

Book Reviews

Overcoming Teenage Low Mood and Depression

Nicky Dummett and Chris Williams

London: Hodder Arnold, 2008. pp. 347. £19.99 (pb). ISBN: 978-0-340-9465-7.

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Overcoming Teenage Low Mood and Depression is a self-help book addressing low mood and mild to moderate depression in teenagers. It builds upon the Five Areas Assessment model of depression that has been successfully used for adults with anxiety or depression (e.g. in *Overcoming Depression and Low Mood*), but it modifies the principles to apply to young people. So, as before, the approach breaks down the young person's life into five areas: People and events; Altered thinking; Altered feelings; Altered physical symptoms; and Altered behaviour.

The book is organized into a series of chapters, described as workbooks – 15 for the young person and one for families and friends who may wish to offer support. Section one contains two workbooks. The first guides the young person to understand why they are feeling low and ends with a self-rating of the young person's functioning in each of the five areas, the Key Areas Self-assessment. Each subsequent workbook ends with a review of the progress in these five areas using the same self-rating approach. The next workbook aims to develop the motivation to challenge their low mood and provides practical advice on how to address some of the likely barriers a teenager might face when trying to engage with the course. The longest section, comprising 13 workbooks, deals with ways to make changes. The authors suggest it is possible to be selective about completing all the workbooks, but recommend that readers make use of their initial Key Areas Self-assessment to guide their selection of workbooks. However for those young people who may not be able to effectively direct their own treatment, they also make very helpful recommendations as to which workbook it makes sense to attempt first. Therefore it is possible for the reader to drop elements of the programme and tailor their reading to suit their needs, but still ensure they are tracking changes in their functioning. The book also links into two internet resources, written by Chris Williams, offering on-line support, with access to free material as well the option to purchase further information. The latter related to successful adult CBT self-help programmes for depression and anxiety.

I was pleased to see specific workbooks for features such as assertiveness, relationship building and substance misuse, which while not necessarily core depressive symptoms are likely to be important for facilitating and maintaining recovery, and could also have applications to young people with problems other than low mood. I also liked the final workbook, which provides guidelines for families. Not only does this workbook provide psychoeducation about the CBT model, but it also recognizes that supporting someone with low mood can be a tough task, and that carers should make time to look after themselves. Just as importantly, this section also discusses how communication operates within the family and how otherwise well-meaning conversations, requests or enquiries may be received as criticism or checking-up by a young person with low mood. This strikes me as a particularly helpful section, as I

expect that many teenage readers using this book as a self-help resource would benefit from significant support from involved and understanding families to keep them engaged and active with the programme.

Of course, *Overcoming Teenage Low Mood and Depression* does not have to be restricted to use as a self-help book. It also has potential as a very useful resource book for a busy clinician; moreover elements of the workbooks may be helpful when using CBT for adolescent anxiety and anger. As with all self-help materials, judicious use and careful introduction of the material to the teenager will be important – the cartoons and general style of the book will be hugely appealing to some, but possibly off-putting to others.

I imagine it may be especially appealing for trainees who frequently crave something structured and organized to work from in their initial sessions of CBT with a client group who can pose a challenge for keeping faith with emerging CBT skills.

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Social Anxiety Disorder

Martin M. Antony and Karen Rowa

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This is another well-presented, compact volume in the series “Advances in psychotherapy – evidenced-based practice”. At 90 pages, it is aimed as a structured and practical guide to assist therapists working in the field of social anxiety. The authors are well-respected authorities in the field of anxiety disorders, and the writing feels authoritative and user-friendly.

Chapter one concisely outlines the condition of social anxiety disorder (or social phobia) together with epidemiological characteristics, comorbidity data, differential diagnoses, and commonly administered measures and interview schedules. Chapter two describes two influential cognitive models of social anxiety, those of Clark and Wells (1995) and of Rapee and Heimberg (1997), noting the similarities and slight differences in these conceptualizations. Chapter three discusses some key variables to be assessed and which may indicate a particular direction of treatment. In addition it outlines possible pharmacological alternatives to treatment. Chapter four devotes 40 pages to treatment strategies, including use of psychoeducation, cognitive restructuring, analysis of core beliefs, exposure hierarchies, role plays, interoceptive exposure, social skills training, and relaxation strategies. Chapter five then describes two case vignettes, both centred upon an exposure hierarchy.

This book displays an excellent understanding of the troubles encountered by sufferers of social anxiety, and has a good account of two influential cognitive models. However, the treatment chapter presents rather as a composite list of available strategies, derived from traditional Beckian restructuring, traditional graded exposure, social skills training and relaxation approaches. Therefore, despite many valuable tips contained within, it perhaps lacks the coherence of a treatment approach derived from a comprehensive modern cognitive theory. Moreover, certain well-researched components of cognitive therapy for social anxiety are given cursory attention, or neglected altogether. Safety behaviours are rather underplayed, and it is not clear how certain classes of safety behaviour (for example, rehearsing what to say