

Cognitive-Behavioral Therapy for Bipolar Disorder, Second Edition.

Monica Ramirez Basco and A. John Rush. New York: Guilford (www.guilford.com). 2005, 324pp., \$40.00 (hardcover).

Bipolar disorder can be a devastating illness. For a long time, treatment providers believed that effective treatment lay in medication alone. However, as clinicians become more aware of the value of psychotherapeutic approaches as an adjunct to medication management for the treatment of bipolar disorder, the importance of this book becomes palpable. Although there is certainly a need for more research, the data thus far indicates that cognitive-behavioral therapy is an effective adjunct to medication. In *Cognitive-Behavioral Therapy for Bipolar Disorder, Second Edition*, Basco and Rush provide a comprehensive set of cognitive and behavioral techniques useful for clinicians with varied expertise in the treatment of bipolar illness.

After an introduction and overview, the authors devote a lengthy, detailed chapter to medication which is fitting given the importance of medication in the treatment of bipolar illness. This chapter will enhance the nonpsychiatrist provider's knowledge about the types and effects (both wanted and unwanted) of the diverse array of medications used for bipolar illness. The comprehensive information is presented in both text and in table form, making it simple for practitioners to access.

Next, Basco and Rush devote two chapters to compliance issues. While it may be surprising to some that the authors spend considerable space on compliance issues, those seasoned in working with individuals with bipolar disorder know the importance of addressing this issue given the high rate of relapse, hospitalization, and suicide in this population. The authors debunk the myth that compliance is an all-or-nothing phenomenon and address the complexities about decision-making that affect compliance in a thoughtful and comprehensive manner.

In chapters six through ten the authors address the nuts-and-bolts of cognitive-behavioral treatment for bipolar illness. Basco and Rush stress the importance of psychoeducation for relapse prevention, with regard to both bipolar disorder in general and most importantly, how specific symptoms are manifested uniquely in different patients. The authors present a richly detailed chart outlining the common symptoms of both mania and depression at different levels of intensity. They advocate for the clinician to help patients become experts on their moods by tracking their history of episodes and their unique symptom presentation in order to facilitate early detection of episodes. In this vein, several straightforward methods of self-monitoring are presented including a timeline of past episodes, a symptom profile worksheet, and mood graph. Basco and Rush advocate for a collaborative approach between patient, family and treatment providers in the interest of relapse prevention.

The chapters on behavioral techniques are divided into adding positives and stopping negatives whereas the chapters on cognitive techniques are split into management of content and process changes. Basco and Rush have woven the techniques into the text in addition to presenting them in tables and charts. Among the behavioral techniques covered are activity scheduling and mastery, sleep hygiene, graded task assignment, and managing stimulation. In the chapter on cognitive management of content changes the authors discuss distorted cognitions typical of individuals with bipolar disorder and present multiple ways of challenging the thoughts. In addition, procedures for handling suicidal ideation are included in this chapter. In the chapter on cognitive management of process changes, the focus is on describing and managing the changes in the speed, organization, concentration and decision-making processes

typical of mania/hypomania and depression. The authors outline the steps for problem-solving in making decisions which the reader will find useful not only for decisions related to bipolar illness but for general stress management. Finally, in the chapter on stress management Basco and Rush both refer to and expand upon techniques previously described in the behavioral and cognitive techniques chapters as well as outline additional skills for practitioners to use to help patients to use their own resources for coping.

In the chapter on issues in interpersonal communication the authors outline the various ways bipolar illness may affect interpersonal relationships. Basco and Rush provide information on communication issues in general as well as material specific to bipolar illness. The importance of these issues cannot be underestimated given the potential for aspects of bipolar illness to seriously compromise relationships. The authors nicely outline dimensions of communication and assessment of communication deficits and then provide clear and concise suggestions for improving communication. This chapter will be useful for practitioners working with any patient with interpersonal deficits.

Basco and Rush provide an easy-to-follow and flexible set of techniques for treatment of bipolar disorder. Unlike the first edition, which was organized around a session-by-session treatment protocol, practitioners can pick and choose from a large array of cognitive and behavioral techniques as best fits the needs of the patient. However, for beginning clinicians and practitioners who prefer to work using a more structured approach, a treatment protocol is provided in the Appendix. In addition, in the final chapter, the authors articulate different ways of putting together a treatment plan based on patient needs.

The book is extremely user-friendly with its use of “Key Points for the Therapist to Remember” and “Points to Discuss with Patients” at the end of each chapter. These reminders will be particularly helpful for beginning therapists but also for more experienced therapists in need of a refresher. Vignettes are offered throughout the book to illustrate how to apply the techniques to different types of patient, in different stages of the illness. Overall, the authors maintain a good balance between an optimistic stance about the power of cognitive-behavioral treatment for bipolar disorder and a realistic stance about the difficulties of working with this population.

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