

therapists; hence its recommended use in low intensity Improving Access to Psychological Therapies services (IAPT).

As with previous editions, it is divided into highly structured workbooks complete with psycho-education and interspersed with diagrams, cartoons and tables. The workbooks have been reorganized in this latest edition to link directly into Williams' five areas approach and readers are encouraged to use his two websites as an additional tool. Among the additions are examples of case studies, followed by a diagram of how these vignettes fit onto the five areas model (people and events around me, altered thinking, altered physical symptoms, altered behaviour/activity levels, and altered feelings and emotions).

In Part One, "Understanding why you feel as you do", the book gently directs the reader to be mindful about how long they should take over each work book and how to decide which ones to work through. In Part Two Williams turns the reader into a thought detective and then a scientist. People are asked to put their thoughts and behaviours under the microscope in the next 14 chapters, from practical problem-solving to overcoming anxiety and avoidance and how to change unhelpful thinking. People are encouraged to complete notes between therapy sessions.

Cosmetically it is much smaller and discrete compared to the original textbook format. However, for those who do not have the second edition, it is a substantial revision of its first incarnation. Some may find it unhelpful that the original index was dispensed with, but arguably the workbooks are small enough for this not to be too much of a problem. People are likely to find the jargon-free and easily readable style very accessible.

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Break Free from OCD: Overcoming Obsessive Compulsive Disorder using CBT

Fiona Challacombe, Paul. M. Salkovskis and Victoria Bream Oldfield London: Vermilion, 2011. pp. 304, £10.99 (pb). ISBN: 978-0-09193-969-4.
doi:10.1017/S1352465811000749

This practical guide enables people to make sense of their symptoms and gives a clear plan to help conquer OCD. The book spends a significant amount of time discussing the cognitive aspect of CBT, and helping the reader to understand the mechanisms that drive obsessive thinking. By doing this, the behavioural exercises make all the more sense, and for me this made it one of the best OCD self-help guides focusing on CBT that I have read for many years.

Throughout the book the authors write in a gentle, kind, supportive and, most importantly, a positive manner, which like any good therapist helps us relax and feel at ease with the authors and what they write. It is written in such an easy to understand style that is neither too simplistic nor too scientific, which means that this book will be helpful for anyone affected by OCD, from late teens through to older people. I would also recommend the book for all therapists involved in treating people with OCD.

Perhaps one criticism is that the book does not really offer any extended advice for people with very severe and entrenched OCD. When OCD is so severe it is hard to see the wood

for the trees, the power of the OCD can feel all consuming, and taking that first step seems impossible. In such circumstances self-help materials like this book will perhaps not be enough to break the shackles of OCD and professional help and guidance will be needed. However, it also contains lots of useful and practical information to help people access professional support, both through the NHS and privately.

Throughout the book four case studies are used to illustrate the theories being discussed, including checking, contamination, rumination (pure obsessions) and religious blasphemous OCD (scrupulosity). Each case study demonstrates that the cognitive principles in challenging OCD thought processes are primarily the same, regardless of the form of OCD, so this book really is suitable for people with any form of OCD. This also illustrates the importance of the cognitive aspect of treating OCD, which can too often be overlooked.

The book does not just confine itself to those four categories of OCD, it also discusses those who think they may have compulsions but no obsessions, and, vice-versa, those with obsessions but not compulsions. It also offers informative information for family, friends and carers including practical advice to help you approach the subject of OCD with a sufferer that will not accept they have OCD.

The book also contains helpful worksheets that are designed to get you thinking more closely about how OCD impacts on your life, and from my own experience this is actually a fantastic thought provoking exercise to get you understanding your own OCD in ways you had not previously realized. It can be an emotional exercise, but incredibly valuable. Similarly, the goal setting exercise to set short term, medium term and long term goals is a positive exercise and allows you to guide yourself during the therapeutic process.

To summarize, I would highly recommend this book to anyone showing mild symptoms through to those struggling and suffering with Obsessive-Compulsive Disorder, including family members. This book allows you to make sense of your OCD and understand how obsessional worries that keep us locked in a life of OCD can be changed, allowing us to break free from OCD.

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