension between the relentless need for perfection described in many of these children, often linked to an aimless obsession with numbers and mathematical formula, and the relief when humour can be used to highlight human failings.

I recommend this book not only as a fascinating read but also because it provides a clear, theoretical framework for workers in the field, together with many fine examples of individual work.

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An Intimate Loneliness: Supporting Bereaved Parents and Siblings
G. Riches & P. Dawson

The aim of this book is to explore the impact of child death on parents and siblings and the meaning they attribute to this loss from a social and cultural perspective. Both Riches and Dawson have worked in the field of social science and from this perspective they highlight the ambiguous relationship modern society has with death. On the one hand, death is sensationalised on an almost daily basis in the media; on the other hand, advances in technology and better health care have ensured that child death is now an unfamiliar, if not abnormal, experience for most parents.
The breakdown of traditional family and community support systems has resulted in modern society that no longer provides either a consistent or coherent cultural and social framework that can help parents to find meaning in their loss. This sense of confusion can be even more profound for siblings, who are a much-neglected group with respect to child death. One of the main strengths of this book is the authors’ ability to draw on their own experience of working with sibling groups in order to acknowledge the unique and often rivalrous relationships siblings have with the ill child. The authors also highlight how parents, overwhelmed by grief, commonly try to protect siblings from involvement in the life-threatening illness or death of their brother or sister. In this respect, Riches and Dawson take a helpful and unambiguous stand in arguing that such parental protection creates a paradox that only increases a sense of isolation, fear, confusion, and insecurity in the well child. Throughout the book the need for open communication between family members is stressed.

Child death shatters self-identity, self in relation to others, and even basic assumptions about the natural order of life, so there is an enormous need for support before bringing order out of chaos. For some of the bereaved, ‘natural’ supporters, such as family, friends and colleagues, suffice. But this book poses interesting questions in relation to the role of the ‘expert’, who may be heavily influenced by models of professional bereavement therapy that fail to acknowledge the importance of a cultural or social perspective in relation to the grieving process. Hence the ‘expert’ may be at risk of pathologising what is a culturally appropriate response to grief and thus compounding a sense of intimate loneliness for the bereaved.

The authors emphasise the need for a more open, eclectic approach in working with the bereaved, for respecting their cultural diversity, their differing coping strategies, and for recognising the value of their wider support systems. In conclusion, although child death is by its very nature distressing and complicated, the authors have managed to produce a book that is sensitive to the issues involved, practical, readable and well structured. The case vignettes provide a special and often painful insight into the intimate and personal world of those affected by the death of a child or a sibling. This book can certainly be recommended as a helpful and informative resource for students and professionals working in health, social policy, social work and psychology as well as for counsellors, teachers, clergy, and all those who wish to broaden or update their understanding and work in relation to those bereaved by the death of a child.

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Treating the Tough Adolescent: A Family Based Step by Step Guide
Scott P. Sells

This book offers a 15-step family based model, developed from a 4-year process-outcome research study, which is also described in detail. The book has three aims. The first is to present a treatment model together with six assumptions about the causes of severe behavioural problems. The second is to teach therapists how to engage an unco-operative adolescent, to help parents change the way they communicate with the young person, to stop the young person’s most severe behavioural problems, and finally to restore a positive relationship between parents and the young person. The third aim is to convey how process-outcome research was used in the development of the model. This part of the book is concerned with the integration of theory and research into clinical practice.

To conclude, this book contains a great deal of helpful information about working with the parents of difficult adolescents. However, it is not an approach that could be described as ‘young person centred’. It gives clear practical guidelines for therapists to work with parents, the use of case material is extensive, and some excellent handouts for parents are also included. It is of note that the author is American and therefore some of the phrases and language used would require some alteration for use in the UK. In addition, this has implications for some of the information contained in the chapter about working with outside agencies. A description of some extremely punitive strategies is likely to provoke concern for therapists and parents alike, and may provoke ethical dilemmas. It may also be the case that some adolescents who display serious behavioural difficulties are suffering from a mixed disorder of conduct and emotion. It would have been helpful for the book to acknowledge this and emphasise that these emotional disorders require treatment.

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Books By Members

A. Carroll & M. Robertson
Tourette Syndrome. A Practical Guide for Teachers, Parents and Carers

E. Dowling & G. Gorell Barnes
Working with Children and Parents Through Separation and Divorce. The Changing Lives of Children

P. L. Harris
The Work of the Imagination

R. Houston & U. Frith
Autism in History. The Case of Hugh Blair of Borgie

C. Kaplan & R. Telford
The Butterfly Children. An Account of Non-directive Play Therapy

A. E. Kazdin
Psychotherapy for Children and Adolescents. Directions for Research and Practice

E. Leinonen, C. Letts & B. Rae Smith
Children’s Pragmatic Communication Difficulties

J. Lock, D. Le Grange, W. S. Agras & C. Dare
Treatment Manual for Anorexia Nervosa. A Family-based Approach
P. Mittler
*Working Towards Inclusive Education. Social Contexts*

D. Reiss, J. M. Neiderhiser, E. M. Hetherington & R. Plomin
*The Relationship Code. Deciphering Genetic and Social Influences on Adolescent Development*

J. Richardson & C. Joughin
*The Mental Health Needs of Looked after Children*

P. Reder, M. McClure & A. Jolley (Eds.)
*Family Matters: Interfaces Between Child and Adult Mental Health*

D. Steinberg
*Letters from the Clinic. Letter Writing in Clinical Practice for Mental Health Professionals*

Erratum
In Table 2, Box B, the first sentence is incomplete. It should read as follows: A total of at least six symptoms from (1), (2) and (3) must be present, with at least two from (1) and at least one from each of (2) and (3).