effective therapists are flexible, open, honest, set limits, repair alliance ruptures in a non-confrontational way; and need specialist training and supervisory support.

Most of the 'complex cases' that are supposedly our new brief will fall into one if not all of the four groups covered here. If British psychiatrists are to take their newly chosen role seriously, they will have to acquire the technical and personal skills and support they need to work psychotherapeutically, not just pharmacologically and managerially, with them. That is a major personal and educational task. Reading this book would be a good first step.

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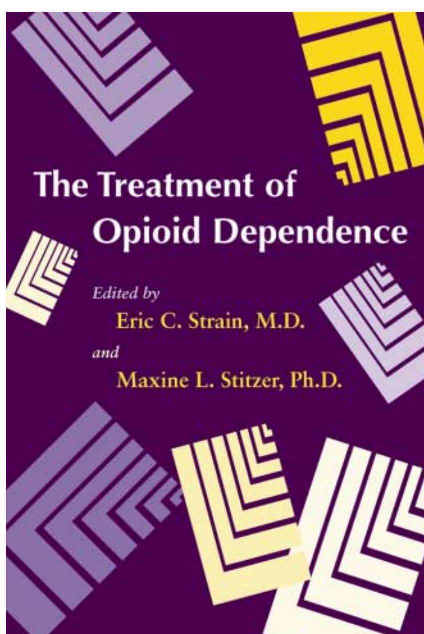
The Treatment of Opioid Dependence

Edited by Eric C. Strain & Maxine L. Stitzer. Baltimore, MD: Johns Hopkins University Press. 2006. 576pp. US$30.00 (pb). ISBN 0801883032

The number of patients in treatment for dependence on opioids has rapidly increased over the past few years, not just in the USA and UK, but through much of the rest of the world. Accompanying this expansion in treatment has been a broadening of the treatment options available. In 1999 these authors produced *Methadone Treatment for Opioid Dependence*. This book, *The Treatment of Opioid Dependence,* is in part an updated edition of the 1999 title; however, it also goes much further than the previous book focused on methadone treatment, with 11 added chapters (out of a total of 24), covering all major treatments for opioid dependence.



Undoubtedly, the authors achieve their goal of providing an extensive and objective overview of treatment options for opioid dependence; they also manage to link treatment to the evidence base, pointing out where evidence is lacking. Methadone, buprenorphine and other pharmacotherapies are discussed at length, as are various psychological and social interventions. The treatment of special populations, such as dual diagnosis and adolescents, is also reviewed. Chapters are clearly laid out and well written. This book is a mine of information and is extensively referenced.

The main criticism I have is that this book is too focused on the USA. Some chapters concentrate on the American treatment system and the rules and regulations that define practice in the USA. Much of this is not translatable to the rest of the world, although admittedly informative on how another treatment system works. This leads on to a curious omission; that of diamorphine prescribing. Although there are prescribing programmes and research trials in several European countries and a long history of its use in the UK, nowhere is it discussed or even acknowledged. A topic of great controversy and an unlicensed drug in the USA, it should not be ignored in a book aiming at an international audience.

I do not think these criticisms should turn anyone involved in the treatment of opioid dependence away from this book. It is concise, very well written and has a clarity that others would do well to follow. It is probably the best single book I have read on the treatment of opioid dependence and I have no hesitation in recommending it.

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Improving Outcomes and Preventing Relapse in Cognitive–Behavioral Therapy

Edited by M. M. Antony, D. Roth Ledley & R. G. Heimberg. New York: Guilford Press. 2005. 416pp US$45.00 (hb). ISBN 1593851979

This is a very topical subject. As one of the more evaluable psychotherapies, adherents to cognitive–behavioural therapy (CBT) have generated an impressive corpus of evidence for efficacy. Coupled with a very strong brand image, hardly a set of treatment guidelines seems to go by without featuring a specific recommendation for CBT, often first-line. However, current CBT evidence has an Achilles heel, that of duration of effect, most recently emphasised by a UK National Health Service Research and Development health technology assessment (Durham *et al*, 2005).

This illustrates the latest battleground for continued acceptance of CBT as a broad therapeutic approach, and is the very timely focus of this book. It is edited from a North American perspective (exemplified by a chapter on 'Couple distress'), but with a fair smattering of UK contributors and fairly conventional diagnosis-specific chapters elsewhere it should appeal to most practitioners.

Each chapter stands alone, following a standard format which first provides an overview of the disorder and conceptualisation before moving on to review empirically supported treatments (not just CBT but pharmacological and even electroconvulsive therapy for some disorders), predictors of CBT outcome for each disorder and then the real meat of the book – practical strategies for improving outcome and predicting and preventing relapse.

All the overview sections are good (often extremely comprehensive) as literature reviews, but probably double the size of the book compared to what would be needed purely to cover the crux of what one needs to do to improve outcome, as suggested in the title. This may or may not be good for you, but I certainly found it helpful to put the treatment strategies in context.

Most of the contributors are careful not to discuss CBT to the exclusion of other treatments and explicitly mention evidence for combining treatment modalities – surely a helpful addition for practitioners working outside the selective academic centres where this is less likley to be the norm. Detailed and well referenced case

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studies end each chapter and serve well to illustrate the more theoretical emphasis of preceding sections.

This is a good book – comprehensive and replete with practical strategies to hone what one already does as a CBT therapist, but refreshingly with more of an eye on outcome rather than process, which can rather overwhelm some of the more manualised approaches. The authors deal with evidence in an even-handed manner, and it is this balance coupled with a wealth of practical tips that contribute to this book's strong clinical utility and likely longevity.

Durham, R. C., Chambers, J. A., Power, K. G., *et al* (2005) Long-term outcome of cognitive behaviour therapy (CBT) clinical trials in central Scotland. *Health Technology Assessment*, **9**, 1–174.

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Sleep Psychiatry

Edited by A. Golbin, H. Kravitz & L. Keith. London: Taylor and Francis. 2004. 412 pp. £110.00 (hb). ISBN 1842141457

Sleep provides the foundation for daytime alertness, attention and learning. It is not a passive state but a complex, active cyclical process controlled by elegant mechanisms. The emerging specialty of sleep medicine utilises the expertise of respiratory physicians, neurologists, psychiatrists and psychologists. Sleep architecture may be disrupted in confusional states and affective, anxiety and neurodevelopmental disorders. With the recent revision of the International Classification of Sleep Disorders (ICSD), there is a clear need to incorporate research literature into a readily accessible text for practising clinicians. The introduction of this hardback book exploring the relationship between sleep and psychiatry is both timely and necessary.

There are 28 well-referenced chapters written by an international panel of experts. The text is structured to examine sleep physiology with particular attention to ontogenesis, REM (rapid eye movement) sleep and gender differences (section 1); developmental, psychiatric and forensic aspects of sleep (sections 2–5); and a concluding section offering a review of pharmacological and 'alternative' treatments.

The text provides a good review of insomnia and an interesting theoretical discussion exploring the relationship between REM sleep and search activity, providing a conceptual framework for anxiety and affective disorders. Sleep in developmental disorders is comprehensively reviewed although the clinical implications of reported sleep abnormalities often remain unclear. Perhaps the authors should be applauded for including a review of 'Normal and abnormal dreams' as this remains a subject of much controversy and ongoing curiosity. However, I felt the content was weighted to psychodynamic explanations and the evidence to suggest reliably identifiable characteristics of 'abnormal' dreams lacked rigour. An adaptive theory of parasomnias using chaos theory as a template argues that 'chaos' in cerebral and other (e.g. cardiac) regulatory centres is advantageous, allowing the flexibility necessary to perform regulatory functions. Parasomnias are considered as chaotic behaviours that reinstate cerebral control to produce a normal sleep pattern. The concept is further developed to incorporate the relationship between daytime habits, arousal and dissociation, although alternative explanations merit due consideration. A useful discussion of forensic sleep psychiatry is also provided.

Unfortunately, there is no overview of the ICSD, which would help to provide a contextual framework for the psychiatric aspects of sleep disorders. The text would also benefit from a chapter dedicated to the clinical and sleep laboratory assessment and investigation of sleep disorders. Much of the relevant information is dispersed in the various chapters but this is not an entirely user-friendly approach. Valiant efforts are made to overcome the lack of definitive research data. At times, however, the text transgresses into unnecessary detail, or even self-indulgence, without providing a sufficiently coherent overview, and thus lacks clarity. The expression of subjective views, which are acknowledged to be based upon personal clinical experience, does require a more robust analysis of the evidence, such as the stipulation that unusual childhood sleep positions may be predictive of later somatic problems. Repetition can become a little tiresome. It is not clear whether this is a deliberate strategy of reinforcement or an inevitable consequence of multiple contributing authors.

Although the text was a little disappointing, perhaps trying too hard and in so doing, losing focus at times, it remains worthwhile reading for any psychiatrist with an interest in sleep abnormalities. However, practising clinicians may find that access to information relating to the clinical management of sleep disorders requires some effort to filter out less relevant information.

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