

## Cognitive-Behavior Therapy for Severe Mental Illness: An Illustrated Guide

by Jesse H. Wright, M.D., Ph.D., Douglas Turkington, M.D., David G. Kingdon, M.D., and Monica Ramirez Basco, Ph.D.; Arlington, Virginia, American Psychiatric Publishing, 2009, 374 pages, \$65

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Over recent years, cognitive-behavior therapy (CBT) has gained evidence of its effectiveness in improving the lives of persons with severe mental illnesses. Psychiatrists have learned through experience and research that medications alone cannot bring a person to recovery. We have also learned that the evidence base alone cannot bring even a motivated clinician to feel competent and confident in implementing best practices.

*Cognitive-Behavior Therapy for Severe Mental Illness* is an illustrated guide that provides a book, a DVD, and a bridge to improved treatment for persons with schizophrenia, bipolar disorder, and depression. All four authors are respected authorities in the field of CBT. Dr. Wright is author of five books, author of the first multimedia program for computer-assisted psychotherapy, and founding president of the Academy of Cognitive Therapy. Dr. Kingdon and Dr. Turkington, both from the United Kingdom, provide a depth of experience and expertise in the area of CBT for schizophrenia. Dr. Basco, also internationally recognized in CBT and a founding fellow of the Academy of Cognitive Therapy, is an expert on CBT for bipolar disorder.

The authors construct foundation chapters, which include the building blocks of engagement and assessment, normalizing and education, case formulation, and treatment planning. With this groundwork completed, the reader builds skills further with CBT strategies to target the illnesses' core components that affect daily living, which range from im-

paired cognitive functioning and negative symptoms to mania and depression to challenging interpersonal problems. The authors generously share their knowledge by providing worksheets and checklists in an appendix to help clinicians and patients implement CBT.

The chapters include a range of educational modalities for learning CBT: case formulations, key points for clinicians, concepts and skills for patients to learn, scripted therapist-patient dialogues, and learning exercises that engage the readers to understand empathically the patient's situation. In addition to the well-written text, the DVD provides video illustrations of each of the authors working in five patient scenarios, addressing the challenges for persons with schizophrenia, bipolar disorder, and chronic depression. The 18 video episodes of clinician-patient sessions also elaborate on specific techniques to address crucial topics, including CBT for treatment adherence and suicide risk, as well as treatments for the hopelessness of depression, the

grandiosity of mania, and the resistant delusions and hallucinations of schizophrenia.

Some noticeable absences are worthy of mention. For example, the authors chose not to address the use of CBT for co-occurring substance use disorders. However, given their high co-occurrence with severe mental illness and especially given the high impact of alcohol and substance use on function, morbidity, and mortality for this population, attention to CBT for this high-risk area would have been welcomed. Although suicide is addressed, more focus on use of CBT for risk reduction strategies for aggression would have been helpful. Also, given the expertise, experience, and teaching skills of the authors, having video illustrations of supervision with the clinician explaining clinical strategy would have provided another dimension for learning.

Despite these absences, this innovative volume is a "must have" for clinicians who serve persons with schizophrenia, depression, and bipolar disorder. It is also a fine resource for peer support specialists to consider. *Cognitive-Behavior Therapy for Severe Mental Illness* is truly an illustrated guide not only to read but to experience, including the DVD, with or without popcorn.

*The reviewer reports no competing interests.*

## Clinical Manual for Diagnosis and Treatment of Psychotic Depression

by Anthony J. Rothschild M.D.; Arlington, Virginia, American Psychiatric Publishing, 2009, 207 pages, \$55

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Examples of psychotic depression are in the media all too often: the mother who inexplicably drowns her children in a bathtub and the quiet graduate student who kills his teacher and classmates, then turns the gun on himself. These are unfortunate examples of psychotic depression—a serious, life-threatening illness that, while treatable, is often overlooked or

mismanaged by mental health professionals, with tragic results.

Dr. Rothschild states in his preface that he wrote this book to help clinicians better recognize and treat psychotic depression. He believes that it

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is frequently missed as a diagnosis, often being mistaken as simple depression or as paranoid schizophrenia. Being incomplete, both diagnoses lead to treatment errors and bad outcomes. He believes that the general lack of clarity about the illness results from too few clinicians' having specialized in its treatment, a misperception that its incidence is rare, and almost no relevant research studies. Dr. Rothschild cites research indicating that from 16% to 54% of patients diagnosed as having major depression may instead have psychotic depression. The author backs up his allegations about psychotic depression's being an "orphaned disorder" with the sobering facts that from 1983 to 2003 the National Institute of Mental Health did not fund one study of medication treatment for the disorder and that no treatments of the disorder have been approved by the Food and Drug Administration. He also points out that the second edition of the American Psychiatric Association's Practice Guidelines for the treatment of patients with major depressive disorder, published in 2000, dedicates only one paragraph to the treatment of psychotic depression.

Dr. Rothschild is the perfect champion for bringing his concerns to the psychiatric community; he has spent 25 years in both the clinical and research settings diagnosing, studying, and treating patients who have psychotic depression. He is a professor of psychiatry at the University of Massachusetts Medical School. His book is an attempt to summarize his vast experience into an evidenced-based, approachable, pragmatic manual. The guide has utility for the clinical psychiatrist in practice as well as for those in training, clinical researchers, general practitioners, neurologists, psychiatric nurses, and others in the mental health professions.

The book is a thorough overview of the disorder and is organized into chapters that cover epidemiology, family studies and genetics, biology, diagnosis, treatment, and special populations. The book also includes a chapter on the nursing care of psychotic depression, written by Judith

Shindul Rothschild, Ph.D., R.N., C.S. Of particular interest is a somatic algorithm for the treatment of psychotic depression and a helpful overview of electroconvulsive therapy. Each of the chapters concludes with a bulleted list of clinical pearls as well as cited references and recommended readings for further study. The book is concise, well written, and easily referenced.

In summary, this manual goes a long way toward filling the gaps in our understanding of psychotic depression while giving strong clinical guidelines for improving the treatment of those with the disorder. It is a welcome addition to any mental health professional's library.

*The reviewer reports no competing interests.*

### Caregivers: Drowning in a Sea of Cognitive Challenges, 2nd edition

by Delaune Pollard; Monona, Wisconsin, Cantankerous Cow Books, 2008, 432 pages, \$29.95

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For almost 30 years, Mace and Rabins' *The 36-Hour Day* has been the premier resource for professional and informal caregivers for persons with dementia. Thus it was in anticipation of a fresh perspective that I began to read *Caregivers: Drowning in a Sea of Cognitive Challenges*, by Delaune Pollard.

Ms. Pollard is an occupational therapist who presents seminars to health professionals and laypersons on the Allen Cognitive Level Screen, which is used as a model to explain the behavior of persons with cognitive deficits and the effects of their behavior on informal caregivers. This book is based on her seminars, and she describes her efforts as "weav[ing] together scientific knowledge, humanistic stories and practical information into a powerful resource book."

It is an ambitious work at 432 pages, and the table of contents appears quite promising. At first glance, the titles of the chapters suggest a logical flow, beginning with identifying the multiple challenges and burdens of caregiving, proceeding to an explanation of the factors that result in caregiver stress, and concluding with solutions and resources. When reading, however, I found that this

book has so many flaws that I felt as though I were the one drowning in the challenge of wading through it.

Pollard writes in a style that may be an attempt to be conversational but is actually tangential and undisciplined. She starts a chapter or section by addressing the title issue but veers off topic quickly and completely. The editing shows no regard for rules of grammar, punctuation, or even getting a point across. A typical sentence is redundant and circular, as though it had been cut and pasted without thought, such as this one: "The physician told Jock his mother's medication would need to be monitored to control his mother's condition her medication would need to be continually monitored."

Not only is the author's writing difficult to follow, but she addresses the reader as though she is the only one who can fully empathize with and provide help for the victimized caregiver. Throughout the book she describes the behaviors of persons with cognitive decline as "spiteful," "selfish," and "abusive." She describes health, legal, and social service professionals as adversarial and generally not understanding or acknowledging the impact of deficits in cognitive functioning. She dismisses physicians' assessments as inadequate and inappropriate in the face of relatives' concerns about a patient's cognitive decline.

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