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Book Reviews

Bipolar Disorder: A Cognitive Therapy Approach
C. Newman, R. L. Leahy, A. T. Beck, N. A. Reilly-Harrington & L. Gyulai
Washington, DC: American Psychological Association, 2002. pp. 260. £39.95 (hardback).
ISBN: 1-55798-789-0.
DOI: 10.1017/S1352465803211127

This book is a welcome addition to the small, but growing, literature concerning psychological approaches to the treatment of bipolar disorder. In spite being multi-authored the book manages to maintain a consistent style. There is throughout an appropriate emphasis on the importance of working collaboratively with the person with bipolar disorder and respecting the difficulties that such people can have in letting go of behaviours that others would regard as harmful. Their message is that the bipolar patient can learn to identify for themselves the rationale for making changes that exchange short-term ''highs'' for longer term stability of mood, given appropriate psychological support and treatment.

The book begins with a consideration of diagnostic and etiological factors. There is then a chapter on the application of cognitive behavioural techniques to bipolar disorder in general. This includes consideration of treatment adherence issues, schemas and life events. There then follow separate chapters concerning psychological approaches to mania and depression. For mania the role of identifying early warning signs, differentiating normal mood from hypomania and using thought challenge approaches to address unrealistic positive thoughts are presented. There are suggestions for reducing impulsivity through the use of behavioural and imagery based interventions and some useful ideas concerning combatting the concentration problems that many bipolar patients exhibit. For depression an appropriate level of emphasis is given to the very real risk of suicide and self harm in bipolar patients. This includes both assessment and intervention to minimize risk through contracts and cognitive challenge of ''suicidogenic beliefs''. Other standard CBT approaches for depression are identified including the use of pleasure and mastery records and enhancing social support.

A chapter on the role of the family highlights the role of expressed emotion in exacerbating bipolar disorder. It provides four case examples in which different levels of family involvement in therapy are described. The importance of psychoeducation and communication skills in family approaches are emphasized, along with a consideration of the costs and benefits associated with extending therapy beyond the individual client. Chapter 6 considers medication. This provides a good summary of the available medication including lithium, anti-convulsants, anti-depressants and anti-psychotics. For a UK audience the usefulness of this chapter would have been increased with a UK key to the US trade names used for each medication. This chapter also considers cognitive behavioural approaches to enhancing adherence and the importance of prescribing clinicians and psychological therapists having good lines of communication.

Longer term issues such as stigma and loss are reviewed. The authors provide some

suggestions for the benefits of a CBT approach in addressing aspects of self-stigmatization. They also acknowledge the importance of collaboration with the client to identify the best individual approach to working around practical difficulties associated with the diagnosis in terms of family, relationships and work. The information on the importance of self-help was useful, but for UK readers this would have been improved by having information on UK self-help groups (rather than only US ones).

The final chapter provides a detailed summary of a course of CBT provided to a client with bipolar disorder. This served to illustrate the challenges associated with the application of apparently straightforward therapy techniques to individuals who may have mixed feelings about the changes they may need to make to achieve better mental health.

This book would be a useful source of practical clinical information for both training and qualified clinical psychologists and cognitive-behaviour therapists.

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Essential Components of Cognitive-Behavior Therapy for Depression
Jaqueline B. Persons, Joan Davidson & Michael A. Tompkins
Washington, DC: American Psychological Association, 2001. pp. 256. £34.95 (hardback).
ISBN: 1-55798-697-5.
DOI: 10.1017/S1352465803221123

Clinical depression is so widespread it has been described as the common cold of psychiatry (Fennell, 1989). It has been estimated that the prevalence of current major depression in the population of the USA is 4.9%, and that the prevalence of lifetime major depression is 17.1% (Blazer et al., 1994). There is no shortage in the variety of treatments available. However, health providers are increasingly being expected to demonstrate that the treatments they offer are both clinically and cost effective (Hayes et al., 1999). In *Essential components of cognitive-behavior therapy for depression*, the authors argue that CBT is a clinically, and cost effective treatment for depression, but that there is surprisingly little written demonstrating how to implement its precise steps. They therefore offer this work as a hands-on training manual in how to use CBT to treat depression.

Persons et al. target their book at trainees and practising health professionals, and state that their primary aims are to: (a) present an evidence-based approach to clinical work; and (b) teach the basic clinical skills needed to deliver treatment. There is an accompanying set of videotapes, which can be purchased separately. The authors, however, state the book can be studied alone, and therefore an examination of the videotapes is not offered here. In this review, a brief overview of the work is provided, prior to an examination of the success with which the authors reach their target audience, make a contribution to the field of CBT, and achieve their stated primary aims.

The introduction gives an overview of the contents, and the rationale for the inclusion of each chapter. Chapter 1 presents the findings from randomized control trials (RCTs), that provide empirical backing for CBT, and then proceeds briefly to describe the cognitive theory, based primarily on the work of Beck (1976). In Chapter 2, Persons et al. propose a case formulation approach. Chapters 3 to 6 instruct how to implement four basic interventions, including: structuring the therapy session, activity scheduling, using a thought record,

and schema change techniques. Finally, in chapter 7 there is a case study, demonstrating therapy in action from case formulation stage through to case completion.

In terms of reaching the target audience, *Essential components* is concisely written and well structured, making it particularly accessible to the clinician learning to practise CBT. For example, most chapters begin with a list of bullet points: the theoretical and empirical underpinnings of each topic are proposed, followed by a step-by-step instruction of how to implement the techniques. Useful anecdotes, illustrating the application of techniques, are included throughout and at the end of each chapter; practice exercises are also included, which are valuable both to the beginner and also to the experienced practitioner, when supervising trainees.

The skills training offered by Persons et al. is based on the cognitive theory of Beck (1976), and much is taken from *Cognitive therapy of depression* (Beck et al., 1979). Given the work is entitled *Essential components*, it is noticeable that rather little attention has been given to the assessment and prevention of suicide in depressed patients, in comparison to the two chapters that have been dedicated in *Cognitive therapy of depression*. Beck et al. (1979) also provide instructions on building therapeutic relationships with patients, group cognitive therapy, and the role of antidepressant medications, all of which are missing from *Essential components*. This serves to illustrate that Persons et al. have by no means made Beck et al.'s (1979) earlier work redundant.

Developments on Beck et al.'s (1979) work are found in a case formulation approach, adopted from earlier work by Persons (1989) and a shift of focus away from the modification of depressogenic assumptions, to the identification and modification of core beliefs. These components will be examined later in more detail.

Persons et al. aim to present an evidence-based approach to clinical work, and by drawing on the findings of RCTs, they form a convincing argument that CBT has both clinical and cost efficacy in the treatment of depression. Less convincing is their assertion that the individual clinical skills are evidence-based. Kopta et al. (1999) reported that attempts to isolate the specific ingredients of therapies that provide therapeutic benefits have so far proved fruitless. This statement is reflected in the fact that structuring the session, activity scheduling and using a thought record are only indirectly supported by the research offered. Furthermore, neither the schema-change technique nor the approach to case-formulation has empirical support. This latter point will be examined in some more detail.

Jacobson et al. (1996) conducted a dismantling study, and found that neither schema-change techniques, nor cognitive techniques, when added to simple behavioural activation, brought any additional therapeutic benefit to depressed patients. James (2001) also highlighted the lack of empirical evidence supporting schema-focused interventions, in Axis I disorders, and gave anecdotal evidence that focusing on underlying schema can actually be harmful to clients. He warned that therapists are increasingly challenging patients' underlying schemas without first assessing the ramifications resulting from the schema being exposed, challenged, or weakened. That Persons et al. do not advise greater caution, when exercising schema-change techniques, again illustrates the lack of attention *Essential components* pays to the risks involved, when treating depressed patients.

The case-formulation approach (Persons, 1989) presented in *Essential components* uses Beck's (1976) cognitive theory as a template, and hypothesizes that underlying maladaptive beliefs produce, and maintain, the patient's overt difficulties. The authors advocate formulation-driven treatment, on the basis that it is empirical, involves hypothesis testing, and treats

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each single case as an experiment. However, Bruch (1998) stated that there is an absence of clinical-experimentation in Persons' approach to (1989) case-formulation. Hayes et al. (1999) and James (2001) pointed out that underlying-beliefs, or schema, are not directly measurable or observable, thus posing obvious difficulties to the practice of scientifically testing schema-hypotheses. Additionally, no research is offered to provide any evidence base to Persons' (1989) case-formulation approach.

The basic skills in *Essential components* are concisely taught, and brought to life by anecdotes and practice exercises. In addition, the case study in the final chapter serves as a useful illustration of how the basic skills are implemented. Usefully, the authors point out the possible hurdles that the client and therapist may have to overcome during therapy. However, their solutions to these problems can often involve a recommendation to revisit the schema-based case-formulation, or to devise a mini-formulation. Bruch (1998) described the conceptualization of underlying mechanisms, in order to explain and predict overt difficulties, as ''rather narrow'' (1998, p.13). In contrast, he asserted that a good case-formulation is rarely reliant on beliefs alone, and tends to be much more complex. This said, the methods advocated by Persons et al. are well explained, and they succeed in providing grounding in the basic clinical skills.

In summary, Persons et al.'s book is a useful introduction to the theory and practice of CBT, and also of value to the experienced practitioner, when supervising trainees. The authors present findings of RCTs to provide a convincing argument that CBT has both clinical and cost efficacy, in the treatment of depression. However, there is less empirical basis for the individual techniques they teach. The clinical skills are well explained and supported by the anecdotes provided throughout. However, there is an excessive focus on underlying mechanisms as a means of explaining difficulties and overcoming problems. Furthermore, the lack of caution advised when implementing schema-change techniques, and the lack of attention to the detection and prevention of suicide, are shortcomings of the book.

Essential components of cognitive-behavior therapy for depression complements the work of Beck et al. (1979), but does not by any means make it redundant. For the trainee, and practitioner of CBT, *Cognitive therapy of depression* (Beck et al., 1979) remains essential reading.

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Overcoming Mood Swings
Jan Scott
London: Constable Robinson, 2001. pp. 258. £7.99 (paperback). ISBN: 1-84119-017-9.
DOI: 10.1017/S135246580323112X

Overcoming mood swings is the latest member of the Overcoming series of self-help books. Like the others, its goal is to enable the reader to apply cognitive and behaviour therapy (CBT) techniques to a specific psychological disorder. In this case the focus is severe or disruptive mood swings, especially those resulting from bipolar disorder (Scott, 2001).

The importance of this book cannot be overstated, and not just because the results of a literature search suggest this is the very first CBT self-help book for bipolar disorder. When the Manic Depression Fellowship surveyed its 1490 members, 77% of respondents identified self-management techniques as the area of training they most wanted (Hill, Hardy, & Shepherd, 1996). In addressing this identified need, this book contains numerous self-management techniques. These include:

1. Identifying the common thinking errors.
2. Modifying the hidden rules that influence mood and behaviour.
3. Stabilizing mood by identifying and stabilizing social rhythms.
4. Self-monitoring and self-regulation.
5. Activity scheduling to control mood.
6. Relaxation and stress management techniques.
7. Problem solving and decision making techniques.
8. Challenging negative automatic thoughts.
9. Managing self-harm ideas.
10. Managing impulsivity.
11. Building self-esteem.
12. Assertiveness.
13. Goal setting.
14. Relapse prevention.

Appearing well structured, the 12 chapters are divided amongst four sections. Each section begins by clearly stating the aims of that section, and ends with a concise summary of the main points covered.

By embracing the interactive nature of this book (trying out the various exercises and techniques described), the book's ability to facilitate effective self-management of mood swings was explored. This was approached from the position of a cognitive behaviour therapist in training with a preference for some personal experience of a book's contents prior to making any book recommendation to service users. Some interest was also generated from being a survivor of affect related mental health problems. The main premise of the book is that the severity, frequency and impaired quality of life resulting from mood swings, especially those occurring due to bipolar disorder, can be reduced using cognitive behaviour therapy techniques.

Kindling

The book begins by cleverly illustrating the way thoughts influence mood, and subsequently behaviour, by describing imaginary scenarios and then encouraging the reader to write what they would think, feel and do if in these situations. Following this, the different forms of mood disorder are defined. Although this is very informative, the apparent encouragement to self-diagnose initially seemed less appealing. However, when relevant literature was explored, a good reason for taking this stance became increasingly apparent. Scott identifies the stress-vulnerability model from others as being the most credible explanation for bipolar disorder. With this, certain people are considered to have more likelihood of developing the disorder, but that the actual occurrence of the disorder results from the experience of physical, emotional or environmental stress (Scott, 2001). Gershon (1995) identifies there to be much support for this idea of an inherent predisposition towards bipolar disorder, especially one that is genetic in nature, but that this remains unproven. In longitudinal studies, stress has indeed been found to generate some of the initial occurrences of bipolar disorder, but stress has not always been apparent prior to subsequent episodes (Goodwin, Redfield-Jamison, & Goodwin, 1990).

The role of assisting the reader to accurately identify if they have such a mood disorder, alongside the subsequent provision of means to take therapeutic action, has become clear. Scott appears to be delivering to the reader the potential both to reduce the occurrence of extreme moods, and to increase the efficacy of any concurrent medical interventions.

Social rhythms

In part 2 of the book, Scott details a specific methodology for preventing the occurrence of episodes of damagingly intense levels of mood. This involves self-monitoring, activity scheduling, and self-regulation. Scott (2001) claims that reducing variation in daily routine results in less unpredictability of mood and behaviour. Specific research outcomes are not cited. Certainly Frank et al. (1997), who developed social rhythm therapy, feel that stabilizing social routines may guard against episodes of clinically significant mood levels. Importantly, events that disrupt daily routines, especially sleep pattern, are identified by Scott as having been implicated by research as the triggers for episodes of elation. This appears supported by the sleep deprivation experiments of Gessa, Pani, Serra and Fratta (1995). Rats were deprived of sleep and caused stress for 72 hours; when eventually allowed to sleep, the rats exhibited insomnia, hyperactivity, irritability and increased sexual behaviours, mimicking

mania. With humans who had bipolar disorder they found just partial disturbance of a single night's sleep could trigger an episode of elation. It seems that research supports the methods to stabilize social routines provided by this book to reduce the severity and frequency of episodes of elation, but what of the other end of the emotional spectrum?

Depression

Scott details well-established cognitive techniques for use on the problem of depression. Scott appears to increase the accessibility of the six thinking errors of depression identified by Beck, Rush, Shaw and Emery (1979), explaining them clearly with examples, and renaming some in what is perhaps a user-friendlier manner. For example, ''selective abstraction'' (Beck et al., 1979, p. 14) becomes ''mind reading'' (Scott, 2001, p. 49). Activity scheduling and problem solving techniques, as well as techniques for dealing with negative automatic thoughts, are all well described. Given that CBT techniques have been proved as effective a treatment for depression as antidepressant medication (Sheldon, 1995), this book contains the means to resolve depression, but unlike some pharmacological alternatives, without increasing the risk of elation.

Core belief focused CBT

With reference to Padesky and Greenberger (1995), the reader is encouraged to identify their core beliefs. This is somewhat concerning, not simply as this comes seven chapters in advance of being instructed in how to build alternate beliefs should the core belief be dysfunctional. Padesky and Greenberger (1995) state that changing core beliefs may reduce distress. However, the focus upon core beliefs within the application of CBT is identified by James (2001) as a trend within contemporary CBT practice that has no empirical evidence to support it, and has the potential to damage patients. Given that Scott acknowledges the current evidence supporting the use of CBT in bipolar disorder is at present limited, going further and using core-belief focused CBT appears somewhat questionable. Having said that, however, discovering personal core beliefs as a result of using these exercises proved very useful in gaining an understanding of how specific situations had caused mood swings through core belief activation.

In conclusion, within this book, Scott appears to have provided the means to effect improvements in the quality of life for those who experience problematic mood swings. The explanation of mood swings and affective disorders as seen from the cognitive behavioural model (and others) greatly facilitates understanding. The provision of extensive information and practical techniques brings a refreshing pragmatism to the effective self-management of depression, elation and other problematic emotions. Although the research underpinning the techniques detailed is not made explicit, further investigation reveals empirical evidence for the vast majority of these techniques. Reading this book can provide a new and clear understanding for the cause of mood swings, as well as a greater understanding of when and how to intervene to effectively minimize the consequences of them. This has certainly been the case from a personal perspective. Scott has written a unique, philanthropic and empowering book that I would recommend to anyone with bipolar disorder who is currently euthymic, as well as to anyone wishing to address problematic mood swings.

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A Casebook of Cognitive Therapy for Psychosis

Anthony P. Morrison (Ed.)
Hove, UK: Brunner-Routledge, 2002. pp. 308. £35.00 (hardback). ISBN: 1-58391-205-3.
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Anthony Morrison's contribution to the theory and practice of cognitive therapy of psychosis has been to propose that psychotic symptoms may be triggered and maintained by the same processes as those involved in the anxiety disorders, and therefore treated through similar methods. The works of David M. Clark, Paul Salkovskis and Adrian Wells have been particularly influential to his ideas. In the most recent reworking of his theory, he has proposed that the key element distinguishing anxiety disorders from psychosis is the ''cultural unacceptability'' of the symptoms in psychosis. In this volume, as editor, he has brought together a wide range of perspectives in the form of case studies that exemplify the process of cognitive therapy for psychosis. The book provides many individualized, personal and articulate accounts of the onset, maintenance and often effective treatment of each

client's psychotic symptoms. As such, this work characterizes the opposite approach to the traditional medical view of psychosis as a monolithic, ''ununderstandable'', and biologically determined disease.

The book aims to illustrate the practice of cognitive therapy for psychopsis in a clinician-friendly manner. The client groups covered include individuals with schizophrenia, delusional disorder and bipolar disorder, plus patients with a dual diagnosis and interventions for those at high risk of psychosis. Each chapter introduces a particular theory, and explains how this translates into the practice of therapy. The chapters provide a history, assessment, formulation and methods of treatment for each case. They each have a different emphasis in theory, technique or client group, leading them to complement one another.

Aaron T. Beck begins the book with his case study of a patient with a persecutory delusion. Interestingly, some of the terminology of this early account shows Beck's origins within the psychodynamic tradition. He supplements this account with an updated view in the next chapter of how he would have treated the patient today using cognitive techniques. Julia Renton describes a case of paranoia, within which she produces many useful examples of clinical tools, such as thought records and pie charts. Hazel Dunn focuses on engagement and on the relationship between appraisals of responsibility, obsessive-compulsive symptoms and psychosis. Alison Brabban and Douglas Turkington focus on how the function of delusions may be explained when considering the patients' experiences and their co-existing schemas. Nicholas Tarrier explains in depth how his coping strategy and self-regulatory approach is used in practice. Max Birchwood and colleagues highlight the themes of subordination in the experience of voices and delusions, leading to links with schema-based theories and family processes. Anthony Morrison demonstrates how his theoretical approach is used in practice, along with useful quotes from therapy and graphs of change. Following on from this, Steven Williams provides an archetypal example of Morrison's theoretical contributions—how David M. Clark's cognitive model of panic disorder can be directly applied to a case of psychosis. Daniel Freeman and Philippa Garety provide an example of how their multi-factorial approach to psychosis, involving reasoning biases, theory of mind, external attributions, and the processes involved in anxiety and depression can inform a case conceptualization. Peter Kinderman and Andy Benn focus on the process of attribution as the key element of their cognitive therapy. The last four chapters describe further relatively recent innovations. Paul French, Anthony Morrison and colleagues describe a model of how to help prevent the first onset of psychosis in high-risk individuals. Jan Scott describes cognitive therapy for bipolar disorder. Haddock and colleagues describe cognitive therapy for patients with co-existing psychosis and substance abuse problems and finally, Fiona Randall and colleagues describe their approaches to medication adherence.

Readers of this book may well be familiar with some of the content from earlier journal papers, books and treatment manuals, but I know of no books that have collected so many diverse yet complementary perspectives in one volume. The case studies vary widely in the extent to which they utilize objective measures and follow-up clients for appropriate periods. All chapters are of good quality, but I was particularly impressed by two of them. Brabban and Turkington's description of the link between life events, schemas and psychosis is particularly clear and succinct. Further, Freeman and Garety explain very persuasively how their strongly evidence-based theory can be applied to a case conceptualization. Although the chapters vary in their theoretical perspective and their content, they appear to overlap in three key areas: the techniques used for assessment and treatment, the clinical phenomena

identified as important in the formulation, and the basic heuristics that guide their models.

In terms of techniques, all of the accounts critically emphasize the importance of therapeutic engagement and the gradual development of a collaborative understanding that leads to normalization. The basic tools such as goal lists, thought records, activity schedules, behavioural experiments and relapse prevention techniques are common to most of the accounts. In terms of clinical phenomena, several that predate psychosis, such as social anxiety, sleep deprivation and social isolation appear many times throughout the book, possibly highlighting their aetiological importance. With regards to useful heuristics, nearly all the authors utilize the ''stress-vulnerability'' model to help patients understand that their vulnerability to psychosis does not preclude interventions to reduce the stress that may trigger an episode. A second simple heuristic that appears many times in the book is the ''vicious cycle'' model. It is proposed that the symptoms of psychosis lead to appraisals that in turn trigger cognitive, behavioural and emotional systems (e.g. fear), which in turn exacerbate the psychotic symptoms by their effect on increasing levels of arousal.

Unfortunately, with the exception of Morrison himself, most authors appear to sidestep the conclusion that once one accepts the vicious cycle model of psychosis, one must also logically accept the view that the experience of the biological symptoms of psychosis could be explained by the mediating effects of appraisal, just as is the accepted case in the vicious-cycle model of panic disorder. This approach would not deny the biological reality of the symptoms of psychosis any more than it would deny the reality of the activation of a biologically based fear system during a panic attack. Time will tell whether psychosis will ever be as treatable by cognitive techniques as panic disorder.

In summary, *A casebook of cognitive therapy for psychosis* is a unique volume that champions good clinical work, theory building and cognitive treatment. Although each chapter is well structured and cohesive, it would have been useful to see a final integrating chapter that drew out the key strands of theory and practice from the multiple perspectives presented. This notwithstanding, the book would be extremely useful for any mental health professional from a wide range of backgrounds who confronts the symptoms of psychosis in their work. Furthermore, the book acts as a collection of personal histories, insights and theories that may springboard future research and therapeutic innovation.

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