



Book review

Wiley handbook of cognitive behavioral therapy, D J A Dozois, SG Hofmann, W Rief, J A J Smits, (Eds.), (2014), vols. 1–3, Hoboken, NJ, Wiley-Blackwell,

In an attempt to consolidate and communicate the vast literature on cognitive behavioral therapy (CBT), Wiley-Blackwell's website assures readers that this 3-volume text is an "authoritative and full survey" with "unrivaled coverage" of CBT. Indeed it is. Upon opening the first volume, the reader will quickly recognize many names of the experts who authored the comprehensive 57 chapters. Volume 1 covers general aspects of CBT conceptualization, format, and strategies. An introduction to the CBT orientation sets the tone for subsequent chapters by providing historical roots, case examples, and jargon-free explanations with research support. The reader is able to easily understand that CBT is a here-and-now examination of the patient's interpretations of events and relies on empirically-based techniques to empower change. Agency and active participation by the patient is underscored, as is the deliberate utilization of change techniques with empirically demonstrated effects. The opening chapter is on the therapeutic relationship, which underscores the importance of an often glossed over facet of CBT. Throughout Volume 1, the reader will find a refreshingly unbiased review by scholars who emphasize active or relational ingredients as curative, as well as illustrations and examples of process (e.g., crafting the relationship to fit the client, when and how to use energy, restraint, humor, tone) and content (e.g., setting the agenda). Subsequent chapters on cognitive restructuring, exposure, problem solving, mindfulness and acceptance, relaxation, habit reversal, social skills, and contingency management are outstanding. Each chapter provides relevant empirical support paired with practical application, session activities, and common pitfalls. I found the metacognitive therapy and emotion regulation chapters to be standouts, each providing broad yet understandable orientations to a variety of disorders and patient experiences. Additional chapters in Volume 1 examine cultural considerations, neurofeedback techniques, and motivational interviewing, and also address dealing with difficult cases and how to increase patient engagement with homework assignments.

Volumes 2 and 3 cover virtually all the disorder-specific CBT treatments, and this is not an overstatement. Volume 2 begins with CBT for psychosis and presents a compassionate, clinical, and empirical overview that integrates case examples, treatment goals, and outcome statistics in a coherent and organized manner. Similarly, the subsequent chapter on CBT for chronic pain is a gem, as it explains foundations of this treatment approach (operant treatment, biofeedback and relaxation, coping skill training, cognitive and mindfulness components, exposure in vivo) paired with detailed overviews of relevant outcome research, as well as dialogue examples (e.g., how to inform a patient

about exposure treatment) and active session tasks (e.g., fear hierarchies, exposure activities). Chronic fatigue, somatization and conversion, and hypochondriasis are also covered with a similar level of comprehensive detail. There are chapters on CBT for insomnia, eating disorders, gender-specific sexual disorders, and paraphilias. Some of these chapters are deliberately shorter, explaining empirically established limits of CBT effectiveness rather than overextending the CBT model. However, the reader will find helpful references and alternative strength-based, motivational interviewing approaches to treat conditions with limited CBT research support. Chapters on CBT for couples and families are also exceptional, each providing the structure, goals, and ingredients of CBT provided in different formats. Volume 2 ends with chapters on ADHD, conduct disorder, mood and anxiety disorders in children and adolescents, and even school refusal behavior. Volume three covers CBT for all anxiety and mood disorders, body dysmorphic disorder, and alcohol, tobacco, drug, and gambling disorders. Given the large number of disorders covered in these volumes, it may be surprising that antisocial is the only personality disorder covered in this text.

Although I initially thought that reviewing a 1482 page tome would be overwhelming, it proved to be a highly educational and enjoyable experience. Of course, any attempt to cover everything related to the most widely researched approach to psychotherapy has inherent shortcomings. The nature of such an undertaking requires a collection of expert authors, each with a different writing style and focus. The editors managed the collection of chapters to provide a relatively uniform presentation of material, but some chapters are more conceptual, empirical, or practical than others. As such, the reader may have unanswered questions regarding how to treat a specific patient presentation or session dynamic that is not addressed in this comprehensive text. However, readers will not be without useful references to more detailed, current, and impactful future readings. Additionally, there are gaps in how to conceptualize, prioritize, and treat interacting comorbid conditions and personality styles. However, I can confidently state that this book lives up to its promise as perhaps the most current, comprehensively detailed, empirical, and practical, "one-stop shop" for scholars and practitioners of CBT.

Jon Hinrichs

Department of Psychology, Wayne State University, United States