**Book Review**


Diversifying client populations, restricted economics, and empirical research results have all contributed to making psychotherapy in the 1990s more integrative and varied than it has ever been. Social workers serving children and families draw upon an enormous range of theories, studies, and fads to find solutions to complex clinical problems. Economic pressures narrow attention to focused, symptomatic improvement and limited numbers of contacts. Political discourse trivializes "enhancing mental health" and "promoting personality development" as concerns only for the well-to-do worried well. In a society where safety, health, education and future employment are uncertain for so many children, the place of psychotherapy in the lives of children may, indeed, need revision and strong reaffirmation.

In this context, O'Brien, Pilowsky and Lewis offer *Psychotherapies with Children and Adolescents: Adapting the Psychoanalytic Process*. This volume aims to illustrate adaptations of psychoanalytic psychotherapy with children and adolescents and to report successful attempts at joint use of psychodynamic and other approaches (mainly behavioral and cognitive). The volume does not attempt to cover all diagnoses, populations and treatment challenges, but to illustrate contemporary practice with selected disorders. The disorders covered are common in today's practice.

O'Brien's introduction offers a brief history of approaches to child treatment, including rarely mentioned historical sources. He also provides a clear summary of indications for psychoanalytic treatment and its typical goals. He reminds us how few well-designed outcome studies there are on child therapy from any approach. This is a fine chapter for teaching purposes in its scope and brevity.

The next sixteen chapters focus on common disorders and their treatment. One theme is the use of a psychodynamic understanding and a central therapeutic relationship to augment and enhance allied
interventions. For example, Brisman’s chapter on work with adolescent bulimics points out multidisciplinary intervention is necessary to maintain safety and provide a safe foundation for further work. She notes the very urgency of the bulimic’s situation has led to an over-reliance on symptom reduction through behavioral techniques. She argues they need further therapy to explore the meaning of eating and purging, to develop more effective ego capacities, and improve coping skills. The therapist’s role “is to interpret the defense, not help structure the eating behavior” (p. 175). She establishes the importance of both dimensions of treatment, with a clear division of role and purpose among team members. Allied interventions may also augment psychodynamic treatment. O’Brien’s chapter on work with ADHD children describes the use of an active psychoeducational approach to compensate for ADHD children’s inability to use interpretation in the lengthy opening stages of treatment. Such an active, authoritative stance limits regression while allowing observation of typical defenses by the child client.

Yet another organizing theme is extending the range of child candidates for psychodynamic therapy. In one example, Youngerman addresses the need for attention to the inner world of psychotic children whom clinicians often view as inappropriate for psychodynamic treatment. At the same time, he describes a conjoint approach to therapy where the clinician sees children and parents together. Such an approach emphasizes the importance of the attachment to the parent and makes the therapist a “coparticipant” (p. 129ff). He details the implications of the conjoint modality for transference and countertransference. Oddly, Youngerman does not mention the works of Tustin and Alvarez with psychotic children in Europe. In another example, Lewis describes a therapeutic approach to boys with absent fathers. Here the clinician must walk a fine line between the child’s wish for a real object and enough distance to examine the transference. Lewis details several common dilemmas. He also points to the preventive possibilities of work with such boys. In a final example, Pilowsky offers a chapter on short-term treatment with children in foster care. He describes how attention to the real-life placement realities and future uncertainty of the child mix richly with the heightened concerns around separation and loss common in brief treatment. Pilowsky makes a fine case for the merits of this model, although he does not mention existing psychodynamic models of time-limited treatment described by both Proskauer and Sloves and Peterlin which may fit still better with his rationale.