

Book Reviews

Schema Therapy: A Practitioner's Guide

Jeffrey E. Young, Janet S. Klosko and Marjorie E. Weishaar

New York: Guilford Press, 2003. pp. 436. £34.50 (hb). ISBN: 1-57230-838-9.

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This comprehensive book provides a detailed account of schema therapy, covering the conceptual model, assessment techniques and numerous treatment strategies. The fundamental aim of therapy is to heal, or weaken, schemas. The authors define schemas as self-defeating emotional and cognitive patterns that begin early and repeat throughout a person's life. They posit that schemas result from unmet core emotional needs in childhood, and comprise memories, emotions, cognitions and bodily sensations. Chapter 1 outlines the 18 Early Maladaptive Schemas in their model, and the maladaptive coping styles of surrender, avoidance and overcompensation. It also introduces the concept of a "schema mode", which refers to the schemas or coping responses that are active for an individual at a particular moment.

After describing assessment techniques, there are chapters devoted to different treatment strategies: cognitive, experiential, and behavioural. Cognitive therapists will be familiar with the cognitive techniques used in schema therapy. They will also recognize that these techniques are rarely sufficient to effect change at an emotional level. Experiential techniques help patients to move from knowing rationally that their schemas are false to believing this emotionally. The main experiential technique used in schema therapy involves dialogues in imagery between the patient and the people who caused their schemas and those who continue to reinforce their schemas. Behavioural techniques involve identifying patients' maladaptive coping styles (which perpetuate their schema) and replacing problematic behaviours with healthier responses. The strategies employed are similar to those in traditional cognitive-behaviour therapy, but the schema therapist tends to start with the most problematic behaviour. In each chapter, the therapeutic strategies are explained and then illustrated using case examples and dialogues between patient and therapist. The case illustrations and therapy dialogues are particularly helpful in learning how to apply the techniques in practice.

There is a chapter that discusses each of the 18 schemas individually, highlighting particular problems and treatment strategies for each one. Another chapter describes their novel approach of working with patients' schema modes, providing a step-by-step guide for this type of work. One of the most useful chapters focuses on the therapy relationship, which is an important element of schema therapy. The authors discuss therapists' schemas and coping styles, and present a number of ways in which these can interact negatively with patients' schemas and coping, damaging the therapy relationship and progress in therapy. Lastly, there are two chapters on schema therapy for borderline personality disorder and narcissistic personality disorder. They describe the schema modes that characterize these disorders, specific assessment and intervention strategies, and potential difficulties in therapy.

Overall, this is a clearly written text, and the therapeutic techniques are presented in a coherent way. Within each chapter, concepts and techniques are first introduced briefly, then

discussed in detail, and summarized at the end. The book will be useful for cognitive-behaviour therapists working with a range of disorders, and invaluable for those working with patients with more chronic problems and personality disorders.

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Think Good – Feel Good. A Cognitive Behaviour Therapy Workbook for Children and Young People

Paul Stallard

Chichester: Wiley, 2002. pp. 186. £24.95 (pb). ISBN: 0-470-84290.

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This is a largely practical book, aimed at therapists working cognitively-behaviourally with children and adolescents. It begins with a useful summary of “what we know” about the use and utility of CBT for this age group, and is honest about the areas in which the evidence is lacking. Students looking for research projects might find this section particularly useful. The book continues with a range of exercises that could be employed with younger and older clients with a range of difficulties. Helpfully, some time is devoted to developmental issues that impinge on the use of CBT with younger clients. Advice on how to assess for, and how to cope with these is given. In contrast with some books of this genre, it spans the range of problems that face CAMH workers – from anxious and depressive type thoughts, through to externalizing type behaviours.

Although the book starts “at the beginning” with a thorough overview of the roots and theory of CBT, I do not think that this is a book for the beginner cognitive-behaviour therapist. Little advice is given on how to formulate the difficulties with which your client presents. The book assumes that these skills are already well developed, and instead focuses its advice on tackling difficult beliefs/NATs/behaviours, once they have been identified as targets. Similarly, it is clear that the book is not intended to replace thorough ongoing training and supervision in CBT techniques.

If I have one grumble about the book, it is that it did not supply the “Eureka” moment that I, perhaps unrealistically, hope for every time I open a book like this. Doing CBT with kids is a tough job, and we all live in anticipation of a book that will finally let us in on *the secret*. This book does not reveal any top-secret info. Much of what is described are good solid techniques that are, in some shape or form, already being used by experienced users of CBT. What it does do is to pull together a good, clear synthesis of the techniques that are available, and provide some nice, fun ways of presenting them to children. Incidentally, all of the materials are available to purchasers on a website (freely reproducible, I believe).

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Recovered Memories: Seeking the Middle Ground

Graham M. Davies and Tim Dalgleish (Eds)

Chichester: John Wiley & Sons, 2001. pp. 276. £22.50 (pb). ISBN: 0-471-49132-2.

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The recovered memories debate of the 1980s and 1990s was perhaps the single most controversial psychological issue of the 20th century. On the one hand, it was argued that

people could recall severe traumatic events, such as childhood sexual abuse (CSA), that were experienced many years before, despite there being an extensive period of having no or little recollection of the event. The counter-claim was made that these “recovered memories” were false and resulted from the efforts of over-zealous therapists. Given the highly sensitive nature of the allegations associated with recovered memories, the number of contentious court cases, and a hungry media, the scale of the furore is hardly surprising. As evidence regarding the existence of recovered memories was accumulated in the nineties, the debate started to cool. *Recovered memories: Seeking the middle ground* is an attempt to review this evidence, while adopting a stance that “deliberately eschews committed proponents of the view that all recovered memories are necessarily false or inherently true” (p. xiv).

To this end the editors have enlisted the efforts of an impressive group of researchers from both experimental and more applied settings, the majority of whom have published in this area. The book is divided into three sections, exploring the social, evidential, and clinical aspects of the recovered memories debate. The opening chapters that make up the social aspects section provide a good introduction to this area, and make the case for why the need for an evidence-based approach to recovered memories is so vital. It comprises chapters detailing the experience of victims of CSA and of families where a member has reported recovered memories of such abuse, and the legal dilemmas arising from cases where recovered memories are prominent. The most alarming chapter, perhaps of the whole book, is Tim Dalgleish and Nicola Morant’s review of the social history of recovered memories and CSA. They draw attention to the point that after Freud’s formation of the “seduction hypothesis” (and its subsequent retraction), it was 60 years before the consequences of CSA were fully explored and taken seriously by medical professionals.

The three chapters that make up the evidential aspects section of the book use a variety of types of evidence but are each rigorous in their treatment of it. Stephen Lindsay and Don Read from the University of Victoria review possible mechanisms that might explain how both true and false recovered memories are both possible with reference to recently gathered quantitative data. In a fascinating chapter Katharine Shobe and Jonathon Schooler apply their experimental cognitive psychology background to cases of recovered memories of alleged CSA and other trauma. Cases were selected where either there was substantial corroboration for the remembered abuse, or where the recovered memories were later retracted. Each case is discussed with regard to the phases involved in recall: the encoding, retention interval, retrieval, and post-retrieval phases. While a long chapter, this is a brilliant example of how case studies can be used to great effect in teasing out subtle theoretical points, where simple formulations do not readily apply. I found it especially helpful to consider examples of where memories of trauma were not completely forgotten (i.e. there was a degree of recollection or recognition of the trauma or trauma-related cues), but nevertheless individuals had the experience of a “recovered memory” at some stage.

Graham Davies’ chapter reviewing attempts to discriminate true and false recovered memories concludes the section on evidential aspects. While there are promising signs that such discrimination is possible, the author warns that “therapists and the courts should view with extreme caution experts who claim to be able to divine truth or falsity from the internal qualities of a recovered memory narrative alone” (p. 171). This cry for caution is echoed in Debra Bekerian and Max O’Neill’s sensitive discussion of the role of the therapist in working with clients who claim to have recovered memories of abuse. The remaining chapters of the clinical aspects section of the book include a review of clinician’s experiences of working with clients who report recovered memories, and a chapter that discusses the usefulness

and difficulties associated with implementing guidelines for professionals working with such clients.

I would strongly recommend this book. Whatever one's clinical speciality, the issue of recovered memories may arise and this book offers an engaging and thorough examination of this important subject. For anyone looking to brush up on memory research as applied to clinical settings, this book is a fascinating read. In addition, the variety of evidences considered by the authors make it an excellent guide for how tough real-world clinical problems can be thoroughly and appropriately researched.

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Rational Emotive Behaviour Therapy: Theoretical Developments

Windy Dryden (Ed.)

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From the "Advancing Theory in Therapy" series (editor Keith Tudor), this volume provides an in-depth examination of current Rational Emotive Behaviour Therapy theory and practice. Starting with Windy Dryden's account of the famous "ABCs" of REBT we are introduced to the disarmingly simple concept that evaluative beliefs mediate events to produce feelings, behaviours and thoughts. Dryden shows simply and clearly that this construct is vastly more complex than appears at first glance. Quoting, yet again, the old adage coined by Epictetus that "people are disturbed not by things, but by their view of things", Dryden illustrates that the "things" referred to by the stoic philosopher are more than simply external events. Often criticized for over simplifying human psychological disturbance, the ABC construct is taken apart and reassembled to take account of Ellis's primary assertion that the cognitions, behaviour and emotions are essentially indivisible from the context in which they occur.

Hank Robb invites us to examine the basics of REBT theory as it relates to everyday practice, stating that progress within REBT will be marked by identification of theoretical and practical problems and the actual solution of those problems rather than relying on pronouncements, or approval, by any individual or group. Robb suggests Relational Frame Theory (a behavioural analytic approach to human language and cognition) for research into REBT. He suggests this approach will prove far superior than relying on systems such as "beliefs inventories".

Ethics as applied to the practice of REBT is discussed by James McMahon. Starting with the philosophical history of ethics as applied to psychotherapy practice, he illustrates the dilemmas that are regularly found within therapy with seven case examples. The REBT view of self-worth and value is used as the focal point for the therapist action in attempting to solve these ethical dilemmas.

The chapter by Peter Trower, "Theoretical developments in REBT as applied to schizophrenia", is the highlight of this volume. Here is the clearest example of REBT theory translated into practice with potentially real benefits for a severely disabled client group. Though for many years the established view that cognitive models, such as REBT, were unsuitable for treating schizophrenia, Trower argues most cogently that applying REBT to schizophrenia will open up a whole new dimension for assessment and intervention, at both

syndrome level and symptom level. REBT interpretations of auditory hallucination, delusions and paranoia provide a basis for powerful interventions for most of the cognitive, behavioural and emotional problems associated with schizophrenia and can be applied to various positive and negative symptoms.

Other chapters are perhaps of more esoteric interest to practitioners: *Evolutionary Psychology and REBT* by Nando Pelusi, and *Contributions from General Semantics* by Kodish and Kodish. Both seem to fall into the trap highlighted by Pelusi that combining any approach with REBT runs the risk of diluting what essentially is a powerful theory of psychotherapy with a potentially non essential view.

All in all, this volume is for all Rational Emotive Behaviour Therapists and Cognitive Behaviour Therapists who desire to look more closely at their theories and practice, so as to develop new strategies in practice and research. I would recommend this book be on every REBTer's and CBTer's bookshelf.

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