

Book Review

A primer on the implementation of group cognitive-behavioural therapy

COGNITIVE-BEHAVIOURAL THERAPY IN GROUPS. P. J. Bieling, U. McMaster, O. T. Hamilton, R. E. McCabe, & M. M. Antony (Eds.). Guilford Publications, New York, NY, 2006. No. of pages 452. ISBN 1-59385-325-4. Price \$45.00 (US) (hardback).

This book addresses the dynamics and implementation of cognitive behavioural therapy within a group format (GCBT). Specifically, the authors addressed CBT strategies and group process issues within the context of common *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revised* (DSM-IV-TR; APA, 2000) Axis I disorders as well as an approach to personality disorders within a group format. The utility of this text is twofold. First, it provides a guide for treatment planners and therapists who either are currently implementing or will soon be implementing group therapy CBT protocols for any number of psychological disorders. Second, it provides a guide for the research community for much needed scientific investigation of group CBT and group process dynamics and outcomes.

The format of the text is concise and is divided into three sections. First, the authors address reasons group therapy might be well adapted to the needs of clients, therapists and the treatment community in general. Specific issues related to GCBT that are crucial for therapists to understand are then addressed, including a discussion of cognitive strategies (e.g. evidence gathering, experiments and examining core beliefs and thought distortions), behavioural strategies (e.g. behavioural monitoring, social skills training and problem solving strategies) and group processes that bolster GCBT. Subsequently, dialogue examples are provided as frames of reference for specific GCBT strategies. However, clients in these dialogue examples often respond in an ideal manner rather than a more typical real-world manner. This represents a limitation as likely readers would benefit from genuine clinical case examples. Lastly, the first section of the book addresses obstacles that present in group CBT including those of handling challenging clients (e.g. 'the overbearing type', 'the helper'), maintaining structure in the group sessions while at the same time remaining flexible with group members' needs, and considering co-therapist dynamics that may impact group members.

The second section of the text addresses the implementation of GCBT in specific disorders for which the authors have extensive experience: Panic Disorder with and without agoraphobia, obsessive-compulsive disorder, social anxiety disorder, unipolar depression, bipolar disorder and eating disorders. Contributing authors provide chapters on the implementation of GCBT for substance abuse, personality disorders and schizophrenia. Each chapter begins with the specific diagnostic and descriptive features of the disorder, cognitive and behavioural features of the disorder, cognitive-behavioural approaches to understanding the disorder and common treatment options available. The authors segue nicely from this point into a brief description of individual (versus group) CBT approaches to the disorder. This approach provides the reader with a base understanding of the disorder from which GCBT implementation can then be described. Subsequently, each chapter of this section considers the suitability of a client with the given disorder for group therapy (i.e. comorbidities, interpersonal skills, and the client's level of motivation to participate). From there, the authors describe what each group session will entail and provide a useful table which briefly describes each group session's content; these tables serve as valuable references for treatment providers and individual therapists interested in implementing GCBT. Overall, this section provides an excellent format for understanding an approach to GCBT for each disorder addressed in the book. However, one chapter was particularly different in approach and utility from the others. The chapter addressing GCBT for those with personality disorders highlighted the need for further research in the area of CBT, and in particular, GCBT. However,

it seemed the authors of this chapter attempted to aggregate information on all personality disorders and tried to make global comments about the likely utility of GCBT within these populations. For more consistency, it may have been more prudent to include a chapter or two addressing specific personality disorder GCBT treatments, rather than discuss personality disorders more universally. In sum, the chapter on personality disorders is useful in recommendations for future research directions, though limited in utility for aiding treatment specialists in implementing effective GCBT for personality disorders.

The last section of the book addresses comorbidity of disorders and how this may impact the GCBT process as well as possible future directions for GCBT. Because some CBT topics and skills overlap in some commonly comorbid disorders, the authors suggest the adaptation of GCBT to treat two disorders simultaneously with only a limited increase in group sessions required. The authors skilfully exemplify this adaptation by illustrating GCBT for comorbid unipolar depression and social phobia. Finally, the authors provide some key considerations and suggestions that both treatment specialists and researchers might address to better understand GCBT and, ultimately, enhance its effectiveness in providing client treatment.

Despite the overall clarity of book, there are two broad issues that might be considered. First, only very briefly do Bieling et al. discuss ethnic identity or cultural considerations and their relation to GCBT processes or outcomes. This despite the growing ethnic diversity of the U.S. population. We would encourage treatment providers and researchers to also consider literature regarding CBT and GCBT in ethnic minorities (e.g. Atkinson, Morten, & Sue, 1993; Sue, Arredondo, & McDavis, 1992) to expand the utility of GCBT to match the increasingly diverse demographics of health care populations. Second, this book is written at a level appropriate for graduate students as well as professionals outside the areas of psychology, social work, and psychiatry (e.g. dieticians that may be cotherapists in anorexia nervosa groups). As such, we would like to have seen a list of resources the authors consider appropriate for further and more in-depth reading of each chapter's topic. We feel the inclusion of these suggested readings would have made the text a more valuable tool for potential student readers and treatment providers looking to build their understanding of GCBT for their future therapeutic and scientific endeavours.

Notwithstanding the limitations of the text, the authors manage to bring light to how GCBT benefits clients in ways that individual CBT cannot. For example, the authors note that in the brainstorming process of developing solutions to difficult problems experienced by individual clients, other group members may be able to provide useful perspectives and solutions beyond those considered by the therapist. In the case of some treatment groups (e.g. personality disorder groups), the authors suggest that clients in a group situation may demonstrate skills that may not have been readily evident to the therapist(s) in individual sessions, and these skills may be useful not only for the individual but the group more generally. Additionally, the authors suggest occasions in which GCBT may be more practical than individual therapy. For example, the authors describe how exposure, skills training and evidence gathering for those with social phobia may be more feasible within a group compared to a more individualized therapeutic setting. Lastly, the authors discuss resource effectiveness of GCBT throughout the book and suggest that for treatment communities with limited resources, GCBT may be a cost effective therapeutic approach.

In sum, Bieling et al. provide a useful text with thoughtful consideration of GCBT implementation as well as protocol considerations for a variety of common DSM-IV-TR (APA, 2000) Axis I and Axis II disorders. The authors give useful suggestions for those interested in implementing GCBT while highlighting the need for more investigation of GCBT processes and its effectiveness for clients with a variety of disorders.

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