

## Book Reviews

### Self-Help Review Special

#### CHOOSING AND USING SELF-HELP MATERIALS

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Self-help approaches are popular with patients and can be effective treatments for common mental disorders such as anxiety and depression (Gould & Clum, 1993; Marrs, 1995; Scogin, Bynum, Stephens, & Calhoun, 1990; and Cuijpers, 1997). In spite of this, it is clear that a number of factors should also influence us in how we choose and use self-help materials with our patients:

- *Selection of patients/clients*: Self-help books should make it clear what target group they aim to help. Individualized clinical assessment should assess whether appropriate self-help materials are available that address the target problem, are acceptable to the patient, and are also appropriate based upon the current clinical status.
- *How do the materials fit in with how we work with patients/clients?* Self-help materials may be offered “unsupported” by the health care practitioner (i.e. just handed out to the patient) or as part of a treatment package supported by the practitioner—“supported self-help” (Williams, 2001). If we offer supported self-help, we need to be very familiar with the materials we use and know how to use them effectively. If self-help materials do some of the work of treatment, then by implication sessions will be less frequent and/or shorter than they would otherwise be.
- *The evidence-base*: Although many self-help materials are used, less than 10% have been formally evaluated (Quackenbush, 1991). The evidence base suggests that CBT self-help materials are effective, but it would be surprising if all were effective – we need to look at developing a stronger evidence-base for existing and new self-help materials. In the longer-term, “process” style research should attempt to identify the effective components of the self-help approach – such as the opportunity to stop, think and reflect while working through written materials (Whitfield, Williams, & Shapiro, 2001).
- *The structure of the materials*: All too many self-help written materials are presented as pages of densely written text. We know that patients with depression have poor concen-

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tration and memory and are quickly over-faced by the demands upon them – hopelessness is a predictor for patients giving up on using written self-help materials (Whitfield et al., 2001). We need also to learn from the educational and health promotion field by considering the readability and legibility of materials. Self-help resources should be properly structured and allow the user to interact with materials. The average reading age in the UK is 9–11; in contrast, the reading age required to read text containing the “classic” CBT language is 17 (Williams & Garland, in press). Materials are required that maintain the key elements of CBT (its clear structure/model and focus on current problems) but to do so in ways that allows easier patient/client access (Duman & Farrell, 2000).

Finally, we need perhaps to re-consider how we review such materials in journals. Book reviews should be by someone who is representative of the target audience who will use the book. A case can be made for moving to a process of dual review by a CBT practitioner and also by an actual user who has experienced the disorder in question.

The books reviewed are available in bookshops and from The Oxford Stress and Trauma Centre, 8a Market Square, Witney OX8 7BB, UK. [www.oxdev.co.uk](http://www.oxdev.co.uk)

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### Self-Help for Nightmares: A Book for Adults with Frequent Recurrent Bad Dreams

Mary Burgess, Isaac Marks and Michael Gill

Oxford: The Oxford Stress and Trauma Centre, 2001. pp. 60. £35.50 (paperback).

ISBN: 1–0904127–00–2.

DOI: 10.1017/S1352465802222146

The approach used in this self-help book is imaginal exposure. The duration of the treatment is up to 16 sessions. The book starts by running through a series of sensible safety suggestions (e.g. stop the treatment and consult the therapist/doctor if you experience “strong

anxiety reactions that don't go away even when you're not doing your treatment sessions'', p. 8) and a list of common causes of nightmares (e.g., medications, PTSD). Then the treatment, involving five steps, is introduced. The steps are (1) monitoring the nightmares, (2) writing down the nightmares or recording them on a tape, (3) reliving the nightmares, (4) recording the self-treatment sessions, and (5) establishing a better sleep pattern. The tasks for Weeks 1 to 4 of the treatment are explained in detail over 14 pages. This section includes comprehensive and easy to use nightmare diaries to assist monitoring and a section on improving sleep. The latter includes instruction in stimulus control, sleep hygiene, relaxation and some suggestions as to how to reduce pre-sleep worry and frustration about sleep. Just prior to introducing the activities for Weeks 5 to 8, four pages are devoted to explaining the rationale for exposure therapy, including case examples. Over the next 18 pages the client is taken, step-by-step, through the process of self-exposure. This section includes space to record exposure sessions and frequent reminders to not "avoid any bit of the nightmare, especially the most frightening parts". If by the end of the 8th week of treatment the client continues to have distressing nightmares they are instructed to continue the exposure treatment but to also work through a section on trouble shooting. The six pages devoted to trouble shooting introduce the possibility of altering the nightmare by changing the ending or making changes throughout and then "reliving" the altered nightmares. Two case examples of this process are discussed. Finally, suggestions on sources of further help are provided in the event that the self-help treatment doesn't work. To summarize, this is a sensible, simple, easy to use self-help book. Impressively, the authors have shown the programme to be effective in reducing nightmares (Burgess & Marks, 1998).

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#### Reference

BURGESS, M., GILL, M., & MARKS, I. (1998). Postal self-exposure treatment of recurrent nightmares: Randomized controlled trial. *British Journal of Psychiatry*, 172, 257–262.

### **Overcoming Social Anxiety and Shyness: A Self-help Guide Using Cognitive Behavioural Techniques**

Gillian Butler

London: Robinson Publishing, 1999. pp. 259. £7.99 (paperback). ISBN: 1–85487–703–8.

DOI: 10.1017/S1352465802232142

Social anxiety refers to the experience of excessive distress pertaining to social interactions. This distress is generally the result of an intense fear of being humiliated, embarrassed, or evaluated negatively by others. When severe, this condition can result in pervasive avoidance of social situations and can lead to heightened feelings of isolation, loneliness, low self-esteem, and co-morbid depression. In this self-help book, Butler aims to "... explain how to overcome this anxiety ..." (p. 89) by providing a thorough account of its development, along with a number of practical guidelines intended to facilitate a significant reduction in distress.

The first section offers comprehensive descriptions of aetiology and prevalence, which

are likely to help normalize the experience for individuals with the syndrome. Butler reviews the concepts of shyness and social anxiety and explains a number of possible causes and contributing factors. These include potential biological, environmental, and behavioural features that may heighten one's vulnerability to the experience of these fears. I think the section on safety behaviours is particularly noteworthy as it offers a clear explanation (along with a number of specific examples) of how these behaviours function to maintain or exacerbate the anxiety.

The text then presents techniques and strategies for improvement. Some basic principles are introduced before progressing to more detailed components such as relaxation, assertiveness training, and cognitive-behavioural approaches. Key points are summarized at the end of each chapter, offering a useful review of highlights. Worksheets are provided in the appendices, although integrating these forms directly into the chapters might allow readers a better opportunity to systematically apply suggestions while reading. Chapter 8 focuses on the concept of "doing things differently" and encourages the reader to gradually increase exposure to anxiety-provoking experiences. I feel that these are useful suggestions but think that the number of elementary exercises and practical examples about initiating change is limited. An individual who has suffered from long-term distress is likely to require more substantial practice at the basic level before attempting more challenging steps.

This self-help book provides useful information about the background and development of social anxiety and shyness and outlines a number of steps to help work towards reducing one's fear. While the book is likely to be beneficial to self-motivated individuals with less severe anxiety, a stronger emphasis on the fundamental aspects of initiating change is needed for individuals experiencing a more chronic form of this anxiety.

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### **Overcoming Traumatic Stress: A Self-Help Guide Using Cognitive-Behavioural Techniques**

Claudia Herbert and Ann Wetmore

London: Robinson Publishing, 1999. pp. 206. £7.99 (paperback). ISBN: 1-84119-016-0.

DOI: 10.1017/S1352465802242149

This book is written as a self-help manual for people who have survived trauma and suffer from traumatic stress reactions. It consists of two parts. The first part is called "Understanding Traumatic Stress". Its aim is to explain what traumatic stress is, what causes it and what the reader might be experiencing. The emphasis is really made on understanding, which is very valuable. This part also includes chapters dedicated to the problems that those close to someone experiencing traumatic stress may encounter and to the difficulties professionals dealing with trauma may come across. The inclusion of these chapters makes the book useful not only to someone who has survived trauma but also to those who try to offer help and support. The second part is called "Managing Traumatic Stress" and contains advice on how to cope with the grief and pain that often follow the trauma. When you read this book you get the feeling of talking to someone. The authors seem to be involved in a dialogue with the reader rather than just giving information or advice. The authors also

took care to present the material in terms that are easily understood by anyone, not just specialists.

I have to admit that usually I am rather sceptical of self-help books and even reading this book hasn't changed my mind much. I still think that someone in crisis will not be able to go through such a book alone and certainly not achieve serious improvement. However, I liked a lot of things about this particular book: the way the material is presented, the language used, and the amount and quality of practical advice.

There is another point worth mentioning. I think that this book should find a lot of readers in Russia, for two reasons. The situation in our country is not easy and there are quite a lot of people who have experienced traumas. At the same time, there are not enough specialists to offer professional psychological help in this field to every client who needs it. So a self-help book such as *Overcoming traumatic stress* would be very welcome in our society. Unfortunately, it is only possible if the book is translated into Russian.

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### **Overcoming Depression: A Self-Help Guide Using Cognitive Behavioural Techniques**

Paul Gilbert

London: Robinson Press, 1997, pp. 317. £7.99 (paperback). ISBN: 1-854-87434-9.

DOI: 10.1017/S1352465802252145

I have found this a particularly useful book to accompany therapy in primary care, and do not doubt that individuals using the book alone would gain much benefit. Gilbert has written a clear and accessible guide to cognitive-behavioural self-help as good as the old mainstays of David Burns *Feeling good* and Greenberg and Padesky's *Mind over mood*. What's more, this book has the advantage of being in the vernacular, and not replete with the Americanisms that some patients find off-putting. A number of my patients have used different sections from this book and all report finding it helpful.

The book follows a logical structure, starting with defining and understanding depression and an introduction to the cognitive model. Readers are then gradually introduced to useful strategies to improving mood, starting with a good outline of practical behavioural strategies before moving onto thought monitoring and the concept of negative thoughts. The book then describes the challenging of negative thoughts, adding a neat twist to the normal approach. Gilbert makes a distinction between a rational mind, able to consider evidence and alternatives and a compassionate mind, which is caring, accepting and nurturing. He encourages readers to make use of both minds when examining negative thoughts, which should facilitate shifts away from the ruminative thinking common in depression.

Additional chapters deal with important issues like loss, anger, shame, assertiveness and perfectionism, providing readers with specific approaches to deal with each of these problems and giving each reader an opportunity to identify those factors most important in their own depression. Throughout the book, each chapter ends with a summary of the main points and has a list of suggested exercises, making the contents easily digestible and suitable for the reduced concentration of a depressed person. All in all, I strongly recommend this book

as a workbook to accompany therapy or as a first choice for bibliography for depressed patients.

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## Reviewers

Thank you to all those who participated in the review process of manuscripts submitted to *Behavioural and Cognitive Psychotherapy* during 2001.

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