Book Reviews

Body Dysmorphic Disorder: A Treatment Manual

David Veale and Fugen Neziroglu

Chichester: Wiley-Blackwell, 2010. pp. 476, £41.99 (pb). ISBN: 978-0-470-85121-0.

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The treatment of sufferers of body dysmorphic disorder (BDD) offers unique challenges. There is still a vast amount we need to research and study in order to better understand the intricacies of this very disabling disorder. The authors of this book have used their expert knowledge to give clinicians an excellent resource to use for better recognizing BDD and using evidenced-based cognitive behavioural therapy (CBT).

This book is aimed at clinicians rather than a resource to recommend to patients, and as such is comprehensive and contemporary. It is quite technical and heavy-going in parts; the structure of the book, however, lends itself easily to quick referencing when needed. There are two parts: part A focuses on diagnosis and evidence-based treatment models, while part B covers more in-depth assessment and treatment approaches. Appendix 1 provides a useful resource of diagnostic interview and assessment scales. This includes the Body Image Questionnaire, which is a highly specific patient-rated scale that is free to download from a given website. Appendix 2 offers an information leaflet to give to patients, informing them briefly about what BDD is and providing information about CBT and medication. There are also handy forms to use in CBT sessions.

The in-depth discussion of the assessment process covers all aspects including the use of standardized measures and the ever looming subject of cosmetic surgery, towards which patients with BDD often veer. For any CBT practitioner working with patients with BDD, the most important aspect is engagement. The chapter on engagement is punctuated with useful anecdotes and metaphors to provide food for thought when dealing with difficulties in this vital stage of treatment.

The emerging use of imagery in CBT for BDD is touched upon under assessment and a full chapter is devoted to the use of imagery rescripting in treatment. This is an innovative use of the CBT intervention used primarily in the treatment of post traumatic stress disorder. Although it is an under-researched area, there are studies showing a correlation between traumatic or aversive early experiences and the development of BDD. With the large numbers of BDD sufferers that present with adverse early experiences, it is a useful tool to aid in the standard CBT treatment of BDD.

As a CBT practitioner working with BDD patients, it is gratifying to find a book that also identifies other useful techniques such as task concentration training and attentional refocusing, which are useful aids in therapy. These are in addition to the detailed description of the cognitive behavioural model and specific cognitive techniques and behavioural aspects. Graded exposure to deal with avoidance and safety seeking behaviours is explained in a clear and concise manner, with specific practice points to bear in mind when discussing with patients. It gives a good summary in point form of how to deal with safety seeking behaviours, such as mirror checking.

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In addition, other conditions that can co-exist with BDD are touched upon, such as depression, which is often seen in sufferers of BDD. Indeed, one chapter describes using behavioural activation and specific cognitive strategies adapted to the BDD point of reference. Furthermore, there is a useful chapter describing psychogenic excoriation (a skin-picking disorder) which can be seen in sufferers of BDD but also manifests as a separate condition. Useful CBT techniques for treating this disorder, such as habit reversal, are also highlighted, some in point form, which can be useful if clinicians want to develop a template of strategies for treating patients with this particular condition.

Overall my impression of this book is that it is a very useful resource to add to any clinician's catalogue of materials to use when treating patients with BDD.

ANUSHA GOVENDER Trustwide OCD/BDD Service South West London and St George's Mental Health NHS Trust

Post Traumatic Stress Disorder: Cognitive Therapy for Children and Young People

Patrick Smith, Sean Perrin, William Yule and David M. Clark

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This excellent guide to treating children with post traumatic stress disorder (PTSD) incorporates the principles of CBT within its content, style and structure. For example, it is evidence-based; the book has been developed from the therapist's manual used in a recent trial, which demonstrated good treatment outcomes. This basis for the book also means that the theory-practice links are solid and the text has practical applications in mind, with plenty of suggested questions, clear instructions for applying techniques, and a section on "real-world hurdles". The structure allows for flexibility in the application of the model rather than reading as a prescriptive manual, making it more usable with a clinic population.

The theoretical basis of the book lies firmly with the Ehlers and Clark (2000) cognitive model of PTSD, and clinicians familiar with this model will see little difference between the terminology and techniques described by Ehlers and Clark for adults with PTSD and those explained in this book. However, Smith and colleagues use the benefit of their clinical experience to describe in detail how the model can be adapted and put into practice with children and young people. For example, there are useful sections on working with parents and families of children with PTSD, especially where parents may also have mental health issues, and tips for adapting treatment techniques to use with children of various ages, which give this book such high clinical value.

The structure of the book is easy to follow and in keeping with its practical focus, with sections on assessment and diagnosis, formulation and treatment. Later chapters focus on adapting the treatment for younger children and for adolescents with case examples to demonstrate how to put the model into practice, and a trouble-shooting section designed to pre-empt common problems encountered in practice. Measures and example handouts are included in the appendices.

This book would be extremely useful to clinicians treating PTSD as part of their clinical practice. In particular, therapists with some experience of using CBT with children and young people but little specialist training or experience with PTSD will find this book invaluable,