

Book Reviews

Cognitive-Behaviour Therapy for Severe Mental Illness: An Illustrated Guide

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New York: American Psychiatric Publishing, 2008. pp. 374, £46.00 (pb). ISBN: 978-1-58562-321-1.

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Focusing on three major mental illnesses in particular: schizophrenia and the related psychoses, bipolar disorder and chronic depression, this book provides an ideal introduction to the area of cognitive behaviour therapy (CBT) for serious mental illness (SMI). The book is particularly relevant given the recent outpour of randomized controlled trials comparing CBT with other forms of therapy, which show a strong empirical basis supporting and indeed recommending the use of CBT for even the most serious forms of mental illness.

This book consists of 13 easy to read, clinician-friendly chapters, with a useful appendices section and an accompanying DVD guide. The introductory chapter provides a rationale and overview of CBT with clients with SMI, with the authors recommending using a broad cognitive-behavioural-biological-sociocultural model when formulating and planning treatment. The next three chapters describe core cognitive aspects of CBT that can be used with any serious psychiatric condition. There is a chapter dedicated to engagement and assessment, including factors influencing the therapeutic relationship and guidelines for effective engagement; the role of normalizing and psychoeducation; and a chapter dedicated to case formulation and treatment planning. The remaining chapters demonstrate how the core CBT techniques can be applied to specific psychiatric symptoms. These chapters cover working with delusions, hallucinations, depression, mania, interpersonal problems, impaired cognitive functioning (primarily thought disorder) and negative symptoms. The final two chapters focus on promoting adherence to CBT and maintaining treatment gains, with an emphasis on relapse prevention. Most chapters contain a list of learning exercises in which clinicians are encouraged to reflect on their own clients, including any problems encountered and how these problems might be overcome using the techniques described in the text. Furthermore, each chapter concludes with a summary of key points for clinicians to consider and a summary of key CBT concepts and skills. This latter section in particular is concise and well presented and would lend itself to providing an excellent basis for discussing the core CBT principles with clients.

Careful consideration has been given to the appendix section, which contains practical client handouts (including a voice hearing pamphlet: 60 coping strategies for hallucinations), worksheets (e.g. thought change record) and CBT resources highlighting relevant published material for patients and families, in addition to the usual recommended reading list.

What really sets this book apart, however, is the inclusion of a supporting DVD guide that contains video illustrations of some examples of the CBT techniques described throughout the text. A series of role plays bring the book to life, with the authors demonstrating some of the more complex CBT techniques that the book addresses. The video illustrations are

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

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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