### **Sleep Disorders: Diagnosis and Treatment**

J. Steven Poceta and Merrill M. Mitler (Eds.). Totowa, New Jersey: Humana Press Inc, 1998. pp. 232. £49.51 (hardback). ISBN: 0-89603-527-1.

This book provides a general overview of the prominent features of several common sleep disorders and offers some limited information regarding treatment. Concise definitions and detailed characteristics of four specific sleep disturbances are carefully evaluated but the section reviewing therapeutic interventions for these disorders is restricted by its fundamentally pharmacological approach.

Chapter One contains a brief introduction to sleep and its disorders, reviewing prevalence and outlining general facts about sleep. I feel that this chapter would strongly benefit from a more in-depth discussion about sleep stages and circadian rhythms as these underlying factors are essential to understanding sleep patterns. Subsequent chapters discuss assessment and diagnosis of specific disorders including insomnia, restless legs syndrome, narcolepsy and obstructive sleep apnea. These chapters are comprehensive and detailed, and contain useful information about various symptoms, signs and features common to each disorder. Several case studies are included, which help to give the reader a clear picture of the clinical impact of these problems. An interesting chapter focusing on sleep disorders among children is also included. The remainder of the book is essentially a review of relevant pharmacological interventions, although a short chapter about light therapy has also been incorporated.

The strengths of this book lie in its organized format and its provision of clear definitions and criteria for the assessment and diagnosis of a handful of particular sleep problems. In addition, the chapter on pharmacological treatments presents a long list of effective medications along with information about their respective contraindications and side-effects. This information is likely to be useful to any clinician treating patients with sleep disorders.

The book, however, is limited by its restricted approach to treatment. It is disheartening that despite the abundance of research concerning behavioural and cognitive treatments for sleep disorders, this text still maintains such a strong pharmacological perspective. While the chapter on insomnia contains a brief review of two behavioural treatments (stimulus control and sleep hygiene), the effectiveness of some of these treatments has been criticized in the literature (Harvey, 2000). Furthermore, descriptions of cognitive therapies, recently found to provide an effective means of treating insomnia (Espie, 1991; Morin, 1993) are conspicuously missing. Finally, a less significant yet frustrating oversight was the omission of several references to research studies discussed in the text.

Although providing a detailed clinical description of a few common sleep disorders, this book is limited by its pharmacological approach to treatment. Little information about established cognitive and behavioural treatments for these disorders is provided. Use of this text among clinicians in the mental health community is likely to be

restricted to a reference guide for understanding actions and side-effects of commonly prescribed medications.

CHRISTINA NEITZERT SEMLER
Department of Experimental Psychology, University of Oxford

#### References

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HARVEY, A. G. (2000). Sleep hygiene and sleep-onset insomnia. *Journal of Nervous and Mental Disease*, 188, 53-55.

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# Cognitive Behaviour Therapy for Chronic Medical Problems. A Guide to Assessment and Treatment in Practice

Craig A. White. Chichester, England: John Wiley & Sons Ltd, 2001. pp. 300. £22.50 (paperback). ISBN: 0-471-49482-8.

This is a useful and informative guide about how to use a cognitive behaviour therapy approach when treating individuals suffering from chronic medical problems. In the preface the author clearly states that the book is intended for clinicians with prior training in CBT and that a review of the basic CBT principles is beyond its scope. As such, the introductory section is limited to the discussion of the main elements of CBT. The central part of the book focuses on the application of these concepts to psychological treatment of common medical conditions including cancer, chronic pain and cardiac problems. Given the prevalence of these illnesses and the potential for associated psychosocial problems, it is likely that clinicians will at some point be confronted with potential clients who are either experiencing the distress of illness directly or who are suffering as caregivers. As a result, I think this book is relevant to all clinicians with a background in CBT.

The book is organized into three sections. The first provides a summary of the fundamental elements in CBT, focusing specifically on features that are most applicable to the treatment of medical problems. Assessment and formulation are strongly emphasized and a good overview of the main concepts is provided. Several coexisting psychological problems that are often experienced in association with medical illnesses are described, including social anxiety, post-traumatic stress, panic and depression. These psychosocial features are important to consider when assessing medical problems, as they can complicate the management of the medical illness in many ways.

Part II provides a thorough review of the application of CBT to cancer, chronic pain, diabetes, dermatological conditions, issues related to surgery, and cardiac problems, each in a separate chapter. Each chapter provides brief information about the illness, followed by a comprehensive discussion about assessment and formulation of the psychological issues likely to be faced in treatment. The author emphasizes the importance of evaluating the individual's perspective on the extent of the illness and its impact on daily living. A copy of two self-report measures, "The Illness Perception Questionnaire" and "The Cancer

Behaviour Inventory", are provided in appendices to assist in this purpose. Each chapter then goes on to discuss effective CBT treatment strategies for common issues likely to be faced in treatment. For example, the chapter on cancer discusses techniques for approaching such potential problems as avoidance behaviour, feelings of lack of control, isolation and uncertainty. Means of helping individuals cope with the necessary changes in lifestyle warranted by their medical conditions are included in each of these chapters.

The last section focuses on professional service. Legal issues related to service provision are considered. A section focusing on training, supervision and the importance of clinician self-care is also included, along with a useful list of websites and other resources.

Overall, I found this book to be interesting, informative and well-written. I think it is relevant and applicable for all clinicians in the mental health field. There can be no argument that the psychological impact of illnesses such as cancer and cardiac problems is vast and that CBT can provide a means to help ease the distress of suffering. The tools and strategies provided in this book are likely to be useful in treating patients with a wide variety of health problems beyond the ones considered in this text. I found my initial reading of the chapter on formulation somewhat confusing, perhap because of the breadth of information it contains, but I did find that these ideas became clearer after I had read the specific examples provided in Part II. Although I appreciate that a complex medical review of each illness is implausible, I think the book would have benefited from more extensive medical information about each illness. This would help to provide the reader with a context for understanding the physical complications and possible ensuing psychosocial problems related to each condition.

CHRISTINA NEITZERT SEMLER
Department of Experimental Psychology, University of Oxford

### **Brief Cognitive Behaviour Therapy**

Berni Curwen, Stephen Palmer and Peter Ruddell. London, U.K.: Sage, 2000. pp. 190. £15.99 (paperback). ISBN: 0-7619-5801-0.

*Brief CBT* is one of a series of books in this brief therapy series, edited by Stephen Palmer and Gladeana McMahon. It is aimed at a broad range of practitioners such as counsellors, psychotherapists, and clinical and counselling psychologists. The authors also suggest that other helping professionals such as psychiatrists and nurse therapists can use the book as a resource, as can those involved in training practitioners.

The nine chapters are all concise and are highly structured. Useful summaries are given in boxes throughout the text. In each chapter there is a balance between explaining the techniques used in CBT and providing an illustration of the collaborative therapeutic process. This is conveyed both in the style of the writing and the examples and case illustrations used. The authors note that they were keen to describe the process of therapy, and this has certainly been achieved.

The introduction reviews the factors that have precipitated the growing demand for brief therapies and presents an interesting discussion of the question "What is brief therapy". This is defined as "planned brief therapy in which maximum benefits are achieved with the lowest investment of the therapist's time and the shortest cost to the

client" (p. 2). The authors note that in this way brief therapy is distinct from time-limited therapy, as no time period is placed on the length of therapy. Instead, time is used flexibly, for example varying length of sessions and telephone sessions spaced in between main sessions. Relevant research is presented on the relationship between number of sessions and therapeutic improvements. The authors also discuss who is most likely to benefit from brief CBT. Throughout the book the authors emphasize that the client goals are the focus of brief therapy and will always be guided by the cognitive conceptualization.

"A whistlestop tour" of the CBT framework is excellent, concise yet informative. This chapter introduces the reader to a case example, Tom, who is followed through the different stages of treatment. Extracts of therapist/client dialogue from sessions are used to illustrate the author's points regarding both the style and structure of CBT and provide the reader with a real flavour of how the therapy can work in practice. The next chapter on assessment explains the cognitive conceptualization to illustrate how CBT differs from other therapies. Then there are chapters covering the beginning, middle and ending stages of therapy. These provide a step-by-step guide to both the process and content of CBT and include extensive examples from session transcripts. These examples demonstrate for the reader how cognitive change methods are used in practice. Each chapter ends with practice points, which summarize the main themes from each chapter, and guide the reader to practice specific techniques and work collaboratively with the client to achieve their therapy goals.

There is a comprehensive chapter on additional strategies and techniques, cognitive/imaginal, behavioural and relaxation. The authors emphasize that the interventions should be used as part of the cognitive formulation and not in isolation. Some of these are also illustrated with transcripts from treatment sessions. This is followed by a chapter on hypnosis as an adjunct to CBT. Advantages and cautions for using hypnosis are discussed in some detail, and specific scripts are provided. The book ends with a summary of treatment protocols for Panic Disorder, Social Phobia, Generalized Anxiety Disorder, Depression, Obsessive-Compulsive Disorder, Post-traumatic Stress Disorder, Specific Phobias and Suicide. Each of these provides up-to-date reference information for the reader to consult. Another strength of the book is the appendix with client handouts. Included is an automatic thought form, questions to help examine unhelpful thinking, a brief change chart and a preparing for setbacks template. Each of these has previously been used in the text where they are shown completed, so the purpose of the handouts is clear.

The theme of the book is to use the cognitive conceptualization to keep focused throughout the therapy, and that any interventions must have a rationale from the conceptualization. Thus the reader is helped to understand that treatment is guided by the individual formulation and can not be a general "cook-book" approach. In the afterword, the authors stress the importance of therapists who are interested in the CBT approach attending relevant workshops or conferences to see whether CBT is suited to their personality and general view of life. They recommend that therapists wanting to practise CBT attend an extended training program and receive appropriate supervision. In my opinion, this is an essential and useful message with which to conclude the book.

*Brief cognitive behaviour therapy* will be a useful resource for anyone who is interested in learning more about CBT. It provides a thorough illustration of the theoretical framework,

and demonstrates the CBT model in practice. I would recommend it particularly as a training resource, and expect it will quickly become a recommended text.

GAYNOR PARKIN
Winsborough Limited, Wellington, New Zealand

### Autism: Identification, Education and Treatment (2nd Ed.).

Diane Berkell Zager (Ed.). New Jersey: Lawrence Erlbaum Associates, 1999. pp. 380. £28.07 (paperback). ISBN 0-8058-2044-2.

This book consists of a series of stand-alone chapters, written by experts in the field of autism research and educational practice. An extensive range of issues are covered with the chapters grouped into three sections: the first section addresses diagnosis and the neurobiological and psychological profile of individuals with autism; the second describes issues in the education and management; and the final section addresses current trends and new directions in autism.

Chapters on education provide excellent introductions to the methods of assessment that can be used meaningfully in autism, strategies used to teach new skills and manage problem behaviours, and strategies to improve social communication and interaction. The importance of utilizing the natural environment to create teaching opportunities combined with the necessity of teaching skills that can be generalized to a variety of situations is addressed. An interesting section on medical issues in autism considers, among other things, the presence for co-morbid psychiatric disorders such as OCD. These conditions pose difficulties because it is often difficult to ascertain whether or not the individual with autism finds their ritualistic behaviours to be distressing and therefore whether treatment is warranted.

Research concerning the neurochemical profile of autism is outlined, and it is suggested that there is at least some preliminary evidence of neurochemical abnormality, particularly in monoamine function. Unfortunately, the possible link between these findings and the potential efficacy of dietary interventions (such as gluten-free and caesin free diets), which are of increasing popularity amongst families of children with autism, is not addressed. Similarly, although research suggesting the presence of immunological abnormalities is discussed, this is not linked to the recent suggestions of a link between vaccines and the onset of autism. Some of the chapters in the book do, however, address the dilemma faced by parents in relation to novel treatment approaches that have yet to undergo scientific scrutiny. Both Facilitated Communication (FC) and Megavitamin Therapy are discussed and in both cases the efficacy of these approaches is called into question.

The final section of this book, which addresses new directions in autism research and practice, is perhaps the most interesting, considering the philosophy and values of education and ways of optimizing collaboration between professionals and parents. The ideal of full inclusion in education and in the wider community is addressed, in particular focusing on how education can be made as humane, as meaningful and as functional as possible. It is suggested that full inclusion will help to identify areas in which educational programming needs improvement – teaching non-functional skills will seem out of place in the mainstream classroom, and education alongside peers will raise teacher expectations and make apparent the areas in which an individual with autism needs most support. The practicalities

of different methods of communication (e.g. PECS, sign language) in terms of their opportunities for communication beyond the immediate family are discussed. Finally, research addressing the effects of autism of family functioning is considered. Findings suggest that it should not be assumed that the impact of autism is necessarily negative. Rather, where professionals work closely with families and identify their needs the long-term outcome can be good and many families report that they feel they have gained from their experiences.

One of the things most apparent having read this book is the wide gulf between academic research into autism and the issues that are of central importance to families dealing with the condition on a daily basis. Since each of the book's chapters addresses a specialist issue, but necessarily does so fairly briefly, it is not immediately apparent at whom exactly this book is aimed. For those who already have a knowledge of the issues in question there may be relatively little new information. For those who are new to autism, chapters may be too narrow and detailed. This book is probably ideal for professionals working in one specialist field related to autism (e.g., education, clinical psychology, neurology) as it provides an up-to-date review of research and practice in other areas, but may also be appropriate for those who simply wish to gain an understanding of the wide variety of approaches to autism and their scientific foundations.

CATHERINE CRANE

Department of Experimental Psychology, University of Oxford

## Practitioner's Guide to Empirically Based Measures of Depression

A.M. Nezu, G. F. Ronan, E. A. Meadows and K. S. McClure. New York: Kluwer Academic/Plenum Publishers, 2000. pp. 353. £49.00 (paperback). ISBN: 0-306-46246-X.

This is the first in a series of volumes in the AABT Clinical Assessment Series, each taking a particular psychological problem and drawing together information on assessment issues and available measures for clinical assessment, intervention and research. It sets out to provide the clinician with a comprehensive summary of measures of depression for both general adult populations and for specialist groups. This is clearly an ambitious undertaking, but something that I believe will be welcomed by clinicians and researchers.

The first chapter provides a brief summary of the criteria used for selecting measures for inclusion in the book and a description of the format used for the presentation of each measure. Inclusion criteria used are quite broad, namely that the measure is available in English, assesses depression (mood, symptoms or hypothesized mediators), has some relevance to the field of cognitive-behaviour therapy, and has some known psychometric properties. There then follows in Chapter 2 a short review of the diagnosis and assessment of depression and brief mention of seven cognitive behavioural treatment models. The amount of attention paid to each model may cause some surprise, with "Problem solving" being given twice the amount of space allocated to descriptions of Beck's CBT or Klerman's IPT.

Chapter 3 provides suggestions on selecting measures within the book for research or clinical purposes. I personally find the "10 steps" approach to this chapter rather annoying, but some important points are covered. The ongoing nature of assessment as a process during treatment is highlighted, as is the need for flexibility towards individual assessments. The authors also correctly indicate the importance of collecting only information that is

likely to be relevant and significant in terms of the specific purpose, whether this is research or clinical assessment. This emphasis on assessing our assessment is a useful counterweight to the "cookbook" tendency that these compendia can sometimes encourage.

The main body of the book is contained in Chapters 4, 5 and 6. The first of these presents measures of depression, depressive symptomatology and depressive mood. Thirty-six measures are presented in this chapter under three headings: clinician rated protocols, self-report inventories, and measures of general mood or psychiatric symptomatology. Chapter 5 concerns 16 measures of depression for special populations. This chapter covers measures for children and adolescents, women with post-partum depression, older adults, adults with learning difficulties or physical problems and people with schizophrenia. Chapter 6 presents 42 measures of depression-related constructs. These cover "activities and behaviour", "bereavement and grief", "cognitive variables", "coping", "interpersonal/social factors", "personality/self esteem", "problem solving", "self control and self reinforcement" and "suicide".

An appendix (A) provides a "quick view guide" that summarizes each of the measures reported to provide for quick comparison between measures. The subsequent appendix provides reprints of 24 of the measures reviewed in Chapter 4–6.

The range and diversity of measures identified in this book make it a potentially useful resource for clinicians and researchers. It does, however, have its frustrations. The information provided on each measure is quite limited and in most cases it would probably be necessary to obtain source references to make a properly informed choice of measure and as it is a US publication it is not surprising that the information has a strong American bias. There is also no information about UK suppliers of any of the tests listed. However, even allowing for these qualifications, this book would be useful starting point for clinicians wishing to develop a comprehensive battery of depression measures, both for those wishing to update their current assessment tools and for newly qualified clinicians wishing to educate themselves as to the range of depression measures that are currently available. With a price of £49 I would imagine that this would be a purchase for departmental libraries rather than individuals.

Steven Jones University of Manchester