

Book Reviews

Principles and Practice of Behavioural Assessment

Stephen N. Haynes and William Hayes O'Brien (Eds.)

New York: Plenum Publishing Corporation, 2000. pp. 348. £41.50 (hardback only).

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This book identifies the theoretical principles and reviews practical applications of the behavioural approach towards assessment and formulation. It is written for clinicians who have at least a basic knowledge of the behavioural approach as well as those with a more advanced knowledge/understanding. Its main foci are the principles and the benefits/drawbacks to be considered when deciding upon how to apply this approach to specific clients. The book is not directed towards any particular client group and provides examples from a range of fields within clinical psychology. It encourages the reader to determine the appropriateness of each strategy for the individual/client group with which they are working. It also offers some guidance on what may be the most useful approaches for most situations. This book is very effective in outlining a detailed account of the behavioural approach. However, it is a challenging read, both due to its size and the complex language in which it is written. The chapters are brief (around 22 pages), which is useful in enabling the reader to pause and reflect on the key points summarized concisely at the end of each chapter. The repetition of important principles, and the reference to relevant points identified in earlier chapters facilitates understanding of the approach and its most important facets.

The book is divided into three main sections: section one provides a detailed introduction to the current principles, applicability and usage of the behavioural approach and contains four chapters. Chapter 1 describes the behavioural approach and the ways in which it differs/overlaps from other approaches. Chapter 2 examines the extent to which the behavioural approach is in popular use, based on research cited in journals, membership of behaviourally orientated organizations and training offered on American doctoral programs. The third chapter introduces the benefits and limitations of a functional approach to assessment, the benefits of an idiographic (tailor-made) approach towards assessment and guidelines for application to reduce errors of clinical judgement. The fourth chapter provides a useful overview of the behavioural assessment and intervention process. It emphasizes the importance of identifying treatment goals when undertaking behavioural work.

Section two offers an in-depth look at several conceptual aspects of the behavioural approach. Within this section, chapter 5 discusses the use of a "scholarly approach to assessment", which includes reading relevant research, and selecting and conducting appropriate (often multiple) assessments. It highlights the use of quantitative and time-series measures when conducting assessments. Chapter 6 describes idiographic and nomothetic (generalized) approaches towards assessment, the benefits and limitations of both approaches and the use of Goal Attainment Scaling (GAS) as a form of outcome measure. The seventh chapter considers the degree of specificity with which variables are to be assessed and the subsequent limitations

of each level of specificity. Chapter 8 is a particularly important chapter, highlighting the fact that clients can have complex multiple behaviour difficulties, which may be inter-related in a number of ways. This chapter identifies several modes of response for the client (behavioural, cognitive, physiological) and suggests how these may be inter-related, co-occur and change over time. The ninth chapter defines causal relations, and highlights aspects to be considered, including the varying levels of specificity with which behaviours/thoughts/bodily experiences may be observed; their possible non-linear and dynamic nature for individual clients. This chapter emphasizes the use of hypotheses when investigating causal relations. Chapter 10 builds on the foundations laid in chapter 9, taking an in-depth look at the differing nature of causal relations and describes, for the clinician, several approaches useful in identifying causation and the confounding effects of extraneous variables. Chapter 11 identifies the important properties of psychometric assessments that require deliberation before selecting or constructing a psychometric tool. This chapter is well written and heavily detailed, highlighting the importance of the use of published studies to obtain information of tests prior to selection. It also discusses variable properties of the tests, including content validity, construct validity, incremental validity and utility.

Section three incorporates chapters on the use of observation and formulation from a behavioural perspective. Within this section chapter 12 highlights methods of behavioural observation, leading the reader to consider the time period, observer(s) and environment(s) to be used within the assessment. Chapter 13 outlines several models of clinical case formulation and a detailed look at the principles of functional analysis, including description of the Functional Analysis Clinical Case Model (FACCM), which is a vector diagram presenting the clinicians hypothesis.

This book makes reference to a variety of research from journals and uses a range of examples (diagrams, case studies, tables of information) to succinctly highlight its points. A large number of recommended texts are identified for further reading at the end of each chapter, and the author and subject indexes enable the reader to easily locate information. The glossary is very useful as a reminder of the meaning of new terms as they arise throughout the book. The book therefore appears to have been carefully constructed and provides the reader with sufficient information to facilitate an in-depth understanding of the principles and applications of this approach. Its main downfall is the complex style of writing, which makes it difficult to read. Whilst highlighting the time and effort it may take to read this book, I would still recommend it to anyone with basic knowledge who wants to enhance their understanding of the behavioural approach. I would also recommend it to those with more advanced skills wanting to consolidate or refresh their understanding.

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Developing Self-Acceptance: A Brief, Educational, Small Group Approach

Windy Dryden

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“Mother Theresa and Adolf Hitler are of equal worth as human beings. True or false?” By the time the members of the self-acceptance group described in this book reach the tenth

and final session, they may well be able to explain almost as well as Windy Dryden himself why this statement should be considered true. Rational-Emotive Behaviour Therapy (which, of course, is the framework within which these groups are conducted) is nothing if not radical in its attack on some of our most basic – and dysfunctional – assumptions about our own worth and that of other people. This book, and the groups that it describes, undermine the idea of self-esteem, the attainment or improvement of which is the goal of so much therapy, and propose the radical, healthier alternative of self-acceptance. According to this viewpoint, our worth does not depend on how competent, conscientious or compassionate we are. Desirable as those qualities may be, our intrinsic worth is not compromised by failing to achieve high standards of behaviour that we or others set.

The main part of this book follows a group of eight semi-fictionalized clients through the 10-session course developed by Windy Dryden to teach these concepts and the behaviours that follow on from them. At the beginning, they have a variety of problems such as depression after being made redundant, fear of failing exams, pathological jealousy, guilt over remarrying, etc., and all are worried about how others see and evaluate them. All their problems, according to REBT theory, arise because they adhere to a concept of self-esteem in which their worth is conditional rather than intrinsic. By the end, they – and the reader – have been taught the techniques of self-acceptance as an alternative to self-downing.

Each group session has a chapter to itself: Dryden presents the main educational material that would be covered in the group meeting and then illustrates it with sizeable extracts from the group discussions – the clients' and therapist's questions, misunderstandings, corrections and summaries. Any of us who have prepared self-help material that has seemed clear and self-explanatory to us, but baffling to clients, will find it very refreshing to have such misunderstandings and clarifications appear in print. The use of the eight clients and the therapist in this way could have seemed like slabs of text from a play-script, but it really succeeds in bringing the therapeutic and philosophical content of the groups to life. Equally importantly, it gives very strong emphasis to what happens *between* the group sessions, since there is much discussion of success, failure and misunderstandings with regard to the homework assignments.

The book has other strengths besides its exceptionally clear illustration of the therapeutic concepts and process. The first chapter is itself possibly the best concise introduction to REBT theory and practice around. The fourth chapter covers in scrupulous detail the planning necessary for running such a group, again something that it is unusual to see in print. Anyone who has found that the room where a group should be taking place is occupied by someone else, or has had their group members' participation undermined by other therapists, will recognize the store of practical wisdom here.

I have only three reservations about the book. The first is that there are virtually no research findings given to back up any of the recommendations; they are all derived from theory or practical experience. At least Dryden admits this, and gives good reasons for not having been able to carry out any formal evaluation of this approach – and while regretting and taking responsibility for this weakness, he refuses to depreciate himself for it! Furthermore, this is a weakness not just of this particular book but of most books about REBT.

The second reservation concerns the book's target audience. The general tone of the first four chapters – introducing REBT, giving basic ground rules for running groups, and so on – give the impression that the book is aimed at people who have some experience in psychotherapy or counselling but not who are not necessarily familiar with REBT. However,

a single-handed group is not really the place for a newcomer to a field: the demands of a group approach like this, with the possibility of misconceptions being compounded and perpetuated by group members, require a fairly sophisticated therapist who is fully conversant with REBT principles. If the book is for any kind of newcomer, it is for REBT practitioners who want to develop ideas of self-acceptance in a group format or for other cognitive-behavioural therapists who are experienced in groups but new to the idea of self-acceptance rather than self-esteem as a therapeutic goal.

The final reservation is whether a book is the right medium for disseminating the skills needed to run such a group. I wonder whether even therapists of the kind I have just described would be able to run a group as effectively as Dryden himself after engaging in the predominantly cognitive activity of reading the book. This book is very good on linking behavioural tasks to the concept-changing that goes on in the groups; as a text it may well change therapists' concepts, but a workshop with the opportunity for videotaped role-play might have even greater impact on their behaviour.

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Suicide: An Unnecessary Death

Danuta Wasserman (Ed.)

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Suicide: An unnecessary death is an interesting book. This is a subject that can make us feel very sad and to some extent still remains a taboo in main stream society. This book attempts to provide an introduction to understanding the various aspects of suicide. Wasserman has divided the book into seven different sections, each with a slightly different focus in order to provide a rounded understanding of the suicidal act.

The first section deals with epidemiology of suicide within the world. It clearly presents the differences between countries, and male and female suicide rates over the last 40 years. The second section goes on to consider the suicidal act within the stress-diathesis model (Mann et al., 1999), and in terms of a change in normal neurotransmitter function. Sadly, neither the stress-diathesis model or the neurobiological approach are discussed in any great detail and other models are not even mentioned. Further to this I would take the evidence for a neurotransmitter dysfunction as a possible explanation for vulnerability for suicide with a pinch of salt. Such an act would rarely occur in isolation of other factors that could have an effect on neurotransmitter function throughout the brain e.g. depression. The third section highlights risk groups for suicide. Here, depression, schizophrenia, psychosis, alcoholism, and anxiety, eating and adjustment disorders are considered. Also personality disorders, somatic disorders and social conditions are included as risk categories. These chapters make it clear that these groups are at risk and quote the percentages of people in these risk groups who commit suicide. However, one is left with the feeling that these chapters have only scratched the surface as to *why* these groups are at risk. To the uninitiated it could give the impression that these factors occur in isolation from one another, when they in fact can occur together and are often interlinked. The fourth section deals with risk situations for suicide and risk assessment. The chapters make an effort to highlight risk situations but

tend to repeat what was said in the previous section about risk groups. In terms of risk assessment there are some interesting if not rather obvious points. Section five deals with treatment. Treating patients is split into psychological and pharmacological therapies. The chapter on psychological treatments considers CBT, dialectal and psychotherapies. All are explained well and simply. The chapter on pharmacological treatments is a description of the drugs available to those suffering from depression, schizophrenia and personality disorders. It is brief and repeats much of what had been said in the neurobiology of suicide in the second section. Section six considers suicide in the young and elderly and repeats much of what had already been discussed in the risk group section. The seventh section considers suicide prevention. Although it raises some interesting issues they are not explored in any great depth. The last section deals with suicide from a health care perspective and is quite interesting; in particular, the chapters on the suicide prevention program in the former USSR and the prevention of cluster suicides.

I am not sure that this book will be that useful for psychologists or psychiatrists. I would not recommend it for anyone practising in mental health as the information is at a basic level. As an introduction to the area it could be useful for first year undergraduates or A-Level students with an interest in this area, or professionals who came into contact with suicidal patients but had little or no psychological or medical training.

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Mental Healthcare Matters in Primary Care

Ruth Chambers, Elizabeth Boath & Gill Wakley

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In an attempt to promote quality in mental healthcare, this book is written for any member of the primary care team who wishes to acquire an introductory understanding of mental illness. It does not aim to be comprehensive, but to inform readers of the basics of a few selected mental health problems, as well as to assist readers in drawing up development plans, which would ultimately enable mental healthcare to be incorporated into their current practice.

There are nine chapters in this book. Resonating with the ideal outlined in the National Service Framework for Mental Health (Department of Health, 1999), the first chapter is devoted to introducing the notion “clinical governance”. One by one, the 14 core components of professional and service development underpinning high-quality services are briefly explained. Subsequently, there are six independent chapters, each describing one mental health problem: depression, generalized anxiety disorder, obsessive compulsive disorder, stress, schizophrenia and dementia. Each of the six chapters begins with some background information (e.g., prevalence, presenting symptoms and treatment options) for the disorder highlighted and ends with a few reflection exercises. The final two chapters are intended to assist readers in drawing up their own personal or professional development plans. Several worked examples are included to demonstrate how an action plan could be, and should be, set up. (Extra worked examples on topics not covered in this book are downloadable from Internet; website address is provided in the book).

This book fittingly offers care providers guidance on how to improve the quality of their services. However, in my opinion, readers would have benefited even more had some common psychological health problems, e.g., chronic pain, chronic fatigue and insomnia, been included. There is actually ample evidence in the literature indicating that these psychological health complaints are the *major* sources of burden on primary care units.

In summary, *Mental health matters in primary care* provides a brief, clear review of six mental health problems. Its pleasant and unthreatening layout permits readers, especially beginners in mental healthcare, to quickly assimilate information. It is likely to be welcomed by aspiring individuals in the primary care team.

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Correction: Please note that in Volume 30, Number 2, April 2002 there was an error on p. 244 (book review section). The book *Self-help for nightmares: A book for adults with frequent recurrent bad dreams*, by Burgess, Marks and Gill, is priced at £3.50 and not £35.50 as we printed.