Cognitive-Behavioral Therapy for Anxiety Disorders: Mastering Clinical Challenges
Gillian Butler, Melanie Fennell and Ann Hackmann
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I have been looking forward to reviewing *Cognitive-Behavioral Therapy for Anxiety Disorders: Mastering Clinical Challenges* for some time. Its authors are inspirational teachers, researchers and clinicians in the field of cognitive therapy in the UK and internationally. I have been privileged to know them as colleagues, supervisors and friends in Oxford over many decades, and view this book as the culmination of their combined years of research, teaching and clinical work, and as the expression of their collective wisdom. I would love to have had *Cognitive-Behavioral Therapy for Anxiety Disorders: Mastering Clinical Challenges* available to me when I first attempted to treat people with anxiety disorders as a trainee in the 1970s, and I would urge anyone new to the field, as well as more experienced practitioners, to obtain a copy.

Cognitive-Behavioral Therapy for Anxiety Disorders: Mastering Clinical Challenges is the sixth book in a series of *Guides to Individualized Evidence-Based Treatment*, and the series editor Jacqueline B. Persons points out in her introduction that "although the book focuses on the complex anxiety disorders, it also provides a model of clinical work that will be useful to clinicians who work with a broad range of symptoms and problems in outpatient practice."
The book is divided into five parts. The first reviews current models and protocols for treating anxiety disorders, and identifies challenges arising in implementing them with more complex cases. The sections on common complicating factors are particularly illuminating, and demonstrate the authors' depth of clinical experience and understanding of the complexity of many anxiety disorders.

The second part covers assessment, case formulation and a key element in treatment: decentering from thoughts and achieving objectivity. The chapter on assessment is rich with new ideas, derived from a ground breaking body of research in which Ann Hackmann has been pivotally involved (Holmes and Hackmann, 2004) which suggests that in anxiety disorders there are signs of incomplete emotional processing of past events. The authors emphasise the importance of assessing input from incompletely processed traumatic memory into images experienced in complex anxiety disorders, including making an emotional bridge to the past and using reliving of memories to access their meaning. Butler et al also recommend exploring patients' body sensations, posture and gestures, and suggest inviting patients to generate metaphors to describe their "felt sense" in difficult situations, or alternatively to write or draw if the material is too distressing to talk about.

Part three focuses on facilitating emotional processing. The first of two chapters in this part of the book takes up the theme of imagery again, and considers how the use of experiential techniques, such as rescripting images, memories or nightmares can help to bring about lasting change when more traditional verbal or behavioural techniques have produced intellectual but not emotional shifts, so that fear persists. The second chapter examines the role of behavioural experiments in facilitating not only cognitive, but also emotional and behavioural change. It provides one of the best accounts I have read of how to get the most out of therapist-guided, in-session behavioural experiments, including their use to enrich the formulation, to detect subtle safety-seeking behaviours that maintain the problem and prevent patients from disconfirming their fears, and to promote experiential learning. It also highlights some of the difficulties that

can arise in more complex cases, and discusses how to address them. This will be an invaluable source of guidance for therapists. At the end of the chapter, the reader is invited to explore behavioural experiments by identifying a personal anxiety to work on, either individually or with a colleague, using the method described.

Part four deals with overcoming three major obstacles to progress: avoidance of affect, low self-esteem and intolerance of uncertainty. The chapter on avoidance of affect covers difficulties in therapy resulting from it, ways for the therapist to recognise and make sense of it, strategies for dealing with it so that therapy can progress, and common problems and pitfalls for both therapist and patient. The chapter on low self-esteem considers how pervasive low self-esteem can be problematic in therapy, but how at the same time it may provide a useful framework which allows the therapist to understand how comorbid problems may fit together and spring from a common source in complex cases. It also describes Melanie Fennell's cognitive model of low self-esteem, and illustrates how to apply the model in practice. There is a helpful section on late onset of low self-esteem in cases of PTSD, which explains how to modify the approach in such cases. The chapter also includes an opportunity for readers to attempt to apply the model to one of their own patients.

Part five tackles ending therapy productively, and creating a therapy "blueprint". The final chapter reviews the issues that are likely to come up at termination of complex cases, and concludes with an exercise designed to prompt readers to consolidate what they have learned from the book, and consider how to carry this forward in their own work.

Reference

Holmes, E. A. and Hackmann, A. (Eds.) (2004), Mental imagery and memory in psychopathology [Special issue]. *Memory*, *12* (4).

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