

Cognitive Behaviour Therapy: A Practical Guide to Helping People Take Control
Danny C. K. Lam
New York: Routledge Press
(www.routledge mentalhealth.com)
2008, 234 pp, \$34.95 (paperback).

The book introduces itself as a handbook that is meant to help individuals explore negative beliefs and premises that play a part in the development and continuation of mental health problems. Dominic Lam's experience in Cognitive therapy is vast and in this book he organizes the components of Cognitive Therapy into several steps for individuals to follow based on an integrative model of causality for change. Specifically, Lam states that "Cognitive Behaviour Therapy: A Practical Guide to Helping People Take Control" offers a new integrative model of causality for instigating change, based on giving clients control and choice over these beliefs, and therefore over their mood and behavior".

Further, Lam focuses on the stigmas attached to 'mental illness' and uses specific cognitive steps to de-stigmatise the 'mental illness' label. Lam states that these steps will help individuals improve their self-esteem as well as improve their ability to manage personal and interpersonal difficulties. It is this control that helps individuals take control of their problems and therefore enhances their responsibility for recovery.

Lam has organized the book into several sections that are intuitively structured based on Lam's extensive knowledge of the therapeutic process. Beginning with the background that the individual brings with them prior to entering the therapeutic setting (Section on Societal Perspectives: Stigma, prejudice and discrimination) through the clients' and the therapists' views.

Chapter 1 focuses on the stigma surrounding mental illnesses in general. Lam handles this issue with aplomb using history, logic and data to deconstruct and then reconstruct a healthy view of taking care of one's brain. Chapter 2 builds on the basics of chapter 1 with an integrative causal model adding psychosocial factors as well as genetic factors. Chapter 3 adds a healthy dose of righteous indignation should one continue to experience stigma or prejudicial discrimination about mental illness or mental problems once completing the learning experience.

Section 2 moves onward to the Therapist Perspective of the Therapeutic process. Chapter 4 begins with an excellent story that Lam tells of his own experiences. This sharing of experiences throughout the book is done in a delightful, story-like manner that captures the interest of the reader and is of the perfect length to get the point across without being too intrusive as can be in some books. Lam conveys the usual responses of the therapist when confronted with the typical patient/client behavior and provides excellent brief examples of therapist responses. Techniques are exemplified such as "Daughter" and "Judge" techniques. Lam also provides examples of "homework" and therapist "facts of life".

Chapter 5 moves on to describe essential components in the cognitive behavior therapy relationship. These components are collaboration, case formulation, structure, socialization, cognitive behavior techniques and normalization. Lam describes each component and provides examples that are easy to follow and divided into component parts where necessary. For

example, under “Structure”, Lam divides this section into agenda setting, identifying and sticking to the problem, periodic feedback, homework assignments and summary.

Chapter 6 discusses the shared responsibility approach to the change process. This is an important chapter and I was very happy to see how well Lam used examples and stories to describe this section. Very often a new therapist will underestimate how the responsibility will shift for change process, often taking too much onto themselves by directing the patient/client rather than guiding. Lam handles this section extremely well demonstrating again his skills as a supervisor as well as a seasoned therapist.

Chapter 7 and 8 focus entirely on negative cognitions and behaviors. Lam has chosen to devote a section to this topic most likely due to the fact that the majority of clients/patients in therapy have this cognitive challenge as the priority. Lam describes several specific cognitive and behavioral techniques to focus on negative cognitive processes.

Chapter 9 is the homework chapter which discusses not only the importance of homework and how to manage this cornerstone of cognitive behavior therapy, but several types of homework assignment styles. Lam also discusses possible reasons for noncompletion of homework and relevance of homework.

Chapter 10 discusses biological treatments of mental illnesses. Lam does an excellent job of adding the medication components in to the beginning part of the book discussion regarding stigma and discrimination. The biological discussion continues to build with the importance of understanding how the body and brain function together along with the cognitive/behavioral components. Lam does a masterful job of working these components together in such a way as to honor both without diminishing either.

The third section of the book focuses on the Client’s Perspective. Lam begins to look at issues that the client brings to the table in terms of self-prejudice or personal issues that may complicate the therapeutic process. For example, in chapter 11 individuals who are approval-seeking are discussed as a clinical problem. Lam reviews methods to identify this behavior and examples of therapist responses and treatment interventions.

Chapter 12 focuses on perfectionism and competitiveness in therapy, Chapter 13 deals with health and unhealthy negative emotions such as anxiety, rumination, anger and sadness. Chapter 14 focuses on fears of failure and procrastination. Chapter 15 is about individuals who are self-critical.

Chapter 16 discusses Setbacks and Relapse. Relapse prevention has always been an issue focused on by therapists of those with substance use disorders however it has only been recently that it has been given full attention by those in the mental illness arena. Relapse is just as prevalent with depression, anxiety disorders and chronic mental illness, schizophrenia and bipolar disorder. Lam reviews the fact that relapse is not unusual, can be treated and should not be considered a “failure”. Warning signs are reviewed along with treatment options.

Part IV consists of the Client’s Perspective regarding interpersonal difficulties. This section focuses on how other people might impact the client/patient who is in therapy and gives the individual skills to deal with these issues. For example chapter 17 reviews criticism from others and how to respond to this criticism whether it is perceived or actual. Chapters 18 and 19 cover an excellent review of basic communication techniques.

Part V begins the Therapeutic Approaches section which focuses on specific skills and techniques. Chapter 20 is a basic review of assessment techniques using the “ABC” model (A: for Activating event, etc.). Lam reviews the Socratic dialogue and the conversation between client and therapist in an easy to follow diagrammatic format. Chapter 21 reviews a model called the “Territory Model” which is an effective way to dispute dysfunctional (unhelpful) thinking. Lam uses both narrative, graphics and diagrams to discuss ways to deal with individuals who are paying attention to negative unhealthy thinking patterns and to refocus them onto more factual rational thinking styles.

The final section, Part VI is Taking Control, New models for change. In this section Lam organizes the material from the book into two end chapters that encapsulate all of the previous information into “control” and “choice”. Chapters 22 and 23 summarize this information for the successful therapist as a model for change with an illustration of a successful case.

This is an excellent book for therapists who are learning the cognitive behavioral method. I would strongly recommend it.

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