

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 Whilst reading this I wondered whether to many therapists this terminology can now appear outdated and unhelpful for our clients.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 balk 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

Isaac M. Marks, Kate Cavanagh and Lina Gega

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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.

The authors of this book are firm in their belief that the advent of CP should not alarm CBT practitioners; they argue that the aim of CP is not to replace therapists but rather to liberate them from the repetitive and routine aspects of therapy delivery, enabling them to concentrate on more useful, satisfying and demanding clinical activities. CP takes up considerably less time than a face-to-face therapist (about 75% less). Moreover, they present compelling evidence to support the proposition that CP is about a lot more than providing therapy more widely or on the cheap. There are also many positive benefits, such as enhancing the disclosure of sensitive problems, easy accessibility from any place at any time, massive reductions in waiting times, and patients being able to progress at their own pace. On the other hand, the authors do not regard CP as a panacea for psychological problems. They are well aware of its potential disadvantages, of which 20 are listed in the first chapter; perhaps the most crucial are some patients' fear of technology, the lack of non-verbal cues, and the inability of programmes to cater for all possible problems.

This book is the first to bring together the evidence on the potential value of new technologies in the delivery of therapies (mainly CBT). Nearly 200 studies are reviewed, of which many are randomized controlled trials (RCTs). The authors carefully describe the range of applications that they plan to cover, and this is explicit in the book title: the main focus is on self-help with computers as aids in delivering therapy for mental health problems. They do not cover the use of technology without self-help; thus telemedicine methods and virtual reality are largely excluded, because such methods typically are not self-help but therapist-controlled.

There are 11 chapters in total. The first sets the scene by outlining some of the justification for adopting computer-aided therapy, delineating the scope of the review, describing the main technologies used, outlining the range of psychological problems addressed by CP, the functions of CP, and listing the numerous advantages and disadvantages of this approach.

The bulk of the book consists of eight chapters containing reviews of the evidence in relation to CP, including RCTs, non-randomized trials, open and feasibility studies, and other evaluation designs. Each chapter covers particular problem areas: phobia and panic, OCD and PTSD, general anxiety and emotional problems, depression, eating problems, substance misuse, problems in childhood and adolescence, and a miscellaneous category (including pain, insomnia and sexual problems, amongst others). Each chapter begins with a useful summary in a box, and contains several other brief section summaries, also in boxes. Firm conclusions are drawn when the evidence justifies them, and areas requiring more work are noted. Tables list details of all the relevant studies, showing the first author, type of system, research design, participant details, and outcomes.

The review indicates that the evidence in favour of CP appears to be strongest for panic and phobia, OCD, depression and excessive drinking; in these areas, clinical outcomes are generally comparable to those obtained with FTF therapy. The evidence is promising, but more evaluation is required for sexual problems, PTSD, general anxiety, obesity, eating disorders, and several childhood disorders, amongst others. A frequent methodological problem noted by the authors is the lack of attention-placebo controls in many of these studies, limiting the clarity of conclusions that can be drawn.

The next chapter (Synthesis) brings the findings together, and raises numerous interesting issues for clinicians to consider, such as the amount and type of support required when offering CP, the problems for which it may be appropriate, screening issues, constraints, and attrition rates. The apparent incompatibility between the demonstrated efficacy of CP and the demonstrated importance of the therapeutic alliance is briefly discussed; this interesting

conundrum will require more detailed exploration. The short final chapter restates the book's most important conclusions.

The authors are to be commended for bringing together for the first time such an enormous and burgeoning literature; future reviewers of CP will be grateful to them for making the task more manageable by covering the field so comprehensively, thoroughly, and systematically. They have above all made it abundantly clear that CP is now beyond the "demonstration" phase of development, and that any new CP programmes should be evaluated using a range of the more rigorous methodologies.

Perhaps inevitably, in order to cover all the literature yet remain within reasonable limits, the authors have used a large number of abbreviations and have written in a very dense note-like style. This, and the length of some sentences, can make it very difficult to read; often sections need to be read several times before the meaning becomes clear. Some readers may also be irritated by the frequent use of "Americanisms", such as "program" and "waitlist". This applies particularly to the chapters covering the various problem areas. These chapters are probably best seen as a source to dip into to look up details of particular research areas, and are unlikely to be read line-by-line by anyone other than a reviewer or an active CP researcher.

Fortunately the first and the later chapters are much more reader-friendly; non-specialist readers will gain a broad understanding of CP, especially of its advantages and its enormous potential for the delivery of CBT services, from a close look at their contents.

This book should appeal to all mental health professionals, GPs and service managers, who are open to new ideas and are not constrained by the limited views of the "old order". CP is here, it is here to stay, and many patients will be all the better for it.

DAVE PECK
University of Edinburgh