

I found the book a very enjoyable and interesting read. I think it manages in its task of giving a broad yet still detailed outline of roadblocks and the related issues, with something that is of use and interest to most practitioners of CBT, from the novice up to the experienced.

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### **A Casebook of Cognitive Behaviour Therapy for Command Hallucinations**

Sarah Byrne, Max Birchwood, Peter E. Trower and Alan Meaden, Hove, UK: Routledge, 2005. pp. 145, £24.99 (hb). ISBN: 1-58391-785-3.  
doi:10.1017/S1352465806003444

This book presents the development of an evidence-based cognitive therapy approach to command hallucinations, which are seen as a particularly distressing and potentially dangerous form of hallucinations. It presents the reader with the rationale and theory that informed this therapy, and includes a detailed step-by-step practice manual. The main body consists of eight case studies that are designed to illustrate the application of this treatment and how to adapt it to more challenging cases. The book also includes findings from a randomized controlled trial evaluating the effectiveness of the intervention.

Overall, this book provides a holistic account of a new approach in treating command hallucinations, drawing on empirical, theoretical and clinical findings. The authors present a useful approach that is evidence-based and makes good theory-practice links. I particularly valued the detailed therapy protocol, as this is often lacking in published works.

The book is organized into 11 chapters. The first chapter provides the reader with an introduction to command hallucinations. It presents useful information on general prevalence rates and rates of compliance with voices, and highlights the lack of effective treatments in this area. The main focus of the chapter is the outline of the authors' cognitive model of command hallucinations. This model was developed from empirical research and combines the cognitive model of auditory hallucinations (Chadwick and Birchwood, 1994) and social rank theory (Gilbert, 1992). The cognitive model of hallucinations states that it is not the voice per se, but the person's appraisal of the voice that causes distress and disturbed behaviour. The authors also outline findings that show that many voice hearers experience the voice as powerful and omnipotent. Little is known, however, why voice hearers hold those specific beliefs and where they originate from. Therefore, the authors draw on social rank theory to demonstrate that core interpersonal schemas of inferiority underpin those beliefs.

In the second chapter, the authors contrast CBT for command hallucinations with CBT for psychosis. They argue that the goal of CBT for psychosis research trials has been the "eradication or amelioration" of psychotic symptoms, which is modelled on drug trials. They refer to this approach as "quasi-neuroleptic", and base their argument on data from meta-analyses. In contrast, they argue that their model is a truly cognitive model as the goal is not primarily the eradication of symptoms, but the reduction of distress and dysfunctional behaviour.

Chapter three forms the core of the treatment manual. This section is clearly written and well structured and provides the clinician with a detailed step-by-step guide to the assessment, formulation and treatment of command hallucinations. The assessment section includes an extensive list of questionnaires and rating scales specifically developed to identify beliefs about voices, as well as more general measures of symptoms and distress. Some of the more specific measures are included in the appendices, which are useful for the busy clinician. The intervention stage is mainly concerned with challenging the dysfunctional beliefs about voices. It has several sub-sections on questioning the client's evidence, developing a line of logical reasoning that exposes inconsistencies in the person's beliefs, reality testing of beliefs, normalizing the voices and responding more assertively to them. A case study is presented at the end of the chapter, which helps to illustrate the application of the manual.

Chapters four to ten describe in detail seven case studies of participants in the CBT for command hallucinations trial. They all follow the same structure, beginning with some brief background information about the individual, followed by the main sections of assessment and treatment as outlined in chapter three. They conclude with a descriptive summary of the outcome, a comparison of pre- and post-therapy measures, and recommendations for continuing care. Whilst giving a good flavour of therapy, I found them slightly repetitive and perhaps more useful for novice therapists rather than experienced practitioners. I would have welcomed a brief introduction at the beginning of each case study to make it clearer what particular problem or challenge the case study is dealing with.

The final chapter presents the findings from the randomized controlled trial comparing the efficacy of CBT for command hallucinations versus treatment as usual. A total of 38 people participated in the trial. They found that CBT was effective in reducing compliance and distress when undertaken according to the protocol described in this book.

I found this to be an interesting and clinically relevant text, which I imagine will be of use to experienced and novice practitioners alike, working with people with psychosis in community, inpatient and forensic settings.

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### References

- Chadwick, P. and Birchwood, M. J.** (1994). The omnipotence of voices: a cognitive approach to auditory hallucinations. *British Journal of Psychiatry*, 164, 190–201.
- Gilbert, P.** (1992). *Depression: the evolution of powerlessness*. Hove, UK: Lawrence Erlbaum Associates.

### Handbook of Brief Cognitive Behaviour Therapy

Frank W. Bond and Windy Dryden (Eds.)  
Chichester: John Wiley & Sons, 2002. pp. 318. £105.00 (hb). ISBN: 0-471-49107-1.  
doi:10.1017/S1352465806003456

This book is well-written and well-edited, with clear chapters on several useful practical and theoretical aspects of brief cognitive behavioural therapy (CBT). The emphasis is on usability, and the book is a valuable resource for brief CBT practitioners.