

Cognitive-Behavioral Therapy in Groups.

Peter J. Bieling, Randi E. McCabe, and Martin M. Antony. (August 2006) Guilford (www.guilford.com), 440pp., \$45.00 (Hardcover).

This is the book I would have liked to be able to read when I started running CBT groups sixteen years ago. As the authors state in their preface, this book attempts to “bridge the gap between the typical CBT protocols to follow particular strategies and the real-world messiness that is inherent in translating these specific strategies in a group context.” They also aim “to do justice to the complexities of being a group CBT leader and specify the set of skills that group leaders must know and practice if they are to be effective.”

The book is divided into two main sections and a shorter third section. The first part deals with general principles and practice of cognitive-behavioral therapy groups. The second part deals with cognitive-behavioral therapy groups for specific disorders, including panic disorder and agoraphobia, obsessive-compulsive disorder, social anxiety disorder, depression, bipolar disorder and eating disorders. There are, additionally, three chapters by guest authors on substance abuse (Rotgers and Nguyen), personality disorders (Freeman and Stewart) and schizophrenia (Roberts, Pinkham and Penn). The third part includes a very useful chapter reviewing the impact of comorbidity on treatment outcome and process, as well as a final chapter summarising key unanswered questions in the field of group CBT.

What I found particularly helpful about this book is that from the start, the authors acknowledge that CBT groups are “more than techniques delivered ‘simultaneously’ to multiple clients”. The focus of the book is therefore “the integration of CBT strategies, and the understanding and enhancement of group process to aid in learning and understanding cognitive and behavioural strategies.” This is a considerably more sophisticated approach to group CBT than has previously been available in the literature. The authors observe that this parallels the evolution in the individual CBT literature from an initial focus on techniques and principles towards more emphasis on the therapeutic alliance and interpersonal factors.

The first chapter of the book includes a review of two models from the group psychotherapy literature: those of Yalom (1995) and Burlingame et al (2004). The authors’ premise is that “the group literature offers not only a carefully thought out, detailed perspective on the functioning of groups but also a more highly evolved set of strategies for troubleshooting when groups are not functioning optimally.”

It is refreshing to encounter a serious attempt at integrating this literature with a CBT approach to groups. The authors point out that available data indicate that group process factors are recognised by patients as important to the therapeutic experience. Furthermore, these factors are predictive of patient improvement.

In the second chapter, the authors define group process within a CBT framework, identify how to use group process to enhance the delivery and impact of CBT group treatment, address how to attend to group process within a CBT structure, and consider different stages of group development and associated therapist tasks. Clinical vignettes are supplied to illustrate key points, and the pitfalls of ignoring group process are systematically explored.

Subsequent chapters in part I cover cognitive strategies in CBT groups, behavioral strategies in CBT groups, and overcoming obstacles in CBT groups. The added layer of complexity in groups as compared to individual therapy is amply illustrated by clinical vignettes, and strategies for managing this are suggested.

Part II presents detailed protocols and methods for treating specific disorders in CBT groups, focussing on both techniques and group processes unique to that type of group. One bonus of this section of the book are the up to date summaries of current cognitive models, assessment and treatment approaches and outcome studies for each disorder reviewed. In addition, the pros and cons of groups versus individual treatment for each disorder are discussed. This approach worked extremely well for all the axis I disorders covered, but perhaps not so well for the chapter on personality disorders, which lacked a clear overarching cognitive model, protocol for treatment or extensive data on outcome. Furthermore the conclusion of this chapter seemed to be that group CBT would be unsuitable for many patients with personality disorders, which left me feeling that the chapter was a little out of place in this book (others may disagree).

The penultimate chapter on comorbidity and CBT groups includes an integrated depression-social phobia protocol for illustrative purposes, as well as a useful discussion of the pros and cons of integrating protocols. An alternative, unified treatment protocol for multiple presentations based on Barlow et al.'s (2004) unified treatment model of emotional disorders is also provided, and its advantages and disadvantages are considered.

The final chapter describes some of the important unresolved issues in the clinical and research literature on group CBT, and offers some directions for future work.

This book will be a very valuable resource for professionals setting up and running CBT groups for a wide range of clients, as well as for professionals supervising CBT groups, and is highly recommended.

References

- Barlow, D.H., Allen, L. B., & Choate, M.L. (2004). Towards a unified treatment for emotional disorders. *Behavior Therapy*, **35**, 205-30.
- Burlingame, G.M., Mackenzie, K.R., and Strauss, B. (2004). Small-group treatment: Evidence for effectiveness and mechanisms of change. In M.J. Lambert, A.E. Bergin, and S.L. Garfield (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 647-696). New York: Wiley.
- Yalom, I.D. (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

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