

intended to be viewed periodically throughout the text and I found that this greatly enhanced the written material. Psychosis-related examples dominate the role plays, with less attention given to examples of other conditions. The video illustrations cover:

- (i) Working with psychotic symptoms including: engaging a client with paranoia, using normalizing techniques and psychoeducation with a voice hearer, tracing the origins of and examining the evidence for paranoia, working with a resistant delusion and examining the evidence, explaining and managing hallucinations, working with thought disorder and treating negative symptoms.
- (ii) Working with bipolar disorder including: engagement, reducing grandiosity, using an early warning system and promoting treatment adherence.
- (iii) Working with chronic depression including: engagement, developing an anti-suicide plan, a behavioural intervention for anhedonia and increasing self-esteem.

One of the key strengths of the DVD is that due to the inclusion of both UK and US authors, the reader is given a rare opportunity to observe diverse styles of CBT delivery from some of the leading experts in the field of psychosis, bipolar disorder and depression.

This book is an excellent practical guide to working cognitively with SMI. The scope of the book does not allow for the development of detailed descriptions of CBT techniques for one specific psychiatric condition. Indeed, many of the techniques described throughout the text will be familiar to experienced clinicians. However, it is an ideal introductory text to support assistant psychologists, trainee psychologists, early career cognitive therapists and other professionals working in the mental health field who work with people with SMI.

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CBT for Psychosis: A Symptom Based Approach

Edited by Roger Hagen, Douglas Tarkington, Turkic Berge and Rolf W. Grawe
 New York: Routledge, 2011. pp. 278, £19.99 (pb). ISBN: 978-0-415-54947-9.
 doi:10.1017/S1352465811000567

This book forms part of the International Society for the Psychological Treatments of Schizophrenias and Other Psychoses book series and aims to show how CBT approaches to psychosis (CBTp) offer “a shift away from a biological understanding and towards a psychological understanding of psychosis”. The book contains 17 chapters from international contributors divided into four sections: cognitive models of psychosis and their assessment, the practice of CBT for persons with psychotic symptoms, CBT and co-occurring problems, and CBT and bipolar disorders.

I did not feel the book achieved its aim of showing a shift towards a psychological understanding of psychosis. This may partly reflect the tensions inherent in an edited work, with individual authors taking different positions in relation to understandings of psychosis, reflected for instance in the language used to describe associated experiences (“auditory hallucinations” compared to “anomalous experiences”). However, I felt the book lacked a conceptually robust overview of a CBT psychological approach to psychosis. In addition, there were references within individual chapters to a lifelong course of schizophrenia and the inevitability of disability and distress that, for me, sat uncomfortably with epidemiological

findings and more recent research and theorizing in psychological approaches to psychosis. I would suggest readers looking for an overview of psychological understandings of psychosis might be better reading Richard Bentall's book *Madness Explained*.

However, in contrast, individual chapters were successful in summarizing a psychological symptom-based approach. In particular, Emmanuelle Peters provides a useful overview of assessment for psychotic experiences; Peter Kinderman concisely summarizes cognitive models of auditory hallucinations; Robert Dudley and Douglas Turkington provide a useful and succinct summary of the role of normalizing in CBTp; Andrew Gumley considers the role of emotion in recovery from psychosis and the contribution of an attachment perspective to a CBT approach; David Kavanagh and Kim Mueser clearly summarize treatment approaches to substance misuse in the context of psychosis; and Sara Tai's chapter on the psychology of bipolar disorders gives a useful overview. I particularly liked Hoas and colleagues' chapter on the role of the therapeutic alliance in CBTp. These authors emphasize the adaptations that need to be made to CBT when working with people experiencing psychosis and recognize the role of the therapist's attitudes, including being able to maintain hope of positive outcomes. In summary, this book is probably of most interest to those already familiar with the field. It would be a useful reference book, especially in relation to the chapters mentioned above.

Reference

Bentall, R. P. (2004). *Madness Explained: psychosis and human nature*. London: Penguin Books Ltd.

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Schizophrenia: Cognitive Theory, Research and Therapy

Aaron T. Beck, Neil A. Rector, Neal Stolar and Paul Grant

New York: The Guilford Press, 2009. pp. 418, £32.50 (hb). ISBN: 978-1-60623-018-3.

doi:10.1017/S1352465811000579

Cognitive therapy (CT) for schizophrenia has evolved greatly over the past 20 years, and I have read a number of very good texts on its theory and practice. However, to my mind, this book manages something that none has yet achieved: it provides an authoritative, measured, clear and up-to-date overview of a huge breadth of material, whilst giving sufficient depth to leave the reader satisfied that they know enough to inform good clinical practice.

The book falls into two roughly equal parts, with theoretical issues (Chapters 1–6) followed by clinical topics (Chapters 7–14). The first chapter gives an overview of the epidemiology, genetics, neurobiology, neurocognition, treatment and outcome of schizophrenia, before moving to an overview of CT for each of the main symptoms of the disorder. This chapter alone is highly recommended to any clinician who wants a state of the art introduction to these topics. Chapter 2 on “Biological Contributions” argues convincingly that cognitive therapists should understand some of the neurobiology of schizophrenia. The clear writing style helps the reader get to grips with some of the complexities of the neuroanatomy and neurochemistry of the disorder, something that I have often found rather less transparent in other sources.

Chapters 3–6 present the authors' cognitive models of delusions, auditory hallucinations, negative symptoms and formal thought disorder. Each chapter brings together the main