

handling specifics related to the school environment and personnel. Such issues include referral, confidentiality, notification to parents and guardians, disseminating information within and beyond the school system, documentation, liability and follow up. The individual intervention model is extended to a broad school based approach for handling crisis incidents. The responsibilities of a school crisis team include prevention, intervention and postvention. Kirk describes how crisis teams function to fulfil these responsibilities within the school system and in the community.

This book provides a useful and practical guide for identifying and assessing suicide risk, and handling crises such as suicide in a school setting. This information is conveyed through apt description and illustration. Kirk describes and then concretely illuminates with examples the stressors contributing to the development of suicidal behaviour, the feelings, cognitions and behaviours that adolescents may display as clues to suicide and the working mechanics of a crisis team.

An extra is the chapter included on special populations that serves to extend understanding and assessment by articulating a variety of issues that may escalate risk for these individuals. Another special feature of this book is Kirk's repeated emphasis on the value and importance of resources, social supports and the critical nature of follow up and after care. The importance of follow up and after care is often not stressed in works on assessment and intervention as the goal is to promote effective identification, assessment and referral. While identification and referral are essential, they remain an initial step in the resolve of suicidal behaviour. Kirk is mindful of this relationship and carefully relates assessment to the larger perspective of suicidal resolve. He includes descriptions of basic treatment approaches and adaptive functioning and emphasizes that contact, connection and communication among friends, family, school and treatment personnel are integral to healing, both for the suicidal adolescent and those affected by suicidal behaviour.

Overall, the writing, organization, length and content of this book would well serve the interests of busy people who want a brief readable reference that includes the appropriate and necessary information for conducting a suicide assessment and guidelines on how to do that assessment; for school personnel, a discussion and illustration of specifics relevant to the school setting is provided as well as crisis team functions to handle crisis.

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Harway, Michele & Hansen, Marsali. (1994). *Spouse Abuse: Assessing & Treating Battered Women, Batterers, & Their Children*. Sarasota, Florida: Professional Resource Press. 105 pp.

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*Reviewed by:* Dilys Collier, Saskatoon Family Service Bureau.

This is a readable book for mental health professionals on assessing and dealing with spousal abuse. The statistics and the authors are American, but Harway and Hansen make a compelling case that domestic violence is

widespread in North America. Spousal abuse crosses every ethnic and socio-economic barrier, affects every member of the family, is more serious than commonly believed, results in long term trauma, and can result in death for the woman. For these reasons, the authors feel all mental health workers should be aware that any client they see may have been abused.

The authors provide a self-quiz with detailed answers to help practitioners become aware of their basic knowledge about: general issues of physical and psychological violence, prevalence and seriousness of spousal abuse, myths about violence, cultural issues about battering, the dynamics of battering, assessment and healing issues, and legal and ethical concerns.

The practitioner must be aware of the symptoms of abuse, be skilled in eliciting the degree of abuse, and be able to help the person construct a safety plan. Clear, point form tables outline presenting symptoms and provide guidance in interview techniques to help workers assess the possibility of violence. The client may present with depression or anxiety, batterers may seek help for their wives, and children who witness abuse may be brought to counselling by their parents or are referred by the school for behaviour problems. Collecting data about possible abuse includes collecting information about patterns of conflict resolution in the family, inquiries about the existence of weapons in the home, and an assessment of the progression of the abuse to gauge the extent of ongoing danger. Workers also need skills to guide the client through his or her healing process once the immediacy for protection from violence is in place.

The authors give a point form overview of a model for working with a battered woman and how to assess for lethality in the short and long term. Harway and Hansen maintain that the most critical concern of any assessment is the determination of the immediate danger to the client or members of the client's family. A protection plan for the woman and her children is primary. Her emotional resources should be considered, as women may return to the abusive spouse several times before leaving for good. Since many women do not return after a first visit, practical issues like money, housing, and legal help must be addressed.

The professional needs to assess the possible long term impact on the whole family, the extent of post traumatic stress disorder on each member, and the long term consequences for the family, even if the father no longer stays in the home. Spousal abuse is the family secret. The abused spouse and the children may feel disloyal or may be too afraid, to "tell." It is the job of the professional to provide a safe context for disclosure. After an initial short joint session, each family member should be interviewed alone. The practitioner should refuse to work in a couples modality until the threat of violence no longer exists.

The authors provide a checklist of male physical violence predispositions along with a model for working with the batterer. Their discussion includes crisis intervention, short and long term counselling strategies, and the usefulness of group interventions for the man and group empowerment and support for the woman.

In a second edition, the authors might consider including a statement of their philosophy, since their use of the word "treatment" throughout might

lead one to believe they are coming from a medical model. Further elaboration on the influence of the socio-economic and cultural environment and outlines of group intervention models for adults *and* children could be included. The inclusion of other models such as psycho-educational programming, psycho-drama, or story telling would provide counselling alternatives. Little is said about the role the wider community could play other than a brief mention of adjunct services. The role mental health workers contribute as advocates for societal change at the local, regional, or government level may offer a wider perspective.

Harway and Hansen do what they set out to do and do it well, compared to other books on spousal abuse. A content summary is provided, and an inclusive bibliography gives leads for further study. This excellent book is recommended especially for the beginning practitioner; it also provides a comprehensive reminder for the experienced worker.

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Huber, Charles H. & Backlund, Barbara A. (1992). *The Twenty Minute Counselor: Transforming Brief Conversations into Effective Helping Experiences*. New York: Continuum Publishing. 126 pp., \$16.95 US.

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*Reviewed by:* Monty Nelson, University of Alberta.

In a society that has seemingly required us to do more activities in a time frame more narrow than ever (often with fewer resources), inevitably the profession of counselling faces similar pressures. This book touts itself as "expert advice for anyone who must counsel in a short period of time or on the run." Perhaps it is fitting that a book emerges that attempts to lend structure to a manner of counselling which likely occurs more often than is acknowledged. Although there is substantial concrete material in the book, it essentially blends and recycles other theories while leaving out some crucial self-analysis and cautions of counselling in a "20-minute hour."

Charles Huber, an Associate Professor of Educational Psychology at New Mexico State University, comes from a background of Adlerian Psychology and a post-doctoral fellowship in Rational-Emotive Therapy. He states in the preface that he owes a large part of his philosophy of counselling to the MRI Institute as well as concepts that emerged out of the Brief Family Therapy Center in Milwaukee. Together with his research assistant at the time, Barbara Backlund, they discussed the need for a "briefer than brief" approach in terms other than just a fewer number of sessions than traditional methods of counselling. The result of such discussions was a different method of counselling which was integrated into Huber's practice. The development of a book to describe this approach is *The Twenty Minute Counsellor*.

Quite clear in presentation, and easy to read, the book follows a logical progression emerging from the fundamental sources of the approach to a full example of how the components are integrated effectively. Through