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The book contains 14 chapters by 18 authors. The authors are mainly UK psychologists. But there are contributions from the US and from non-psychologists including a physician, a psychiatrist, a family therapist, an educationalist and a priest. The chapters are organized into three sections on Constructing Childhood, Probematizing Children, and Appreciating Children. The central message of this book is that distressed children who display distressing behaviour and their families are often involved with significant psychosocial challenges like poverty, unemployment, domestic violence, child abuse, inadequate educational resources, neighbourhood crime and other adversities. These children and families should be helped through thoughtful psychosocial interventions and community development initiatives which address their unique needs and requirements, not by diagnosing children with neurobiological disorders of questionable validity (like ADHD) and medicating them with drugs (like Ritalin). It follows that the efforts of governments, policy makers, and service providers should focus on developing psychosocial services and broader community initiatives that empower parents to have supportive relationships with their children; that allow schools to match the teaching environment to the child’s ability profile; and that enhance the quality of neighbourhoods and communities challenged by unemployment, poverty, crime and other difficulties. Unfortunately, the efforts of governments, policy makers and service providers have been on the medicalization of children’s problems by defining them in increasingly neurobiological terms rather than as aspects of complex psychosocial systems. This medicalization of children’s difficulties often compounds rather than resolves children’s problems by making the central focus of concern the neurobiological correlates of children’s distress and distressing behaviour. When
neurobiological factors are privileged over psychosocial factors, diagnosis and medication come to the fore as the primary professional response. These practices, unfortunately, carry significant costs including side-effects associated with medication, stigmatization, and the marginalization of much needed psychosocial intervention programmes and broader initiatives to address social problems like poverty and unemployment. However the medicalization of children’s problems persists because there is a pay-off for all involved. Compared with comprehensive psychosocial services and community development initiatives, diagnoses and medication are a cheaper option for governments; a more profitable option for drug companies; an easy way of managing difficult children in large classes for schools; a guilt alleviating option for parents; an option that provides temporary relief for children; and an option that accords mental health professionals including psychiatrists and psychologists expert status. Craig Newnes, Nick Radcliffe and their colleagues make this argument in the strongest possible terms. Some may quibble with minor details in one chapter or another, but the overall thrust of the argument is coherent, and reflects a viewpoint that clinical psychology would do well to embrace. This book should be in the libraries of all clinical psychology training programmes and on the self of all involved in the development of service policies for young people.

Alan Carr

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