

A Multidisciplinary Handbook of Child and Adolescent Mental Health for Front-line Professionals

Nisha Dogra, Andrew Parkin, Fiona Gale and Clay Frake
Jessica Kingsley publishers. 2002.
303 pp. ISBN: 1-85392-929-7

Training professionals from different theoretical backgrounds (social workers, nurses, educational psychologists) and experiences (class teachers, special education needs coordinators, learning support mentors, minibus escorts etc.) is a considerable challenge. A multidisciplinary handbook of child and adolescent mental health for front-line professionals was therefore very welcome.

The book is divided into seven parts covering most of the topics that are pertinent to child and adolescent mental health services. These are defining and meeting the mental health needs of children and young people, child and family development, factors that influence the mental health of young people, specific mental health problems of childhood and adolescence, treatment and management strategies, medico-legal aspects of child mental health, exercise and case study solutions. It does not attempt to describe in detail any of the topics, but provides enough information for the tier 1 professional in an easily accessible format. The authors come from a wide, multidisciplinary background.

The format uses lists of salient features, bullet points and boxes, making for an easy read. I particularly liked the exercises after each chapter in the first part and the case studies at the end of other chapters. The answers to all these exercises are available in Chapter 7.

The chapter on major mental health disorders is concise and well written with just enough information, as is the chapter on attention-deficit hyperactivity disorder.

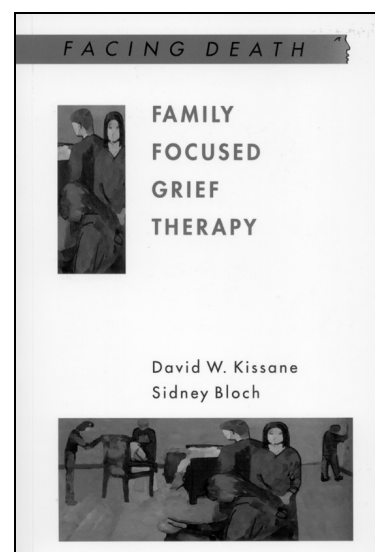
The chapter on behaviour problems was disappointing. Behavioural problems in child and adolescent mental health services can be due to many factors, ranging from developmental disorders like autistic spectrum disorder and learning disability to a social/environmental reason, although in most cases it is due to multiple aetiological factors. The authors discuss presentation and risk factors, but do not mention assessment. Under management of this condition, I would have expected an acknowledgement that it differs depending on the varying aetiological factors and that getting the right formulation is crucial for the success of treatment. It reminded me of the account of a parent who I now invite to take part in training sessions for child and adolescent mental health service tier 2/3 clinicians. This parent had been advised about the usual behavioural strategies by clinicians both in tier 1 and in tiers 2/3, but they had failed to consider a bio-psycho-social approach in their assessment. The child later turned out to have autism. The mother was left with the feeling that she was useless and that her child's difficult behaviour was due to her inability to parent, so she did not engage in treatment. Though the book does not attempt to be a treatise for clinicians in this area and it is aimed at front-line professionals, I think it is equally important for them not to embark on treatment without an assessment that could potentially lead to the 'persecution' of parents when behavioural advice has not worked. The other criticism I have is that although parenting programmes are described in detail in Chapter 14, this is not specifically mentioned as a treatment option for behavioural problems, in spite of the good clinical evidence for its effectiveness.

In spite of these minor quibbles, I would recommend this book as a useful addition to primary care libraries where it could be accessed by tier 1 professionals such as teachers, health visitors and school nurses.

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Family Focused Grief Therapy. A Model of Family-centred Care During Palliative Care and Bereavement

David W Kissane, Sidney Bloch (eds). Open University Press, 2002.



272 pp. £22.50 pb, £65.00 hb.
ISBN: 0-335-203493

Death is not new; carefully conducted and well-presented research is a much less familiar achievement. You will not regret reading this book. The core of the book is the use of family focused grief therapy in a randomised, controlled trial extending over a 5-year period and involving 81 families. That project, the Melbourne Family Grief Studies, represents a *tour de force*. For those who have an appetite for figures and statistics, the authors have provided an appendix that contain data from their project.

Over nine chapters, Kissane and Bloch introduce the reader to the systemic family approach to the management of grief (in the setting of palliative care), the rationale to family focused grief therapy, their research methods (including The Family Relationships Index), and the possible applications of the therapy, as well as the challenges that might face those who use their model of intervention. They demonstrate persuasively that this time-limited therapy identifies the family as the unit of care and that it can be used in different socio-cultural and clinical settings. It is amenable to empirical evaluation, and it is securely wedded to theoretical constructs, particularly those associated with attachment theory. This is not a sterile text. The authors reify their theoretical principles and concepts by presenting relevant clinical cases, some of which are very complex. I particularly liked their willingness to describe frankly how the cases had been managed, whatever the outcome.

While the authors articulate how to use family focused grief therapy, they show no sympathy for those who seek a 'therapy by numbers' approach. The family focused grief therapy requires training and