

The evidence given for the effectiveness of the programme is less convincing. Greig and MacKay present some case studies and partial data from a study of 30 young people, involving two bar charts with no numerical labels and no statistical data to support them. Limited evidence for effectiveness should not be a barrier to making these high-quality, innovative resources available to practitioners, but the lack of hard data may deter those working in settings that require robust evidence-based practice. Evidence-based practice has a range of definitions, but randomization trials and replication of outcomes are important features (Weisz and Kazdin, 2010). In the absence of such data, perhaps Greig and MacKay could have framed the book as an opportunity to make the Homunculi resources widely available and explicitly invited practitioners to use the resources to extend the empirical evidence base.

In conclusion, I would recommend this book to those who work with young people, particularly those on the autistic spectrum. It is a fun, innovative approach to helping building social and emotional well-being, with a strong CBT focus and clear theoretical basis. I look forward to using it with individuals as a pilot, but would hesitate to introduce it more extensively in a clinical setting until a stronger evidence base has been developed.

Reference

Weisz, J. R. and Kazdin, A. E. (2010). Introduction: context, background and goals. In J. R. Weisz and A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents* (2nd ed.) (pp.3–10). New York: The Guilford Press.

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CBT for Schizophrenia: evidence-based interventions and future directions

Craig Steel (Ed.)

Chichester, West Sussex: Wiley-Blackwell, 2013. pp.288, £32.99 (pb). ISBN:

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This book gives an overview of some of the current cognitive behavioural treatment protocols used for people diagnosed with schizophrenia and other psychotic disorders. It is based on the premise that, although research on psychological processes responsible for the development and maintenance of psychotic symptoms in the early 1990s gave rise to the development of cognitive behavioural interventions for psychosis, these treatments were originally generic (still in line with the traditional psychiatric model of schizophrenia) in the sense that they aimed at the stable, medication-resistant group as a whole, not focusing on any specific symptoms or clinical presentations. The multifaceted nature of the disorder was therefore somewhat downplayed. More recent treatment protocols, covered in this book, target more specific clinical presentations, such as distress and harmful compliance with command hallucinations, PTSD in the context of schizophrenia, and insomnia, to name but a few, with the hope of ameliorating paranoid delusions. All over, this book is very practical and to be

recommended to therapists that want to get an insight into how problems associated with psychotic experiences can be effectively treated psychologically. The chapters are mostly structured in the same way, first explaining the theoretical and empirical rationale for each treatment, followed by a description of the treatment protocol. The chapters then end with a clinical case example.

A reservation is needed here though. The title of the book indicates that it is an overview of evidence-based treatments and, although there is good evidence for the utility of some interventions, it is perhaps somewhat bold to call all of the protocols in this book evidence-based. A minority of them are supported by pilot studies or small sample RCTs and further evidence is still being gathered. Still, the results from the studies made so far are generally quite promising, although the standards set for the evidence required for treatments of mood and anxiety disorders to be considered empirically supported are not always met.

One final observation is that although the book certainly is for the most part about CBT for problems associated with psychosis (in line with the title of the book), one chapter is about Acceptance and Commitment Therapy (ACT) for acute treatment of hospitalized patients with psychosis. It can easily be (and should be) argued that ACT is not CBT. The proponents of ACT even make an effort to differentiate ACT from “traditional” CBT. Instead of striving for belief change, which is the core of CBT, ACT aims to teach patients to accept symptoms and make little, if any, attempt to reduce them. ACT simply seems to reject the core tenet of cognitive therapy that belief change is at the heart of recovery. The chapter therefore does not belong in any book specifically about CBT, although it could be appropriately included in a book more generally about psychological therapies or talking therapies.

Apart from these reservations, this is an accessible book, easy to read, mostly very descriptive of the treatments covered, and generally a good overview of treatments likely to be of help to people suffering from psychosis.

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Tackling Health Anxiety: A CBT Handbook

Helen Tyrer

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Health anxiety (previously referred to as hypochondriasis) is characterized by an excessive preoccupation about having a serious illness, or a significant fear of developing a serious illness, which persists despite medical reassurance.

Medical practitioners that treat physical health conditions are often untrained in addressing the anxiety that may accompany physical problems. Further, there appears to be a shortage of publications that assist the individuals providing physical treatment to understand health anxiety. This book seeks to fill that vacuum. *Tackling Health Anxiety* is written with the aim of assisting front-line medical professionals to recognize and treat patients with health anxiety.