Weaknesses of the books include the restrictive copyright; only the worksheets are able to be photocopied, a shame considering how useful the explanations are in the Client Workbook. It appears that the authors assume the client will have their own copy of the workbook, a somewhat unrealistic expectation in NHS settings. Second, whilst the book's structure is a strength, this can also feel prescriptive. When using some of the ideas within it with one of my own clients, I quickly found myself deviating. Real clients are complex, and few in my experience would be able to follow every step of its protocol. Also, it relies upon a high level of literacy and motivation in the client to complete the programme successfully in 16 sessions.

Overall, this text will prove to be a valuable resource for cognitive therapists in training, and may become a staple on supervisors' shelves to settle the anxieties of their trainees' first attempts at treating clients with social anxiety. As with all security blankets, however, this one I suspect will gradually be left aside as therapists' experience and confidence grows.

ALESIA PERKINS
University of Surrey

Cognitive Therapy in Groups: Guidelines and Resources for Practice (2nd Edition)
Michael L. Free
Chichester: John Wiley and Sons, (2007). pp. 400. £29.99 (pb). ISBN: 0-47002-448-8.
doi:10.1017/S1352465807004031

This book must be one of the most comprehensive resources for CBT group programmes. Free has taken great trouble to incorporate a vast amount of information into the programme and has integrated trends in cognitive therapy over the last 30 years. The first cognitive therapy group programme developed by Free in 1999 was primarily a treatment for depression. Since then the programme has been developed to be an effective treatment for anxiety, depression, and anger problems. Free has developed the programme to conform to a number of trends evident in the provision of psychotherapy. These are: the provision of therapy in groups, the use of manual-based therapy, the use of a psycho-educational approach to psychotherapy, and tailoring the presentation of therapy to the needs and preferences of the client.

He begins by describing the theoretical foundations behind his programme, which has progressed from Beck's model to include the work of Ellis (rational emotive therapy) and the emphasis on absolutism. He includes schema approaches (Young, 2003) and early maladaptive schema. He also includes the English cognitive therapists (Clark, Wells, and Salkovskis) particularly around beliefs about bodily sensations and beliefs about strategies used to control bodily sensations.

The programme provides session by session protocols (available to purchasers as PowerPoint presentations) with handouts, screening questions and information for referrers on CBT. The programme is divided into 25 one-hour long sessions in five modules of 4–6 sessions. Module one (5 sessions) looks at "challenging surface beliefs and processes". Module two (in 5 sessions) explores "beneath the surface" namely an individual's negative belief system. This covers schemas, downwards arrows, parenting styles, a master list of beliefs and developing individualized "cognitive diagnosis" i.e. cognitive formulations. Module three (4 sessions) then moves on to "testing beliefs" using adversarial analysis, investigatory analysis and scientific analysis. Module four looks at "changing your thinking and feeling" using countering

techniques, propositional perceptual shifts, emotional shifts, schema rebalancing and imagery, strong-nurturing, self imagery, re-parenting and letter writing. The last module addresses "countering your counterproductive behaviour".

Free is a CBT purist and in describing the sessions on "logical errors and appropriate logic" he states that the aim is to try to "change thinking by changing the logic of our thinking and to make it more accurate. The result is an alternative rational or logical, or objective, or true, thought or belief rather than the negative illogical, irrational automatic thought". Whilst reading this I wondered whether to many therapists this terminology can now appear outdated and unhelpful for our clients. Many therapists now would baulk at using the term "irrational" and use a more gentle approach e.g. unhelpful. Therapies now often incorporate mindful/acceptance strategies and a lot of the work on "challenging irrational thoughts" perhaps is not carried out in such an ardent manner by contemporary CBT therapists.

An exclusion criterion for the programme includes "reading difficulties". The demands for a high level of intellectual understanding became apparent as I read through the programme. Despite the session-by-session guide, this is not a book that can just be picked up and delivered in a manualized way by non-experienced practitioners. Group facilitators would need to have an excellent grounding in CBT, be able to explain highly complex concepts within a group context, and take a lot of time in preparing materials for the specific needs of the group. I was left wondering how this level of complex formulation work can take place in a group setting. Free comments that some clients need extra individual sessions to be able to keep up with the pace and demands of the group. The programme is very academic, intellectually and conceptually demanding, and I would be very interested to see how it is received in practice.

I would recommend the book as a very useful resource for planning a CBT group but I would add a word of caution that a lot of thought would need to be taken in how the materials are delivered and presented in an understandable and helpful manner.

ANNA SOLLY
Clinical Psychologist

Hands-on-Help: Computer-Aided Psychotherapy

The use of new technologies to help deliver psychological therapies has a long history, going back at least to the 1960s. But only in the last 10 years or so have computers become sufficiently powerful to permit the delivery of psychological therapies in an individually-tailored, realistic and acceptable way. This book labels this approach "computer-aided psychotherapy" or CP.

Why bother? Mainly because the demand for therapies greatly exceeds the supply, especially for CBT. Moreover, there are many situations in which standard face-to-face treatment will probably never be easily available, such as in very remote areas with small populations. Further, there are several groups of patients, such as people who are profoundly deaf or very disfigured, who may not have easy access to CBT, even when it is generally available in their locality. CP is a promising solution to such barriers.