were a few significant omissions. For example, I would have appreciated more emphasis being given to understanding (and helping) the ambivalent patients: those who knowingly risk killing themselves and who are prepared to play "Russian roulette" when they self-injure and those driven by a powerful visceral "felt sense" rather than by thoughts or images. I also felt that more attention could be given to the role of traumatic images, substance misuse and dissociation. These all play a significant part in the pattern of self-injury shown by my patients, yet were addressed quite lightly. I felt the dissociation, in particular, was neglected.

The second section, "Assessment and treatment" is a comprehensive section which includes a range of approaches from behavioural through cognitive to pharmacological and which covers a range of presenting problems including PTSD. The treatment approach that is advocated is predominantly behavioural. As a CBT practitioner I felt that the cognitive aspects could have been discussed in more depth, for example considering the core beliefs and schemata that drive self-injury and ways in which these might be addressed.

Walsh promotes a "biopsychosocial model" for self-injury which is well considered and which recognises the role of systemic factors as well as the psychology and biology of the individual. He is particularly mindful of systemic conceptualizations and approaches and considers the impact on caregivers and addresses the role of the family. This extensive view of factors pertinent to self-injury is a very helpful reminder to the clinician to be thorough in assessment and to properly consider the scope for interventions.

The third section, "Specialized topics", comprises three topics. "Contagion and self-injury" addresses the significant phenomenon of the spread of self-injurious behaviours within groups. This is followed by a chapter describing a protocol for managing self-injury in schools (or other institutions). The protocol is well thought through and potentially very useful, although no evaluation of the programme is cited despite its being described as having "been used successfully". This is a great shame as it renders the rather labour-intensive approach less attractive. The final topic is major self-injury, or self-mutilation. Again Walsh provides a practical and sensitive guide to assessment and treatment which is predominantly based on clinical experience and which considers wider impact on therapists and carers.

This text will be invaluable for any practitioner who works with patients who self-injure: the novice will be informed of key issues to guide his practice and the more experienced practitioner is sure to learn from the wealth of experience and knowledge that Walsh shares. I am glad to have read it and would confidently recommend it to others.

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**Dialectical Behaviour Therapy: The CBT Distinctive Features Series**
Edited by Michaela A. Swales and Heidi L. Heard
New York/London: Routledge, 2009. pp. 167. £9.99 (pb). ISBN: 978-0-415-44458-3.
doi:10.1017/S1352465811000038

While it may be premature to say that personality disorders have truly come in from the cold, the past two decades have certainly seen a great deal of progress. A key driver of this change has been the development of new therapeutic approaches, including Dialectical

Behaviour Therapy (DBT), which both offers hope of change to individuals once thought of as untreatable and challenges the historical pessimism within services.

Originally developed by Marsha M. Linehan as a specific outpatient treatment for suicidal individuals with borderline personality disorder (BPD), DBT has since been applied to a range of other areas including eating disorders, inpatient units and individuals with BPD and concurrent substance abuse. This text mainly focuses on BPD. The authors of this introductory text are experienced practitioners at the forefront of DBT practice, training and development; Swales is director of the British Isles DBT Training Team, while Heard is a senior trainer and consultant for Behavioural Tech USA, the company set up by Linehan to develop and disseminate DBT.

Rather than a therapy manual, this book is intended as an introduction to DBT and how it differs from other cognitive-behavioural approaches. The text consists of 30 short chapters, each describing a distinctive element of DBT and is split into two parts: theory and practice. In the first, Swales and Heard describe the three main theoretical foundations of DBT (dialectics, behaviourism, and Zen) as well as the DBT model of BPD and its focus on emotions rather than cognitions as key causal variables.

The second part looks at how all of this is applied in practice. Initial chapters consider the main modalities through which the therapy is applied (group skills training, individual sessions, consulting within the team and telephone consultation) and their purpose and relationship to one another. Subsequent chapters summarise methods for structuring treatment overall and within sessions, the main therapeutic techniques (e.g. behavioural analysis, problem solving, cognitive and behavioural change procedures, skills training, motivational enhancement strategies and validation techniques), stylistic strategies (e.g. irreverence) and ways therapeutic ruptures can be addressed.

DBT is a complex therapy that requires practitioners to integrate a number of theoretical ideas and apply a variety of techniques, often in the face of intense emotion and challenging interpersonal situations. Having experienced one of the authors (Heard) in their training and consultation capacity, it was no surprise to see what a good job they have done in describing this complexity in such a clear and concise manner (the text runs to only just over 150 pages). Readers unfamiliar with DBT will emerge at the end with a fair idea of what it looks like, what the ingredients are, and its rationale. Those learning DBT will appreciate this as an adjunct to the original Linehan text (Linehan, 1993), which while excellent is not the easiest of books to read. It would probably be less useful to those already practising with DBT although even after two and a half years of exposure to the model I still found some of the chapters instructive and useful. My one criticism is that I would have liked the history of DBT (i.e. the original reasons Linehan developed it) to have been described at the start rather than part way through the text, though this really is a minor point.

## Reference

**Linehan, M. M.** (1993). *Cognitive Behavioural Treatment for Borderline Personality Disorder*. New York; Guilford Press.

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