

## Book Reviews

### **Cognitive Therapy: An Introduction (2nd edn.)**

Diana Sanders and Frank Wills

London: Sage Publications, 2005, pp. 254. £19.99 (pb). ISBN: 1-41290-789-6.

doi:10.1017/S1352465806213262

This book provides an ideal introduction in the area of cognitive therapy (CT). Sanders and Wills remain true to their first edition's aim of portraying with honesty the practice of CT, and in this edition build on the first to inspiringly capture the developments of CT, as well as the broadening spectrum of its practitioners. They constantly redress the perception of CT as limited, unemotional, potentially detrimental, and neglecting childhood experience and emotions. Throughout, the advantages and difficulties of the therapeutic relationship, as well as the tension of applying a generalized model to individual patients, are considered in detail.

The book comprises three sections. Part I covers CT, its theory, model and structure. Appropriately, it begins with an historical introduction to Beck's original model, emphasizing the working relationship of therapist and client, and an empirical and parsimonious approach. An up-to-date incorporation of emotions and imagery into CT is considered before building the full conceptual model.

Part II tackles CT in practice. It encompasses assessment, formulation and engagement, encouraging creativity along with a standardized approach and clearly setting out how therapy occurs. It also considers how and why the cognitive approach works, notably incorporating attentional training and information processing theories' contribution to understanding and achieving cognitive change. A subsequent chapter incorporates behavioural experiments, methods, and the contribution of mindfulness. A chapter on assumptions and core beliefs concludes with a substantial section on schema therapy, challenging the belief that CT cannot be used with clients with long-term personality problems, yet acknowledging its limitations and providing guidance on how to work safely. This part concludes with a helpful consideration of therapeutic difficulties, ending therapy and preventing relapse. Part III briefly addresses CT's place in a wide context of disorders, differing approaches (e.g. group work, couples, self-help) and professional fields.

Good diagrams are provided throughout, modelling formulations and the different conceptualizations of CT, as well as exercises for use with patients. The therapy is brought to life by scripts from sample cases. The appealing yet cautionary frankness of the authors in reporting their own interactions and fallibility makes it ideal for a trainee practitioner.

It was disappointing to find the book was limited to depression and anxiety (with the exception of the schema therapy section), even in Part III, given Sanders' and Wills' acknowledgement of its growing application and hesitation to approve exclusion criteria. However, substantial in-text references are provided throughout for more specialist readers, pointing to the breadth of reading matter and subtleties of debate. Overall, therefore, any gaps in this accessible, wide-ranging book are excused by its premise – an introduction.

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**Interventions for Schizophrenia**

Emma Williams

Bicester, Oxfordshire: Speechmark Publishing. pp. 208. £34.95 (pb). ISBN: 0-86388-435-0  
doi:10.1017/S1352465806223269

Given the National Institute for Clinical Excellence (NICE) recommendation that psychological interventions should form part of the treatment options offered to clients diagnosed with schizophrenia, this is a timely resource book. It is structured in three parts – beginning with the theory and practice of psychological interventions for schizophrenia, then moving onto the purpose of assessment and assessment measures and, finally, in Part Three, the intervention programme itself is explained.

In Part One, Williams describes contemporary psychiatric and psychological understandings of schizophrenia as well as relevant research findings into clinically effective treatments. With the exception of the book's first line: "The philosophy of this approach sets the context for the interventions" (a fairly meaningless statement), the book is written in a neat – if not elegant – manner that should be fairly digestible to most people working in the area of mental health with this client group. It's a shame then, that Williams leaves any practical description of her specific approach until Part Three. It wasn't until page 16 when she wrote: "In practice the length of sessions will also be influenced by the number of clients in the group", that I realised this was not about one-to-one sessions with individuals.

Although much of the content of the five modules outlined by the programme could usefully be incorporated into work with individuals, it seems unfair not to alert the consumer to exactly what they are buying. It might therefore have been more appropriate to call the resource '*Group Interventions for Schizophrenia*'. There is no discussion as to why a group approach is taken and one can only guess that it is simply because that is where Williams' expertise rests. Despite the group context, the individual is far from lost in Williams' approach and interventions often focus upon the participants' specific needs. For instance, a worksheet entitled, "my personal aims" is distributed early in the programme.

Primarily based on cognitive behavioural theory and practice, the book's five modules include engagement and treatment preparation; individual analysis of person and schizophrenia; understanding and managing positive symptoms; maximizing mental health and, finally, bringing it all together. Each module includes notes about session planning and how to approach each session's topic. Williams suggests that duration of the sessions should be about 45 minutes and that the programme is delivered over the course of 6 months to a year.

Because she divides each segment of the programme into specified lengths of time, *Interventions for Schizophrenia* has the comforting feel of a highly structured treatment manual. Unfortunately, the layout of the book, which is probably outside of Williams' control, has a significant drawback. Faint, grey, eye-straining (and therefore headache producing) type is used throughout the narrative sections of the book. Thankfully, common sense reigned when it came to the design of the handouts and worksheets and they are easily readable and so can be photocopied for dissemination to the group members without too much fuss.

Despite the problems with readability, the clarity and focus brought to the work by this resource book is likely to be most helpful to practitioners who are in the process of establishing a new group service and who could adapt the model to suit their resources. It would also benefit those clinicians who would like to dip into and borrow elements of Williams' approach in order to complement the skills they already possess.

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**Paranoia: The Psychology of Persecutory Delusions**

Daniel Freeman and Philippa Garety

Hove: Psychology Press, 2004. pp. 208. £24.95 (hb). ISBN: 1-84169-522-X.

doi:10.1017/S1352465806233265

This book is a summary of recent cognitive research into persecutory delusions. In particular, it illustrates how the ideas of Garety, Freeman, and associates have developed since the 1990s. Garety and associates are well known for researching, amongst other things, the contribution of a cognitive bias whereby deluded patients tended to jump to conclusions quicker than comparison groups. Their more recent work, however, has focused on the possible contribution of emotions and an attempt to integrate in one model a range of factors.

The book begins by pointing out that there still exists a certain lack of clarity about what exactly counts as “persecution”. They suggest a clear definition of persecution focusing on beliefs that specific deliberate harm is about to happen to the patient. Subsequent chapters examine the possible role of emotions. They argue that because the importance of receiving a psychotic diagnosis tends to “trump” any other diagnosis, there has been a tendency for researchers and those making diagnoses to ignore the role of emotion. In spite of that, Freeman and Garety present a great deal of evidence to suggest that emotions may play a role in the formation and maintenance of persecutory delusions. In several chapters they present their own research into the contribution of emotions. One particularly clear finding is that patients may engage in “safety behaviours”, that is, they might take actions to avoid situations that have relevance to their delusions, for example, by not walking in public places where the persecutory “they” might attack. There is also evidence that emotions precede the onset of delusions and are present in the maintenance phase. It is also suggested that there may be an overlap in themes between delusions and emotions. The latter is well illuminated by the finding that participants who thought their persecutors very powerful tended to be the most depressed. This is a very interesting direct link between content and emotional state.

The penultimate chapter presents an overview of Freeman and Garety’s updated model of delusion formation and maintenance. The model is an attempt to integrate all their work on emotions and cognitive biases, but also uses Maher’s idea that delusions are explanations of experience. They suggest there may be diverse pathways to delusions, and different routes might involve a range of different processes, for example, those processes explored in the work of Bentall on self-esteem and Frith’s ideas on the relevance of “theory of mind”. The richness of the model may be helpful to therapists planning interventions in that the model suggests many areas that could be the focus of work.

The majority of the chapters draw on material in already published articles, yet the authors manage to bring these together by re-writing and adding material, so producing a coherent whole. Whether one agrees or disagrees with specific aspects of Freeman and Garety’s model, this book is a very important contribution, is presented with exemplary clarity, and is work that researchers and practitioners will need to know.

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**Cognitive Therapy of Schizophrenia**

David Kingdon and Douglas Turkington

New York: Guilford Press, 2005. pp. 211. £25.00 (hb). ISBN: 1-59385-104-9.

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On the basis of past reading and contact with these authors, I was rather expecting this therapy manual to outline a highly technical approach to CBT for psychosis. I've previously found such texts of interest, but of limited practical use when training and supervising people in NHS practice. It is with pleasure therefore that I find Kingdon and Turkington have avoided writing a technical, step-by-step manual. Instead, they acknowledge and help conceptualize the huge variety of presentations falling within this diagnostic category and emphasize the underlying principles and attitudes essential to delivering this intervention effectively.

The relapse prevention section, for example, is not the familiar listing of intervention protocols around early warning sign detection. Instead it provides the reader with an understanding of the process of relapse in order to guide formulation; provides advice on how to raise the topic of relapse during periods of remission; and emphasizes the need to help the client feel in control and empowered at all times. All of these are essential considerations if techniques are to be effectively applied in practice.

Over the years, these authors have been key proponents of a normalizing, de-stigmatizing and empowering therapeutic approach to psychosis. This book is true to these principles both in terms of the therapy advocated and in the empowering message provided to therapists. The slower pace and less clear structure of CBT for psychosis can easily leave therapists feeling confused and deskilled. With apparent awareness of this, the authors provide normalizing information on the obstacles likely to beset therapists, together with a host of practical suggestions – from the type of phrasing found helpful when engaging with people or explaining your role to the provision of information leaflets. Indeed, the chapter on negative symptoms that emphasizes reducing the pressure on clients to change serves the dual purpose of normalizing for therapist's the frustrations of tolerating slow change in clients.

The book makes an intriguing read as the two authors are psychiatrists and so present an interweaving of the psychiatric and psychological perspectives that are frequently seen pitted against each other. The result is perhaps a less thorough consideration of a psychological explanation of psychosis as other texts in this area, but a clear presentation of the biological, social, and psychological explanations for different diagnostic symptoms of schizophrenia. This interweaving becomes a little confusing in the general assessment and formulation chapters, as the predominantly psychiatric assessment outlined does not easily translate into a CBT formulation. The symptom specific chapters, however, make this much clearer.

Overall, the book reflects the authors' considerable experience disseminating this therapeutic approach for wider application in mental health settings. It is recommended for mental health professionals already familiar with CBT who are at ease with a predominantly medical model of mental health.

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