Book Reviews

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The Mental Health Handbook (rev.)
Trevor Powell
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Trevor Powell’s Mental Health Handbook has become a much used and appreciated resource manual for clinical staff needing good quality (copyright free) photocopiable materials for use with clients. Whether in individual or group work, in cognitive-behavioural or “empirical” helping strategies, these resource pages are a valuable means of backing-up verbal information with well written explanatory “take-away” pages. The inclusion of copyright-free clinical measures is most helpful; and to some extent restores faith in authors of such inventories (though some seriously wealthy authors remain excessively protective of their incomes).

This edition provides the following measures for ready use: Obsessional Compulsive Behaviour Checklist; Effect on Life Inventory; Hospital Anxiety and Depression Scale; Physical Symptom Inventory; Worrying Thoughts Questionnaire; Fear Inventory; Assertiveness Questionnaire; Self-Caring Questionnaire; Work Stress Inventory; Type A Personality Behaviour Questionnaire; AUDIT (Alcohol Use Disorders Identification Test); Relationship Satisfaction Questionnaire; and the Early Signs Scale for Psychosis. In addition, there are several Diary and Data Collection sheets.

The ring-bound, A4 format, second edition retains the same six section structure of the first edition (1992), covering Managing Anxiety, Assertiveness, Depression, Stress, Changing Habits and Behaviour, and Caring for Others (for psychosis and dementia). All content pages
are reformatted and most are rewritten, updated and expanded (some extensively reworked). New contents that are well prepared include pages on Worry, Social Anxiety, Health Anxiety, Bereavement and Loss, Self-Care, and Procrastination. There are expanded and reworked pages on Perfectionism, Jealousy, Work-place Stress, Irritable Bowel Syndrome, Chronic Fatigue Syndrome, Bulimia Nervosa, Anger Management, Relationship and Sexual Issues. Individual clinicians will need to spend time familiarizing themselves with the wealth of content in order to effectively select and decide how to, and how not to, use any item. But this is a valuable investment of effort. Sitting with a client and not having a resource to hand when this book is on your shelf seems daft, so purchasers do need to evaluate this book more ably than a textbook that they can ignore until need demands a reading.

Cognitive and behavioural purists will find much within this volume to reject as well as accept. Such purists will undoubtedly have such well organized and well prepared resource materials of their own that they will never need to utilise these resources. But, if you are your average jobbing CBT therapist, helper or counsellor this handbook will be a godsend. Buy it, hug it, borrow ideas from it, but use it.

The publishers do need to consider what to do next. The future editions of this resource need to be available both in book, CD-Rom and Website formats if they are to more effectively meet clinician and client needs. For now, just buy it and thank Trevor Powell.

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Contemporary Cognitive Therapy: Theory, Research and Practice
Robert L. Leahy
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Almost a decade has past since the publication of two comprehensive books on contemporary cognitive therapy: Frontiers of Cognitive Therapy, edited by Paul Salkovskis, and Cognitive Behaviour Therapy: Science and Practice, edited by David M. Clark and Christopher Fairburn. Contemporary Cognitive Therapy has been developed in the same spirit as these predecessors and draws together eminent clinicians and researchers from the broad sphere of CBT across a range of client populations. The book is indeed contemporary, and provides an excellent update of current research, theory and practice.

The book is divided into five parts: Introduction, Theoretical and Conceptual Issues, Axis I Disorders, Personality Disorders, and Specific Applications. The introductory chapter, by Christine Padesky, is devoted to Aaron T. Beck’s seminal contribution to the field. This highly readable and often touching account not only describes the history of his work but also analyses the qualities Beck possesses that have made him so successful, influential and well-liked. The next section goes back to business as usual and contains five thought-provoking chapters on conceptual issues within CBT. Christine Scher, Zindel Segal and Rick Ingram critique Beck’s approach to cognitive vulnerability to depression and provide fruitful links with attachment theory. Steve Hollon and Robert De Rubeis review the effectiveness of CBT for depression. This is an important update that includes previews of data from their latest trials. The chapter by John Riskind on GAD provides an overview of his work on “Looming Vulnerability”,
a concept that turns out to have good face validity and considerable empirical support. Also within this section, Diane Chambless and Michael Peterman provide an update on the efficacy of CBT for GAD and panic disorder, and Robert Leahy makes a convincing case for biases in decision-making across psychological disorders, in particular the “sunk cost” effect.

The section on Axis I disorders covers PTSD, OCD, GAD, substance abuse, bipolar disorder and schizophrenia. Several of these chapters describe cutting edge models and their most recent empirical evidence. For example, David M. Clark and Anke Ehlers provide an update on the research and practice relating to their model, and Neil Rector provides an overview of his theoretical work with Beck, its evidence and clinical implications. Adrian Wells also provides a contemporary overview of his metacognitive approach to GAD and PTSD. The fourth section of the book contains three chapters on current CBT approaches to personality disorders, including contributions by Jeff Young, Judith Beck and Arthur Freeman. These chapters integrate well with earlier sections, showing how the cognitive model can be applied to more complex presentations.

The final section contains three chapters on evolving applications of CBT: drug combination therapy, CBT with couples, and cognitive behavioural family therapy. Again written by leading authors, these chapters are perhaps the most interesting in the book because of their interdisciplinary potential. In particular, Jesse Wright’s article on combined treatment is thorough, theoretically minded and yet highly practical in its recommendations (and reservations).

It is almost a truism to say that CBT is a rapidly evolving area. This book does justice to the fast pace of change within CBT while remaining well integrated with the roots of cognitive therapy that were pioneered by Beck. Each chapter provides sufficient information for readers to evaluate whether the approach taken has internal validity and empirical support, pointing them to more detailed references, such as therapy manuals and theory papers. There are two minor shortcomings of the book that are immediately evident. First, there is no attempt to provide an overview, or even comment on the chapters in the book. For example, it would have been very interesting, to compare, contrast and integrate the alternative approaches to GAD and PTSD described in different chapters. Second, there are no chapters on two contemporary developments within CBT: mindfulness-based CBT and Acceptance and Commitment Therapy. Putting these points aside, Robert Leahy’s book is arguably the most cutting edge collection of works from the key contemporary figures within CBT. I would recommend it for CBT therapists and researchers, especially those involved in treatment development and those who work with a wide range of client groups.

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Mental Imagery and Memory in Psychopathology: Special Issue of Memory
Emily Holmes and Ann Hackmann
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In 1976, Beck emphasized the value of meanings in creating therapeutic change, and drew therapists’ attention to the importance of imagery, as well as verbal thought, in the creation of
meanings. However, the focus in cognitive therapy remained on verbal thought, to the almost
total exclusion of imagery, until the last decade when researchers, such as the editors of the
present volume, Hackmann and Holmes, and theorists such as Teasdale, Ehlers, Clark and
Brewin, identified the theoretical, phenomenological and practical importance of imagery in
psychopathology.

Imagery work can now be regarded as being at the leading edge of development in cognitive
therapy, and this volume is at the very leading edge of imagery work. Holmes and Hackmann
have gathered together an exciting collection of papers. Their aims are to examine recent
work on intrusive imagery in PTSD, and other disorders; to cover new information processing
theories and experimental work in the field of imagery; and to consider their implications for
psychological therapy. In these aims, they succeed admirably. Even five years ago, such a
volume would have been inconceivable.

Reading this volume, it seems extraordinary in retrospect that we have left the study of
imagery – with rare exceptions such as Lang – for so long. The phenomenology is fascinating
(though not for those unfortunate souls who are prey to its worst excesses). The brain can play
such tricks on us. Hence in PTSD, intrusive images (flashbacks) appear in “present time” and
may be experienced as if they are real. They lack both time code and context. They function as
“warning signals”, yet go off at seemingly random times in response to stimuli that carry no
actual danger (e.g. sunlight casting a shadow across the grass) but have perceptual similarity
to stimuli at the time of the original trauma (car crash). The intrusive images cease only when
the meanings are re-evaluated, differentiation is made between “now” and “then”, and the
traumatic events are placed in a coherent narrative.

Driven in particular by the work on intrusive memories and images in PTSD, ably
summarized by Ehlers, Hackmann and Michael in the present volume, our understanding
of the role and importance of imagery in psychopathology has mushroomed, and diversified
into other disorders. Here, there are fascinating papers on imagery in agoraphobia (Day,
Holmes and Hackmann), body dysmorphic disorder (Osman, Cooper, Hackmann and Veale),
bipolar depression (Mansell and Lam), social anxiety (Stopa and Bryant; Hirsch, Meynen
and Clark), and psychosis (Morrison); and Gilbert and Irons point the way to one direction
of future imagery work with a pilot study on the use of compassionate images in a group of
self-critical people.

In this volume, Holmes and Hackmann have provided a bridge from psychopathology
to cognitive psychology, ably balancing the clinical and phenomenological work with
experimental research on intrusive imagery. May, Andrade, Panabokke and Kavanagh highlight
the importance of imagery in their cognitive model of craving. Dadds, Hawes, Schaefer and
Vaka find that having high imagery ability correlates with the frequency with which people
report aversions, suggesting potential costs to being able to vividly imagine. And in two
papers with undergraduate participants, Bywaters, Andrade and Turpin demonstrate that some
of the features of imagery in psychopathology are replicable in normal subjects – for instance,
that intrusive images, and more emotionally arousing images, are more vividly recalled than
non-intrusive and more neutral images.

The volume is completed by Conway, Meares and Standart’s paper, Images and Goals,
which places intrusive imagery in a broader theoretical context; they argue that imagery is a
sort of “language” of goals, and that images are derived from goals. Intrusive images might
“maintain a set of dysfunctional beliefs that in turn preserve the goal system and protect it
from the need to change”.

A minor quibble about the volume is that the publishers might have produced a different cover if they wanted to sell this as a book – in the bookshop, what stands out is the word “Memory”, the journal title, with “Special Issue on Mental Imagery in Memory and Psychopathology” in much smaller print. Regarding the content, I can imagine that 10 years from now, such a volume will have a higher proportion of papers on the transformative impacts of imagery interventions in psychopathology. But we are not there yet.

This is a landmark publication in the field of imagery and psychopathology, and is likely to be the springboard for a whole new wave of research. It will appeal in particular to clinicians with a fascination for a genuinely exciting field, and to researchers who wish to expand upon the pioneering work of the present authors.

JAMES BENNETT-LEVY
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Cognitive Therapy with Chronic Pain Patients
Carrie Winterowd, Aaron T. Beck and Daniel Gruener

If you have had frustrating experiences working with patients with chronic pain, or if you happen to have an impression that these patients are “exceedingly difficult” to treat, then consider this book. You may find your view will be changed.

Written by seasoned psychologists and psychiatrists for practising therapists, this book presents a structured, focused 12-session individual treatment strategy specifically devised for patients suffering from chronic pain and its accompanying distress. This manual is based on Beck’s cognitive therapy approach, which has been demonstrated to be highly effective in treating a range of emotional disorders. This therapy aims to treat, while the patients acquire and apply new skills that will help them to experience less pain and emotional distress, cope better with changes, and maintain good working relationships with care providers, friends and family.

The whole book is organised into seven parts, beginning with Part 1 that serves to orient the reader to theories, assessment methods, and treatment considerations of chronic pain. In addition, the reader will learn the central components and features of cognitive therapy. In the first part, the reader will be shown how to develop a cognitive case conceptualization of a patient, engage the patient in sharing the conceptualization, and motivate the patient to adhere to the agreed treatment regime. Parts 2 and 3 of the book form the core of the treatment manual. These chapters aim to familiarize the reader with behavioural and cognitive intervention strategies incorporated into the therapy, including (1) pain monitoring, (2) activity monitoring, (3) scheduling and pacing, (4) relaxation strategies (5) identifying, evaluating, and modifying negative automatic thoughts (6) imagery, and (7) working with core beliefs. For readers who are no strangers to the principles and intervention techniques of cognitive therapy, they may still want to consult the examples/therapist-patient dialogues inserted in these sections, as some of them demonstrate beautifully how a clinician could sensitively address pain-specific maladaptive thoughts and beliefs of their patients. Widening the angle of intervention, Parts 4 and 5 show the readers how they can prepare their patients to address psychosocial
stressors that often go hand in hand with chronic pain, such as handling relationships with friends and family, managing regular interactions with medical professionals, and dealing with the occupational, financial and legal implications brought about by the pain condition. In particular, the reader will learn how to provide assertiveness training for their patients. Assertiveness may seem tangential to chronic pain, yet the authors make a strong case that sharper communication skills would help patients to feel better understood and to elicit greater support from others. Part 6 provides the reader with essential information about the rationale and practice of medical chronic pain management and draws attention to medication (mis)use as a potential barrier to recovery. This is an important topic, given that medical and pharmacological treatments are the first-line intervention strategies for most patients referred to psychotherapy. Finally, Part 7 closes with a brief note on treatment termination. The reader will learn from this section how to assist their patients to devise a self-help plan for relapse prevention.

This book is very well-written, logically structured, and pleasantly presented. It is a perfect starter for novice therapists who have had limited exposure to Beck’s approach to cognitive therapy. Experienced therapists may, however, find some of the information repetitive as this manual heavily grafts on the skills and principles developed by Beck, Rush, Shaw and Emery (1979). The reader may also notice that the majority of the in-therapy worksheets found in this book (e.g. Automatic Thought Record, Cognitive Conceptualization Diagram, Core Belief Worksheet) are adapted from those that appeared in the best-selling clinician’s guide, *Cognitive Therapy: basics and beyond* (Beck, 1995). Whilst this book has a good coverage of a range of issues key to the maintenance of chronic pain, the reader would have benefited even more had the authors (1) provided more direct evidence in support of the effectiveness of applying this particular cognitive therapy to chronic pain, and (2) included a section on special considerations when treating chronic pain patients with co-morbid disorders, such as depression, anxiety, insomnia and personality disorders.

Overall, this book is a welcome addition to the literature. Although it is intended to be a manual for treating patients with pain, this book could also be taken as a research agenda for clinicians who are keen to advance the current understanding of and treatment for chronic pain. Knowing which individual component of a therapy works, and which does not, is an essential step toward refining and optimizing the treatment clinicians could offer. More importantly perhaps, to therapists with an impression that chronic pain patients are “exceedingly difficult” to treat, this book sends out a positive message that working with this population could be a very rewarding experience. With compassion, patience and creativity, we can help enhance the quality of life of pain patients who often come to us as a last resort.

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References
