

High-Yield Cognitive–Behavior Therapy for Brief Sessions: An Illustrated Guide

Jesse H. Wright, Donna M. Sudak, Douglas Turkington & Michael E. Thase
American Psychiatric Publishing, 2010,
£49.00 pb (incl. DVD), 380 pp.
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This textbook is written for psychiatrists and other clinicians interested in utilising cognitive–behavioural therapy (CBT) techniques in combination with more conventional pharmacotherapy. It recognises the time constraints placed on doctors during busy clinics and attempts to teach brief and practical interventions that can be utilised during 20-minute sessions as opposed to the traditional ‘50-minute hour’.

Most practitioners unconsciously adopt a CBT approach towards patients and this book simply suggests a more structured and productive way of doing this. The objective is excellent, with individual chapters dedicated to the more common problems seen in clinical practice – adherence, depression, maladaptive thinking, hopelessness and suicidality, anxiety, insomnia, delusions, hallucinations and substance misuse. The inclusion of various worksheets and checklists as appendices was very welcome. There is also a DVD demonstrating how to implement the techniques being taught. Although the somewhat outdated attire of the actors is slightly off-putting, it is useful to witness the experts in action.

The format of the book is logical and comprehensive, but the lack of colour and unrelenting text makes it aesthetically unappealing and difficult to dip in and out of. Concentration is required to wade through lengthy passages. However, as the book claims to be an ‘illustrated guide’, attempts have been made to break the monotony of text with occasional tables and diagrams.

The authors suggest a number of different formats for implementing combined CBT and pharmacotherapy. They attempt to maintain some flexibility with regard to who provides the sessions and the frequency with which they occur. Some of the suggested formats include joint patient care between a psychiatrist and therapist, with a mixture of both short and long sessions. This is perhaps a little optimistic and targeted towards our American colleagues with greater access to resources.

Overall, this is an excellent book and recognises the increasing expectations placed on doctors to approach patients in a more psychotherapeutic manner. It presents the use of CBT techniques in clinical practice as realistic, logical and achievable.

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Guide to the Psychiatry of Old Age

David Ames, Edmond Chiu, James Lindesay & Kenneth I. Shulman
Cambridge University Press, 2010, £29.99 pb, 158 pp.
ISBN: 9780521681919

This short book gives an excellent overview of the broad field of old age psychiatry. The authors quote Brice Pitt in describing the specialty as ‘general psychiatry only more so!’ and this really sets the tone for the whole book. As one might expect from a publication linked to the International Psychogeriatric Association, the authors provide geographically diverse perspectives, coming from Australia, the UK and Canada.

In addition to the expected clinical chapters, the authors manage to squeeze in chapters on the development of old age psychiatry as a specialty, the structure of services and the future of the specialty. The first third of the book mainly deals with dementia and this is one of the few books I have come across that has a separate chapter on the behavioural and psychological symptoms of dementia.

The comprehensive ICD–10 and revised DSM–IV diagnostic criteria are tabulated for most disorders, but personally I would have preferred description rather than these easily accessible lists. The chapter on delirium is particularly good and very clearly describes this complex syndrome.

After outlining the ‘three D’s’ of old age psychiatry (dementia, delirium and depression), the addition of mania, schizophrenia and other disorders seems rather like an afterthought. Indeed, the coverage of ‘the rest’ feels a little sketchy after the strong sections on the more organic side of old age psychiatry (I include depression because of the book’s emphasis on vascular depression). The therapeutic approaches advanced are broad and, interestingly, given the mainly biological slant, the importance of early life events is highlighted.

The main difficulty with this book is deciding exactly who the readership is. The sparsely referenced chapters and selected further reading make for readability but leave many questions unanswered in the text. In any case, most higher trainees and specialists in old age psychiatry would instinctively turn to the *Oxford Textbook of Old Age Psychiatry* (Oxford, 2008) for reference. Still, I will certainly be recommending this guide to colleagues in geriatric medicine and interested core trainees, medical students and members of the multidisciplinary team.

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