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Dean Schuyler (2003)
Cognitive Therapy: A Practical Guide
New York, W. W. Norton (218 pp.)

Reviewed by Evan M. Forman
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COGNITIVE THERAPY: *A Practical Guide* is an update of *A Practical Guide to Psychotherapy*, which was first published in 1991. The book is authored by psychiatrist Dean Schuyler who studied with Aaron T. Beck at the University of Pennsylvania Medical School, became a founding fellow of the Academy of Cognitive Therapy, and has gone on to become a professor of psychiatry and psychiatric residency supervisor at the Medical University of South Carolina in Charleston.

The book is aimed at helping the beginning cognitive therapist understand and apply the basics of cognitive-behavioral therapy. It details principles of cognitive therapy and offers discussions of specific applications (e.g., couples therapy). It also offers many clinical case examples to illustrate points made.

A Practical Guide opens with a discussion of the “active ingredient question.” Therapist and patient variables that are potential active therapy ingredients are reviewed and discussed. Unfortunately, this discussion is never connected to ideas in the remainder of the book, and in the end, the chapter seems unnecessary and a distraction. The second chapter briefly describes 14 “principles of practical psychotherapy.” Many of these practical principles are not particularly specific to *cognitive* therapy. Examples include, “Educate and engage significant others” and “Teach skills when they are lacking.” Whereas some seem more like platitudes or common sense (“Accept the patient”) there are points that are often overlooked (“Identify and utilize the patient's resources”—i.e., “In many cases ... the necessary skills are already present, but the patient is *obstacled* from utilizing them [p. 16]”). Each principle is briefly explained, but the discussion is generally too short to be truly useful.

The second section of the book contains several chapters connected with the “cognitive model.” Chapter 3 describes a number of specific steps the therapist must help the patient to take including identifying cognitions; recognizing connections between circumstances, cognition and affect/behavior; examining evidence for and against key beliefs; and trying out alternative conceptualizations. The chapter also introduces the application of the cognitive model to a specific form of psychopathology, namely depression. The next chapter discusses the “basics” of cognitive therapy and contrasts them with the ideas of psychodynamic psychotherapy. A good account is

given of the cognitive model (i.e., that cognitions mediate stimulus/situation and response, whether emotional, physiological, and/or behavioral). The explanation of the model is furthered through the author's use of examples from his own life (e.g., being afraid when investigating a noise in his home in the middle of the night, and then unafraid and relieved when he discovers that the noise is produced by the wind blowing against window shutters). He also uses a personal example (telling a joke in the midst of a talk to a large audience and getting “utterly no response”) to good effect to further illustrate the model and especially the concept of automatic thoughts. Subsequently, the chapter briefly considers cognitive errors and cognitive schemas.

Chapter 5 introduces the now-familiar “triple column technique” to elicit and record patients' situation-thought-feeling connections, and then expands the concept to a five-column technique to identify cognitive errors and compose alternatives to the original automatic thoughts. A particularly good guide is given to utilizing identified cognitive errors to modify entrenched automatic thoughts with specific examples of potential interventions for particular cognitive distortions.

When you reached the [distorted] conclusion, you placed yourself in the center of the screen. The outcome was expressed with you as the focus. Now try to remove yourself from the screen, refocus, and tell me what else you see. (p. 58)

Overall, this section of the book is relatively easy to read and is quite effective at helping the uninitiated grasp the basic concepts of cognitive therapy. On the other hand, its treatment of these concepts is probably too brief to satisfactorily educate those unfamiliar with cognitive therapy, yet too basic to be of use to those with more experience. Moreover, given the many books that already exist about cognitive therapy (e.g., Beck, 1995), one could reasonably expect this section to offer something new or improved, which it does not. Also, parts of this section are somewhat rambling and disorganized, making it sometimes difficult to grasp the author's points. Interesting issues are raised implicitly (e.g., use of self-disclosure and humor), but discussions are too brief and perfunctory to be helpful.

The third and fourth sections of the book are full of interesting material, but this material is not coherently organized and not nearly satisfactorily synthesized. For example, the reader is likely to feel disoriented when the discussion of the cognitive model is immediately—and without transition—followed by a chapter called “In Love—Out of Love” about helping patients cope with unrequited love. However, the material is rich, and

includes discussions of topics such as challenging the “icon” that has been constructed of the love interest and alternate conceptions of multiple relationship “failures.” This chapter is unique in that material related to romantic relationships and rejection, despite being quite common as presenting problems and having strong implications for dysphoric affect, is rarely considered in cognitive therapy texts. Similarly, the next chapter also applies cognitive therapy techniques to topic areas not as often considered by authors, namely marital separation and job loss. The following chapter, about conducting cognitive therapy with elderly patients, seems to accomplish nothing more than to make the point that there are not large differences in the application of cognitive therapy to these patients and younger ones. As with much of the book, its organization into a broader context is missing.

Chapter 9 is ostensibly about long-term cognitive therapy, but appears to be mostly about schema work. Discussions of cognitive therapy schema work are not as common as discussions of treatment of specific disorders, and thus the discussion of it here was most welcome. Surprisingly, there was almost no mention or integration of other schema work formulations (e.g., Young, Klosko, & Weishaar, 2003). As was the case throughout the book, there were wonderful descriptions of case examples. Some of these case examples described transformative therapy experiences in which enormous life changes take place in patients. However the reader is left unsatisfied because only seemingly modest therapeutic interventions are described; one can't help feeling that the real power of the intervention has gone unexplained.

Chapter 10 is especially noteworthy in its departure from standard-issue cognitive therapy approach. In fact, the title of the chapter, “Reparenting,” immediately conjures up psychodynamic allusions, although the author is clear that cognitive therapy in his mind does *not* share the dynamic goal of helping patients experience “healthy anger” toward their parents as a result of their failings. Instead, “reparenting” here is described as a longer-term therapeutic treatment, primarily for children and adolescents with “depressed mood, pessimistic outlook and low-self-esteem; generalized anxiety and often specific avoidances, along with a variety of self-defeating behaviors” whereby the therapist becomes

accepted as an alternative parent and actively challenges the conceptual matrix the adolescent or young adult has formed to meet life's situations. Little by little on a succession of issues, old ideas are discussed, sometimes acted upon, reviewed, and labeled with regard to cognitive errors (where appropriate). Alternatives are sought, tried on and tried out. (p. 106)

One confusion inherent in the chapter is whether “reparenting” is in actuality different than cognitive therapy as it is described elsewhere in the book, other than being longer-term and with younger patients. One gets the sense that the concept of “reparenting” is something beyond standard CT, but as before, the principles of the approach are not well defined and take a great deal of effort to extract. Increased emphasis on identity formation (including the freedom to make choices and the way these choices helped to define us) and the provision of additional structure are the two differences that are explicitly stated. Yet perhaps the largest component of the author's reparenting approach is a specific emphasis on forming a deep and meaningful therapist-patient relationship that is itself a powerful therapeutic instrument and is somehow integrally involved in the modification of a patient's negative self-relevant core beliefs. How this is accomplished and the relation of this approach to both traditional cognitive therapy and more dynamic therapies, especially self-psychology, are not discussed. An intriguing mention is made of explicitly focusing on the therapist-patient relationship in session, but an in-depth discussion is missing.

In the next chapter, the author briefly discusses cognitive-based couples therapy. A reasonable account is given of how cognitive sets (e.g., “I expect him to do as I do”) of each member of the couple act to impair the relationship. While the case example is well-presented and rich in detail, it is, by the author's own admission, an exception rather than the rule in that it involves alternating individual and couples therapy by the same therapist. Again, the discussions in this portion of the book are too short to be of real use.

The body of the book ends with a sound argument for suggesting “follow-up” sessions at some point after termination. The concept appears to be nearly identical to the notion of “booster” sessions that have been discussed by other cognitive therapists (e.g. DeRubeis, Tang & Beck, 2001), but is here discussed with particular wisdom and insight. At the end of the chapter is a series of case examples whose purpose is not entirely clear.

As alluded to earlier, case examples are one of the most valuable parts of this book. The last chapter, which is a rather long one, consists almost entirely of case examples. In fact, the chapter promises to be organized in terms of *session* examples rather than case examples in the sense that it will use real patients to illustrate, session by session and hour by hour, what it is like to have a cognitive therapy practice for a week. Presentation in this format would be a nice addition to the many case examples provided throughout the book and would have a number of benefits, not the least of which would be a better understanding of what takes place in any *individual*

session, which in turn gives the reader a more direct set of instructional information that can be more easily applied. Disappointingly, the descriptions of the 9 a.m., 10 a.m., etc., sessions turn out to be synopses of the entire treatment.

The case examples chapter also contains a brief discussion of clinical supervision, which is especially welcome as one gets the impression that the author is a gifted supervisor. A number of important aspects of the cognitive therapy supervision are mentioned, including using the supervisees own experiences as teaching examples of the cognitive model, encouraging supervisee's to write up and publish case reports, and modeling potential cognitive therapy interventions. However, this section is more of a teaser than a substantial treatment of the topic.

When taken as a whole, *A Practical Guide* is a mild disappointment. It seems as if the author has much knowledge and wisdom to convey to the reader. Case examples suggest top-notch technique and the ability to arrive at especially good outcomes with patients—even challenging patients. However, for the most part, the book is unable to successfully convey to the reader the secrets behind these outcomes. While it does nicely cover the basic methodology of cognitive therapy, there are more thorough and organized accounts of the basics of cognitive therapy already in existence, and one can't help feeling that there is so much more wisdom that the author could be transmitting. Much of this wisdom is *suggested* from the case examples, but never thoroughly or specifically discussed. It seems clear that if one were to simply employ the basics of the methods outlined in this book on the patients used as examples, they would not make the gains described.

In fact, the most valuable teachings appear buried within the case examples and are difficult to extract. One category of wisdom contained, but never explained, within the case examples is the setting of sophisticated therapeutic goals that may do more than any other factor to further meaningful increases in well being:

She defined career interests ..., established a framework for relating to her parents and became able to ignore some of their repetitive negative comments that used to prompt withdrawal. She became more willing to take social risks, and developed a more philosophical (and less catastrophizing) outlook on relationship outcomes. (p. 107)

Other interesting topics that are touched on but never discussed explicitly include: when it is advisable to transition from writing down situations, thoughts, and feelings to simply noting and discussing them; using graphical means of representing emotion in order to derive patterns and cognitions; modification of core

beliefs and the extent to which focus on formative experiences versus the current day will maximize change; modifications to standard CT practices when the patient is struggling with an alcohol/substance addiction; the use of metaphors and popular songs to illustrate principles of the cognitive model; and the use of humor to “shift set.” Of special note is the fleeting mention of a number of instances of the author's willingness to extend the boundaries beyond the traditional therapist-patient relationship. For instance, he indicated that he tells some of his younger patients a great deal about his own children, he has revealed to one patient his experience of being terminated from an academic position, and he spoke of a “growing friendship” between himself and a couple he was treating. Given the controversy that sometimes exists around the merits versus dangers of boundary extensions in therapeutic relationship, more discussion and rationale appear warranted.

This book is purposely focused on cognitive therapy and not on behavioral, interpersonal, supportive, or other strategies. Thus, the instructional portions of the book are limited to explanations of cognitive techniques. A few potential problems exist with this approach. First, most practitioners, even those who identify as cognitive therapists, conduct therapy with an integrated mixture of approaches (Norcross, Hedges, & Castle, 2002). Secondly, outcome research suggests that for most disorders, the behavioral components may be as or more effective than the cognitive ones (e.g., Foa & Rauch, 2004). Perhaps most importantly, however, is the fact that the many full and partial case examples make it clear that the author himself engages in an integrated form of psychotherapy wherein cognitive approaches are just a piece of the pie.

Though it was revised in 2003, *A Practical Guide* does, at times, appear dated. This goes for its language, its citations of empirical work, and its relative lack of attention to customized cognitive behavioral therapy packages for specific disorders that have been developed and empirically validated. Perhaps most prominent is that three of the four books mentioned as good self-help books for patients were written between 1977 and 1980.

A Practical Guide compares unfavorably to highly organized, structured, and easy-to-digest texts, such as Judith Beck's (1995) *Cognitive Therapy: Basics and Beyond*, especially in how readily readers are able to derive a “take-home message” that can be understood, remembered and applied. However *A Practical Guide's* lack of structure, rules, and how-tos, and its looser, less scripted, and more eclectic approach may make it much more appealing to those who are by inclination or early training not of a cognitive-behavioral bent. And, in fact, there is a deliberate, and probably successful, effort made by the

author to speak to those with preconceived negative feelings toward cognitive therapy.

In sum, *A Practical Guide* provides a readable and interesting, though somewhat disjointed, account of the basics of cognitive therapy, and covers, albeit superficially, numerous topics that other cognitive therapy primers do not. The book is especially rich in clinical examples, but the techniques, skills and clinical acumen reflected in them are not sufficiently explicated. There is no doubt that its author is a gifted cognitive therapist with much wisdom to impart, and motivated readers, willing to expend the effort to extract this wisdom, will find themselves richly rewarded. Others, looking for a how-to guide to cognitive therapy (and perhaps misled by the book's title), may be disappointed.

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Richard G. Heimberg, Cynthia L. Turk, & Douglas S. Mennin (Eds.). (2004)
Generalized Anxiety Disorder: Advances in Research and Practice

New York: The Guilford Press

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GENERALIZED anxiety is not a new concept in the field of psychology. As early as 1920 Freud wrote about “anxious neurosis.” The first *Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association [APA], 1952)* included “anxious reaction” as a

diagnosis and the DSM-II (APA, 1968) reinstated “anxious neurosis” as a category. However, these diagnoses were quite heterogeneous and included the modern diagnoses of generalized anxiety disorder (GAD) as well as panic disorder.

GAD was not included as a separate diagnostic category until the conception of the DSM-III (APA, 1980). Sadly, due to its poor reliability, this new diagnostic category got off to a rocky start and quickly developed a reputation for being a poorly defined, residual category. Some researchers even argued that GAD should not be considered a unique diagnosis. Fortunately, GAD was not removed from the DSM. Instead, the diagnostic criteria were revised so as to include less ambiguous, empirically supported criteria, which greatly improved its reliability and utility. *Generalized Anxiety Disorder: Advances in Research and Practice* by Heimberg et al. (2004) demonstrates that this once vague and unreliable disorder is now a well-established and valid diagnosis. Although the coverage on available information about GAD in this volume is extensive, the understanding of the etiology, theoretical underpinnings, and treatment of this disorder is still in its infancy and worthy of further research. This volume is an important compendium for the student, researcher, and clinician eager to contribute to and expand our growing understanding of GAD.

The book is divided into four parts, with each addressing different aspects of GAD research. The first section, “GAD in the Clinic and Community,” is an excellent overview of the diagnostic features, epidemiology, and etiology of GAD. Although this section of the book would likely be review for more advanced clinicians and researchers, it provides a solid foundation for a reader with little prior knowledge of GAD. It is written in a clear, straightforward manner that is free from technical jargon and would be an excellent addition to an advanced undergraduate- or graduate-level class.

The following two sections, although still accessible to the general public, become more technical and address the theoretical and empirical approaches as well as the assessment and treatment of GAD. Notable theoretical chapters include offerings by Borkovec, Dugas, MacLeod, and Wells, which provide information that is concise, edifying, and up-to-date. Following an assessment chapter written by the editors, comprehensive chapters by Leahy, Crits-Critstoph, Newman, and Gould on psychotherapies span the range of cognitive-behavioral, psychodynamic, and integrative approaches to treatment. Finally, Lydiard contributes a chapter on contemporary approaches to pharmacological treatment of GAD. Given the breadth and complexity of these topics, this book does not attempt to provide an in-depth exploration of these areas. Instead, it provides a general overview and is an excellent starting point for further research into these topics.