

The first couple of chapters of this book give useful background to brief CBT: a definition, review of the scientific foundations, and attempt to address specific assessment issues. The bulk of the chapters then concentrate on treatment of specific disorders using brief CBT. Chapters cover treatment of depression, panic disorder with agoraphobia, anger, generalized anxiety disorder, social phobia, and substance abuse. These chapters are thoughtfully laid out and very useful as a reference point for therapists wanting to carry out brief CBT with a client suffering from any of these problems. The chapters provide brief background and summary of the model, and go on to suggest formulations and treatment approaches in detail. There are also chapters focusing on brief CBT with couples, and with children and adolescents, the less well-known acceptance and commitment therapy (ACT) approaches, and more general chapters on evaluation strain and therapist burn out.

Contributions come from several different authors, giving expert perspectives on each subject, including some from such respected veterans as Albert Ellis and Adrian Wells. The chapters form a cohesive whole, with a shared clarity and sense of focus. One criticism might be that it is a shame that there are not a few more chapters, encompassing treatment ideas for OCD, low self-esteem and other phobias.

This book is very useful to have at hand when planning treatment or looking for background knowledge of the brief CBT approach. Its title of 'handbook' perhaps implies that it is more comprehensive than it is, and hopefully future editions will include more disorders. Still, it is a very useful reference book for any therapist working within the brief CBT framework, and for students of the approach. It is readable enough to be read straight through, as well as to dip into.

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Cognitive Therapy Across the Lifespan: Evidence and Practice

Mark A. Reinecke and David A. Clark (Eds.)

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The book is composed of 20 chapters plus what seems to be the obligatory "stamp of approval" for a cognitive therapy (CT) text – a foreword by Aaron T. Beck. The majority of the chapters are dedicated to adult psychopathology and feature the "usual suspects" found in books of the same ilk: depression, panic, social phobia, obsessive compulsive disorder (one chapter covering theory and another covering treatment), generalized anxiety disorder, post-traumatic stress disorder, and alcohol abuse. In addition, there are also chapters on bipolar disorder, schizophrenia, bulimia nervosa, and narcissistic personality disorder. Four chapters are dedicated to child psychopathology, focusing on both internalizing disorders (anxiety and depression) and externalizing disorders (Attention Deficit/Hyperactivity Disorder and conduct problems). Additional chapters consider CT and the self, as well as addressing processes of change in CT. These are sandwiched between a conceptual introduction to CT across the lifespan and a concluding chapter on the current status and future directions of CT, both of which are written by the editors.

If one is looking for a "How to . . ." (e.g. Assessment, Formulation, Intervention, Evaluation), then this is probably not the book for you. A notable exception, however, is the excellent chapter

by Salkovskis and Wahl on the treatment of OCD. This is essentially a text that provides a description of cognitive theory, the evidence for it, and its therapeutic application across a range of disorders. Consequently, chapters are divided up to encapsulate some or all of the following: the evidence for different cognitive theoretical models, prevalence data, aetiology, co-morbidity, cognitive therapy, and outcome research.

One of the book's strengths is the theme of Popperian critique that runs throughout. Importantly, the critique does not exclusively focus on the evidence base of competing cognitive theories/therapies, but also on cognitive theory/therapy itself. This results in a rich understanding of the strengths and limitations of the theory across disorders. A good example of this is Solomon and Haaga's chapter on depression, which conveys a sophisticated explanation of the mechanisms of the cognitive theory of depression, and it is empowering, in terms of formulation, to see how the model can capture more phenomena than it is sometimes given credit for. A more sophisticated understanding is also afforded by the inclusion of chapters that focus on the self literature (for example, self-determination theory and phenomena such as false-self behaviour), and processes of change in cognitive therapy (e.g. client factors, therapist factors, theory factors, non-specific factors and mechanisms of change factors). Thus, at a local level, the text is successful in providing a detailed and cogent critique of CT across disorders, but when viewed from a more global perspective, the purpose of the book appears somewhat misleading.

CT proposes that it is the *interpretation* of *something* that is critical, yet that *something* presumably possesses properties that can create expectancies, which in turn can influence the *interpretation*. For this reviewer, the pertinent *something* was the word "Lifespan". The expectancy created by this word was that it would, as a minimum, include chapters covering the difficulties experienced by people across the lifespan, and/or it might contain a developmental cognitive psychopathology perspective within each chapter. I'm sorry to say that my *interpretation* is that the book falls short of delivering on both these fronts. It seems a strange omission to not include at least one chapter on CT with older adults or to take a disorder and consider cognitive models and risk/protective factors across different stages of the lifespan. Consequently, the categorical approach adopted does not allow any scope to consider developmental transitions, which have been shown to be linked to periods of increased vulnerability in terms of psychopathology.

If one does not already own a text that examines and critiques the evidence base of clinical cognitive theory/therapy across a broad range of disorders, then this book would make a valuable addition to the academic library. If, however, one's interests lie in learning about disorders across the lifespan or learning about a developmental lifespan model of cognitive theory/therapy, then the reviewer's cognitive model predicts that you may experience a negative automatic thought (e.g. "This isn't what I expected"), which may in turn lead to a feeling (e.g. disappointment), and then a behaviour (e.g. returning the book to the shop or library).

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