

Book Reviews

Mood and Temperament

David Watson

New York: Guilford, 2000. pp. 340. £29.95 (hardback). ISBN: 1-57230-526-6.

This informative and comprehensive textbook provides a review of research and clinical studies of mood and temperament. Integrating these two areas of study, the author summarizes recent literature in an understandable and organized format. While covering a great deal of information, the book is straightforward and thorough, offering details of a number of empirical investigations in support of several theories of personality and individual differences. The book begins with a review of the author's model of mood and temperament. Subsequent chapters cover environmental and situational factors, circadian rhythms and seasonal cycles and their influence on mood state, and dispositional aspects of personality. The final two chapters discuss applications to psychopathology and relevant topics in health psychology.

The introduction provides basic information about mood, emotions, and temperament, providing thorough and concise definitions with clear examples. The author emphasizes a distinction between negative and positive affective states, and reviews his model of bio-behavioural regulation systems for negative and positive mood. He argues that these systems coexist, and that they operate in feedback loops, thereby influencing cognitions, biological components, and behaviour. In his model he outlines four main factors of mood and temperament: trait variables, situational variables, socio-cultural and cyclical factors, and individual differences. The next section deals with assessment of short-term positive and negative affective states, and the author strongly encourages separate assessment of these factors, suggesting that positive and negative mood function independently. He outlines his own assessment measure (the PANAS-X) in detail in Chapter 2. The book continues with a focus on research regarding situational and environmental factors influencing mood state. Chapter 3 concludes that, broadly speaking, positive affect is altered more by external factors such as social experiences, while negative affect is altered more by internal factors such as rumination. The next chapter describes some of the cyclical, socio-cultural patterns impacting affective states, using examples such as weather, climate and seasonal variables.

The second part of the book is concerned with long-term factors associated with affect. The author outlines literature on personality such as neuroticism and extraversion, describing in particular the five-factor model. Chapter 7 provides a synopsis of demographic, genetic and neurobiological factors believed to be related to temperament, briefly reviewing supportive empirical evidence. While a complete summary of the research on individual differences is beyond the scope of the book, Watson tends to focus heavily on his own research and this chapter in particular lacks information about alternative theories.

The last two chapters of the text have a more applied focus, and provide information about relationships between affect and both psychopathology and health. I found these two chapters particularly interesting, as they provide substantial data regarding the associations between illness, emotional state and dispositional trait variables.

Watson has undoubtedly made substantial research contributions to the existing knowledge of negative and positive affect and the way in which these impact short-term and long-term experiences. This book is focused on providing a review of his own exhaustive work in this area, with the result that it tends to overlook other important contributors: for instance, his coverage of temperament and personality in Chapter 6 provides only a limited account of Eysenck's model of neuroticism and extraversion. I feel the book would have been more interesting if it had contained a broader chapter on this topic, with a thorough explanation of the various models of personality, along with evidence supporting and refuting each viewpoint.

Overall, the book is a thorough review of recent research in affect and personality. Although the author tends to focus on results of his own investigations, at times excluding other important studies, these contributions are significant and provide a great deal of information in this field.

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The New Handbook of Cognitive Therapy Techniques

Rian E. McMullin

New York: Norton, 2000. pp. 504. £30 (hardback). ISBN: 0-393-70313-4.

This is an extremely comprehensive how-to reference of cognitive therapy techniques covering everything from finding beliefs, rational challenging, use of counters designed to increase or reduce arousal, historical resynthesis, to imagery work. The book describes each technique in some detail, with examples of its application and case studies. For the therapist looking to expand their creative use of cognitive therapy techniques or expand their repertoire of approaches, this is a valuable resource. Furthermore, since much of the art of good cognitive therapy involves finding the right phrasing and emphasis of cognitive restructuring, this book is likely to provide alternative suggestions to modifying thoughts and beliefs, whenever the usual tried-and-tested routes do not seem to work. McMullin writes in a highly readable style. I particularly liked the little summaries of relevant research and theory at the end of each chapter; these summaries often raise thought-provoking sidelights for future inquiry and pretty thoroughly cover the realm of cognitive and behavioural therapy. For example, the book moves from discussing radical behaviour therapy in the form of acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 1996) to a consideration of the importance of metaphor in thinking (Lakoff, 1985). There is an additional section from the original 1986 edition that focuses on making therapy work better, with interesting and clinically insightful discussions of handling client sabotages, working with addicted clients, and the core components of cognitive restructuring therapy. Particularly interesting is a section arguing that successful cognitive-behavioural therapy requires cognitive focusing, or the ability of the therapist to stay in touch with client's ongoing processing of thoughts and emotions.

More controversially, McMullin discusses a set of techniques that I was unaware of, namely perceptual shifting techniques, without any evidence for their efficacy. For example, McMullin argues that teaching patients to make perceptual shifts between different images

in ambiguous optical illusions can help patients to shift their ways of viewing themselves. Whilst I can see that using such material might function as an aid to communication, as someone who sees himself as a scientist-practitioner, I would like more evidence that such an approach has genuine clinical benefits.

My main proviso about this book is that it is not a how-to-do therapy book; it is more suitable for clinicians looking for inspiration in implementing therapy, rather than for planning therapy. The text operates more as a list of appropriate techniques, without dwelling too much on the conceptualizations or formulations that are used to direct the use of those techniques, or discussing the experimentally-tested cognitive models of various emotional disorders. All in all, however, this is an extremely good reference book for those who wish to augment their range of interventions in implementing cognitive-behavioural therapy.

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References

Hayes, S., Strosahl, K., & Wilson, K. (1996). *Acceptance and commitment therapy: Understanding and treating human suffering*. New York: Guilford.
Lakoff, G. (1985). *Women, fire and dangerous things*. Chicago: University of Chicago Press.

Treating Complex Cases: The Cognitive Behavioural Approach

Nicholas Tarrier, Adrian Wells & Gillian Haddock
Chichester, UK: Wiley, 1999. pp. 439. £19.96 (paperback). ISBN: 0-471-97839-6.

This book has been edited with the expressed intention of dealing with the relevance and application of cognitive behaviour therapy for the patients typically seen in the clinic rather than the somewhat selected patients treated in outcome trials. As such, the editors identify complex cases as patients with extensive co-morbidity, chronic unremitting conditions, enduring vulnerabilities, or persistent difficulties with social relationships. To apply CBT effectively to such patients, the editors have expressly adopted a case-formulation approach, with chapters from experts dealing with the empirical evidence concerning clinical interventions for different disorders. The chapters cover the full range of psychological disorders (social phobia, panic and agoraphobia, obsessive-compulsive disorder, chronic depression, PTSD, eating disorders, psychosis, personality disorders). Furthermore, there are specific chapters on dealing with issues that could be relevant to a range of problems; low self-esteem, shame and humiliation, parasuicide, anger and aggression.

As is the nature of an all-inclusive book like this, there is some replication of work reported in other publications, for example the chapters on social phobia and psychosis. As a rule, the chapters summarize standard CBT for a disorder, and then consider the difficulties in executing CBT with each problem. Going into more detail, using case examples, they describe how to overcome these blockages within the CBT formulation. I found the chapters on panic and agoraphobia (Hackmann) and obsessional problems (Salkovskis, Forrester, Richards, & Morrison) particularly good in their clear and detailed descriptions of how to avoid therapy coming unstuck. The chapter on depression (Scott) describes how therapy

can be modified for more chronic depression, e.g., shorter, more frequent sessions, more interpersonal and behavioural focus, whilst making it clear that the work for chronic depression is still preliminary. The chapter on post-traumatic stress disorder (Kimble, Riggs, & Keane) provides a useful overview of different formulations within PTSD, stressing both the phasic nature of PTSD and the need for constant assessment both within and between therapy sessions to test the formulation and to ensure that treatment remains on track. The chapters on psychosis and personality disorders are all useful reviews of dealing with these problems.

I suspect that most clinicians will find the chapters on low self-esteem, shame, parasuicide and aggression particularly useful for clarifying their approaches to more difficult cases. Melanie Fennell provides a cognitive conceptualization of low self-esteem as a learned, global, negative judgement about the self, which then interacts with emotion and behaviour in a self-maintaining way. Although this "core belief" model of low self-esteem does not take into account recent experimental work looking at low self-esteem as a failure to restore feelings of self-worth following failure (e.g. Brown & Dutton, 1995), it does provide a clear treatment approach, delineated in the chapter, with a useful case example. The chapters on shame (Gilbert), aggression (Howells) and parasuicide (Sidley) each provide a brief summary of the relevant empirical research and then provide useful advice on dealing with each problem in therapy.

All in all, this is a very useful book for people already acquainted with the CBT model, who wish to think in more depth about how to tailor treatment to the less straightforward cases regularly seen in the NHS. The editors have successfully demonstrated how CBT can be productively applied to more complex cases. This book would make a worthwhile addition to any personal collection of CBT books and provides specific practical guidance that all clinicians will find useful in their work with patients.

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The International Handbook of Suicide and Attempted Suicide

Keith Hawton & Kees van Heeringen (Eds.)
Winchester, UK: John Wiley & Sons Ltd, 2000. pp. 755. £75 (hardback).
ISBN: 0-4710-98367-5.

This handbook has four parts. Part one has 14 chapters on the theme of understanding suicidal behaviour. These include international reviews of epidemiological factors, biological issues, psychological and psychiatric aspects of suicidal behaviour. In the second part, the contributors examine suicide and attempted suicide in specific populations and circumstances. These chapters review the subject across the lifespan and include sections on physical consequences, ethical issues and the impact on relatives and friends. Part three provides a review of the most promising findings concerning the treatment of suicidal behaviour and part four has nine chapters on the prevention of suicide and suicidal behaviours.

It will be a significant resource text in years to come for all involved in suicidology. Each chapter is succinct, well written and clearly structured. I was particularly impressed with the chapters on epidemiology, psychiatric disorders and suicidal behaviour and the labour

market. For those about to embark on research the chapters on methodological problems, ideas for research and future perspectives will be invaluable.

Publication of this handbook is an important event in the development and integration of our knowledge in the subject of suicide and attempted suicide. In recent years, with the growth of suicide rates continuing in younger and older adults the subject has been the focus of extensive research, government attention and epidemiological analysis. We have a greater understanding of its multi-dimensional complexities as well as the efficacy of treatment and prevention strategies. This handbook successfully integrates recent research across all fronts and provides the researcher, clinician and scholar with a comprehensive, accessible and valuable resource text. Finally, in keeping with the one world theme of the new millennium, Hawton and van Heeringen have invited contributions from a truly international panel of experts. I would recommend this valuable text to all interested in this important and profound subject.

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Hanging By A Twig: Understanding and Counseling Adults with Learning Disabilities and ADD

Carol Wren, with psychotherapeutic commentary by Jay Einhorn

New York: W.W. Norton and Company, 2000. pp. 238. £22.95 (hardcover).

ISBN: 0-393-70315-0.

Hanging by a twig provides a valuable insight into the reality of living with a learning disability (LD). The book includes case-studies of adults with a variety of verbal and non-verbal learning disabilities, some diagnosed in childhood and others still awaiting a satisfactory diagnosis. Many of the adults featured have coped remarkably well in spite of their learning disability, some have struggled, but all have been deeply affected by the learning disability itself and the reactions of others, including family, friends and professionals. A range of learning disabilities that present a profile of some impaired and some intact (or indeed enhanced) skills are considered, including Dyslexia, Attention Deficit Disorder and High Functioning Autism. Each case study is used to illustrate one issue in the understanding of adults with learning disability: the development of a coherent sense of self in the face of an uneven profile of impaired and intact cognitive skills, the development of self-esteem, problems of maladaptive coping strategies and interactions between LD and addiction, issues surrounding diagnosis and misdiagnosis of LDs, and the frequent need for multidisciplinary interventions to effectively manage the range of problems that adults with LDs face in everyday life. Carol Wren draws on the case studies to illustrate how learning disabilities interact with cognitive and emotional processes and life circumstances to affect the development of self-esteem and personality.

Problems that are essentially the consequence of an unrecognised LD, such as difficulties with social relationships, trouble organizing, planning and maintaining employment, anxiety, depression, frustration and low self-esteem are often regarded by parents, teachers and other professionals as being the consequence of a primary emotional disorder. The book provides a list of pointers that may indicate to the therapist the presence of a learning disability in

clients. Recognising the presence of a LD is vital as the cognitive processing difficulties that lead to problems in everyday life will also affect the ability of adults with LD to engage in talk-based therapy. Many of the individuals whose cases are presented have experienced unsuccessful therapy in the past, and for some the therapy actually constituted a further damaging experience.

The book suggests modifications that may be necessary for clients to gain the most from therapeutic techniques. These range from quite straightforward modifications to those that may require considerable forethought and practice on the part of the therapist. For example, adults with verbal LDs may have marked discrepancies between their receptive and expressive language skills, they may be able to express themselves relatively effectively but could have difficulty in processing the language of others. Thus the therapist will need to engage in frequent checks that the client has grasped key issues, provide opportunities to clarify any points that may have been misunderstood, and use diagrams and written notes to support discussion. In contrast, when working with clients with non-verbal LDs a range of measures, including the need to be explicit and avoid the use of tone of voice, facial expression or other non-verbal cues to impart information, may be required.

The distinctions between the overriding goals of therapy when dealing with an individual with a LD as opposed to a primary emotional disorder are discussed. One issue in therapy with LD clients is to help the client to gain an understanding of their own unique profile of cognitive strengths and weaknesses so that they can make better sense of their life history and develop effective coping strategies and realistic expectations for the future. Therapeutic commentary from Jay Einhorn, an experienced therapist working with LD clients, describes these processes.

A second issue concerns the emotional problems that commonly result from the negative experiences associated with living with a learning disability. Some of these may be remedied through addressing the nature of the learning disability itself, since this can provide individuals with an explanation for their difficulties and remove some of the guilt associated with failures to live up to their own and others' unrealistic demands. Other problems are likely to require attention in their own right. The case studies include individuals who have experienced a total breakdown in family or working relationships due to others misunderstanding the implications of a LD or who have used alcohol and drugs as a maladaptive coping strategy.

The book is extremely readable, particularly due to the inclusion of moving personal accounts, but is likely to be most appropriate for those with an interest in counselling or those who work directly with LD clients. First, those working with and counselling adult clients are likely to find the insights and suggestions provided by the book informative. Learning disabilities are widespread and, if they remain unrecognised, are a barrier to successful therapy. Second, for professionals working with children with LD this book may be particularly valuable. It is easy to consider learning disabilities as primarily a problem of academic learning and the school years. This book emphasizes both the continuing impact of learning disabilities in adulthood and the need to help children with LDs and their families develop an understanding of the condition and an appreciation of the child's strengths and abilities as well as their problems.

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Case Analyses for Abnormal Psychology: Learning to Look Beyond the Symptoms

Randell E. Osborne, Joan Lafuze & David Perkins

New York: Psychology Press, Taylor and Francis Group, 2000. pp. 200.

ISBN 0-86377-584-5.

Case studies for abnormal psychology is an excellent introduction for new comers to the area of abnormal psychology. Written for American undergraduates as an addition to the normal text books, it considers several case studies of the major disorders classified by DSM-IV.

The introductory chapters tackle some of the issues that can arise when first learning about abnormal psychology. A theme that is considered in the first chapter and throughout the book is the importance of separating the symptoms of mental illness from the perception of the behaviour simply being “weird”. It therefore encourages the reader to separate symptomatic behaviour from the personality per se, and to realise that symptomatic behaviour has an underlying cause, whether that is organic or historic. It also encourages the student to avoid the “medical student syndrome” and diagnose major affective disorders in their nearest and dearest. Further to this, a “critical thinking” approach is encouraged, where evidence from a range of sources must be considered before a diagnosis is made.

Also considered in the introductory chapters is the diagnostic interview. Sassi's (1984) 13 points are used to consider the kind of information that is important to a clinician when making the initial interview. Also emphasized is the importance of developing a good rapport between client and clinician, and the type of questions that can be helpful in finding out more about the client. Finally, before the case studies are considered there is a brief overview of DSM-IV, considering both axes and major diagnostic categories. This helps the student place the case studies within the structure of DSM-IV.

Eleven cases are discussed in this book: Schizophrenia, Clinical Depression, Bipolar Disorder, Border Personality Disorder, OCD, Autism, Bulimia Nervosa, Panic Disorder, Alcohol Addiction, PTSD and finally Dissociative Identity Disorder. Each case begins with the circumstances that lead up to the diagnostic interview in the format of a story. As the case continues personal accounts from the client, friends and family are added to the discussion, lending a personal perspective that can only further spark the interest of the new student. After a diagnosis is made the subsequent treatment plan is considered in terms of drug and cognitive behavioural therapy where appropriate, and the role of friends and families as networks of support. Each case is considered from a biological perspective, and although this aspect rarely goes into any great depth, it complements the introductory nature of the book. The biological stance will appeal to some more than others. The case studies encourage critical thinking through the use of questions for the student to answer and points to consider whilst reading the chapter. Questions such as these could be useful for class discussions if the text is being considered as a group.

Overall, this book is an enjoyable read, simply because it brings to life through the use of case studies some of the disorders that students of abnormal psychology must understand. It is a good addition to core texts and will either kindle the interest of the indifferent or further motivate existing enthusiasm.

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Adult Psychological Problems: An Introduction (2nd ed.)

Lorna Champion & Mick Power (Eds.)

Hove, Sussex: Psychology Press, 2000. pp. 242. £13.95 (paperback).

ISBN: 0-86377-642-6.

As academics and clinicians, it is easy to become focused on one psychotherapeutic discipline, or on a narrow range of client groups. *Adult psychological problems* provides a timely and informative reminder of the wealth and diversity of the clinical experience. The book is designed primarily as a guide for introductory students and trainees in psychology, social work, counselling, psychotherapy and other health professions. It includes specific chapters on a range of psychological disorders, in addition to several further important areas of adult clinical psychology such as drug and alcohol dependence, couple, sexual and family problems. The first chapter introduces the behavioural, cognitive, psychodynamic and biological approaches in an accessible, frank and appealing manner. Each of the following chapters echoes a similar range of perspectives and makes attempts at integrating the approaches, to differing degrees of success. Regardless of the attempts of each author at integration, simply presenting this range of approaches in such close proximity prompts the reader to think about their similarities, differences and possible points of contact. It is certainly refreshing, and extremely valuable, to see such broad accounts of the causes, maintenance and treatment of depression, obsessive-compulsive disorder and schizophrenia in one short volume.

For most of the chapters in the book, their strength lies in the clarity with which they introduce the topic of concern, and the willingness with which the authors explain a range of theoretical perspectives. The remit is a difficult one – to summarize the whole background of a disorder in less than 25 pages – and so some chapters appear incomplete and unfortunately some sections do not provide enough information to fully explain a theory. However, to criticize the book on this premise would be unfair because it is designed primarily as a starting base, from which the reader can access further references if they are particularly interested; each chapter includes a list of further reading at the end.

Certain other features of the book are more perplexing than its concise nature. Obsessive-compulsive disorder is given a chapter to itself, whereas all other anxiety disorders are summarized briskly in one chapter. The theoretical approaches to several different eating disorders are explained together, making it difficult to draw out and compare the approaches to each of them. One very unfortunate omission is the lack of mention of modern developments in cognitive therapy for anxiety disorders and psychosis. The book misses the opportunity of presenting the research on the way that psychological problems can be maintained by cognitive processes such as safety behaviours and selective attention; advances that have led to highly successful treatment programs.

It would be impossible to produce an affordable book that effectively summarizes all the perspectives on adult psychological problems in one volume. Wary of this limitation, the editors have drawn together a good representation of the common domains and disciplines in an accessible and well-balanced book. It provides a valuable springboard for students and trainees in adult clinical psychology, and also offers a reminder to qualified mental health professionals of the spectrum of approaches that exist. In the last chapter, Tony Lavender laments the failure to develop research studies to investigate the hypotheses proposed by R. D. Laing. If such studies were to occur now, they would show the theory to be either false or supported or, more likely, to be only partially supported. But whatever the outcome, it

would be a shame to bury a plausible account just because it has not been investigated. How many more theoretical approaches remain untested and unintegrated with the current popular conceptualizations of adult psychological problems?

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Treating Postnatal Depression: A Psychological Approach for Health Care Practitioners

J. Milgrom, P. R. Martin & L. M. Negri

Chichester, UK: John Wiley & Sons Ltd, 1999. pp. 265. \$45.00 (paperback).

ISBN: 0-080-43645-5.

Postnatal depression is a significant problem for many new mothers, with a reported incidence rate of about 10% of women experiencing some degree of symptomatology (Harris, 1994). While the possibility of hormonal involvement in the aetiology of this disorder has yet to be disproved (Harris et al., 1989), there may be many other factors leading to its development.

This manual aims to provide clinicians with a much-needed treatment programme for this syndrome, and follows a cognitive behavioural group therapy approach. Unfortunately, while it does review some basic guidelines, I think this book falls short of its goals by lacking in depth. From the introduction it appears that the manuscript is intended for a professional audience but, in contrast, the contents of the book are quite fundamental. The initial section provides some useful information on postnatal depression, including notes about incidence rates, symptoms, chronicity, and risk factors. The next section provides a notable bio-psychosocial model, and I think the text would have benefited from a lengthier chapter about this model and its development, along with some detailed information about supporting evidence.

Following the brief introduction, the remainder of this book focuses on the treatment programme. The programme follows a standard CBT format with educational components about cognitive therapy and distortions, goal-setting, relaxation therapy, risk management, and assertiveness training. Emphasis is also placed on homework assignments and the use of daily mood ratings as a measure of improvement across sessions. I found the special sections on partner-sessions and sessions with the baby helpful as they provided some useful ideas and techniques.

Overall, apart from providing a review of some basic cognitive behavioural group therapy components and some general information about the impact of postnatal depression, I found this book to be somewhat rudimentary and lacking in original methodology.

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References

Harris, B. (1994). Biological and hormonal aspects of postpartum depressed mood. *British Journal of Psychiatry*, 164, 288-292.

Harris, B., Johns, S., Fung, H., Thomas, R., Walker, R., Read, G., & Riad-Fahmy, D. (1989). The hormonal environment of post-natal depression. *British Journal of Psychiatry*, 154, 660–667.

Treatment Plans and Interventions for Depression and Anxiety Disorders

Robert L. Leahy & Stephen J. Holland

New York: The Guilford Press, 2000. pp. 332. £34.05 (paperback, includes CD-ROM). ISBN: 1-57230-514-2.

I began this book rather reluctantly, approaching it as *yet another* guide with advice for clinicians on the use of cognitive-behavioural treatment for anxiety and depression. In fact, I was pleasantly surprised to find that although these authors are reiterating some familiar ideas, their approach is quite unique. This text provides exactly what it suggests – a reference for clinicians about methods and practical interventions for a number of psychological disorders including depression, panic disorder, GAD, social phobia, PTSD, specific phobia, and OCD. Although initially doubtful about the ability of one book to offer useful contributions about such a long list of disorders, I was surprised to find the volume of material very well covered.

Each section gives a very clear review of the DSM-IV symptoms associated with the disorder, as well as a concise summary of several of the most relevant models of aetiology and development. Correct and careful assessment is strongly emphasized, as I believe it should be. As a result, each section contains several recommendations for a comprehensive and thorough diagnosis, in the form of easy-to-follow flow charts and tables outlining important features to consider and look for during the initial assessment session. The authors leave session-by-session treatment planning up to the clinician's judgement, offering instead some general guidelines for a 20-week course of treatment. A list of CBT techniques aimed at addressing particular problems is also provided, allowing the clinician to choose from a number of strategies in order to design a program specifically tailored to each individual patient's needs.

I think the real success of the book is in its organization; rather than describing techniques directly in the text, these are included in a number of charts and user-friendly tables for quick reference. Best of all, in my opinion, is the CD-ROM included at the back of the manual, which comprises the book's material in Adobe-Reader format. In fact, the CD also contains some additional material including, for example, a lengthy list of medications, their uses, and their side-effects. The CD also contains all of the helpful forms and handouts provided in the book (including short pamphlets on each disorder that provide basic information for the patient).

I think this manual provides an excellent reference guide for any graduate student or therapist considering using CBT in a short-term treatment plan. However, while the preface suggests this manual can be used as an introduction for beginners, I think readers would need at least a working knowledge of the fundamentals of CBT as the basics are assumed and not reviewed.

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Panic Disorder. Assessment and Treatment Through a Wide-Angle Lens

Frank M. Dattilio & Jesus A. Salas-Auvert

Phoenix, AZ: Zeig, Tucker & Co., 2000, pp. 313. £27.16 (hardback).

ISBN: 1-891944-35-5.

This book provides an in-depth review of recent research and treatment issues in panic disorder. The chapters cover topics such as the nature and definition of panic, theoretical models, diagnosis and assessment, and a description of a variety of treatment strategies including self-help interventions. This book is useful not only for its up-to-date descriptions and research reviews, but also because it describes a broad range of therapeutic approaches from the more widely accepted models to less well-known strategies. In fact, I think the strength of the book lies in its clinical review of alternative treatment strategies and its holistic approach. The authors describe several alternative interventions and suggest combining the use of several different methods to effect long-term remission of panic symptomatology. Several examples assist the reader in understanding the methods described, including biofeedback, various breathing techniques, exteroceptive exposure, paradoxical intervention, virtual reality exposure, thought field therapy, stress control, and interpersonal psychotherapy. An informative chapter on self-help interventions also provides a good reading list for patients and a resource list of support groups (although these are all limited to within the U.S.). There is also an excellent chapter on medications that reviews common prescriptions, their basic function, and side-effects. This chapter also includes a description about several of the more widely used homeopathic remedies, their side-effects, and a brief outline of recently conducted investigations of efficacy. The final chapter is a well-demonstrated illustration of several techniques with a case example of a patient with panic disorder and agoraphobia. I think this manual would be very useful to any clinician interested in learning more about a wide variety of new and innovative techniques in the treatment of panic disorder.

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Handbook of Psychological Assessment (3rd ed.)

Gerald Goldstein & Michel Hersen (Eds.)

Oxford, UK: Pergamon, 2000. pp. 627. £58.47 (hardback). ISBN: 0-080-43645-5.

This textbook is a well-written and organized review of over 40 separate measures used in psychological assessment. It is a thorough and comprehensive manual containing pertinent information useful to anyone interested in learning more about the details of various assessment tools and how to use them effectively.

The text is divided into several useful sections. Parts I and II give an introduction to assessment techniques, describing an overview of the history and development of psychological testing. This section also outlines steps to consider when designing a tool, and describes techniques for testing reliability and validity. Parts III, IV and V describe in detail reliable measurements for assessing Intelligence, Aptitude, and Neuropsychology, respectively. In each of these sections, the various contributors outline the background history, purpose and goals of testing, before going on to describe psychometric properties, uses, and

limitations of several specific tests. In many cases the authors also present a guide for interpreting test results. I found the case report in Chapter 5 to be a particularly useful example of a detailed clinical interpretation of results of several intelligence measures. In the next section, clinical interviewing techniques and measures are considered, with emphasis on the DSM-IV and its multiaxial system. Separate chapters review the various structured interviews available for assessing children and adults. Various assessment tools for personality and behaviour are described in Parts VII and VIII. Again, each of these sections provides an historical background and offer critical reviews of the more commonly used tests for children and adults. The final section of this interesting and informative book focuses on sensitive cases and points to be considered when completing assessments with elderly patients or individuals from minority groups.

I found this well-written handbook to be a valuable source of information about the use, psychometric properties, and limitations of a number of various types of psychological assessment measures, and would recommend it as a reference for anyone interested in learning more about particular psychological testing measures.

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Childhood Disorders

Kendall, P. C.

Hove, Sussex: Psychology Press, 2000. pp. 229. £11.95 (softback).

ISBN: 0-86377-609-4.

Childhood disorders is part of the series, Clinical Psychology: a modular course. It is a simple textbook, comprising three introductory chapters that discuss different models of disorders and the salient issues surrounding prevalence, diagnosis and treatment. This is followed by eight chapters, each describing a disorder, or group of related disorders. The concluding chapter asks the reader a series of questions about psychosocial, educational and healthcare issues.

The introduction is written in a notably personal style, with very readable case studies from the author's own experience as a clinician. This is certainly effective in engaging the reader, by providing real, thought-provoking examples of the disorders later described. The following introductory chapter aims to provide a broad understanding of various models of childhood disorders: biological, behavioural, cognitive, psychodynamic, systems and diathesis-stress. To attempt to do this in fewer than 20 pages is ambitious, and the explanations are at times over-simplified and selective. The last introductory chapter discusses the issues facing the disorders of childhood: developmental psychopathology, parenting and family factors, assessing and classifying childhood disorders, and treatment. While again, this is somewhat rushed, this summary would provide a useful perspective for those who do not have experience in this field.

Eight disorders are described: conduct disorders, attention-deficit hyperactivity disorder, anxiety disorders, depression, eating disorders, mental retardation and learning difficulties, pervasive developmental disorders, and tics and elimination disorders. Each chapter provides at least one case study, and describes phenomenology and classification (including the

DSM-IV diagnostic criteria), causes, the course of the disorder, and treatments. The chapters are not just dry summaries, and the author does well not to separate the disorder from normal developmental paths, or other aspects of the child's life, for example the effects of deprivation on a diagnosis of learning disability; nor does the author unquestionably advocate the use of the DSM-IV.

The style is non-technical, and almost journalistic at times, and occasionally there are some unclear explanations or assumptions that may confuse a reader new to the subject. The U.S. terminology, descriptions of social frameworks and references may discourage British readers. A glossary of terms would be useful. However, to give such a broad view of the models, disorders and issues is impressive for such a slim volume and this would be an interesting book for undergraduates, or any reader wishing to gain a quick and comprehensible overview of childhood disorders.

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