Hallucinations: A Guide to Treatment and Management
Edited by Frank Larøi & André Aleman
Oxford University Press, 2010, £44.95, hb, 416 pp.
ISBN: 9780199548590

This is an ambitious book that brings together the clinical and research experience of a wide range of international leading experts, mainly European, on the field of hallucinations. Its main aim is to provide an insightful understanding of these multifaceted experiences and to offer a practical guide to their assessment and treatment in day-to-day clinical practice. For this, the book has a practical orientation, focusing on the available intervention strategies, mainly psychological, and evaluation methods, incorporating when needed clinical vignettes and case samples. The treatment and evaluation protocols proposed are backed up by empirical evidence of their efficacy.

From a general perspective of analysis, the book has two main conceptual problems in its structure. The first one is its almost exclusive focus on a psychological perspective. Although this is understandable from a research point of view, the case is that in day-to-day clinical practice the main strategies of intervention are biological. This one-sided orientation is compounded by the absence of reference to an integrated (biological and psychological) model of treatment in the chapters devoted to psychological interventions. This is revealing, as in today’s clinical practice very rarely are these interventions used in isolation for the treatment of hallucinations. The second problem is the lack of a conceptual framework to integrate the many different intervention strategies described.

Despite these limitations, the book covers a wide spectrum of interventions, ranging from the biological to the psychosocial polarity. At the biological end it includes a very good and comprehensive chapter on the pharmacological treatment of hallucinations, and also a chapter concerning the emerging use of transcranial magnetic stimulation in hallucinations.

But where the book is particularly strong is in discussing the psychosocial perspective, with numerous types of psychological interventions, at both the individual and group level. Of special interest are the chapters dedicated to cognitive–behavioural therapy, attention training technique, acceptance and commitment therapy, competitive memory training, hallucinations-focused integrative therapy, and coping strategies to reduce the negative impact that hallucinations have on patients. In addition, it also incorporates comprehensive chapters dedicated to a particular type of verbal hallucinations, ‘command hallucinations’, and also to hallucinations in the context of particular clinical situations. Finally, the book ends with a comprehensive chapter on the assessment of hallucinations.

In summary, this book makes available very extensive, updated and useful information for the evaluation and treatment of hallucinations, focusing mainly on the psychological strategies of treatment. The information provided is very clear and practical and should be of great utility for practising clinicians.

José Luis Vázquez-Barquero
Department of Psychiatry, University Hospital ‘Marqués de Valdecilla’, Santander, Spain, email: vazquezb@humv.es
doi: 10.1192/pb.bp.110.032680

CBT for Psychosis: A Symptom-Based Approach
Edited by Roger Hagen, Douglas Turkington, Torkil Berge & Rolf W. Grøwe
ISBN: 9780415549479

The book is divided into four parts, starting off with a section on cognitive models of auditory hallucinations and delusions and on the assessment of psychosis. The initial chapters summarise the cognitive models of auditory hallucinations and delusions and discuss how these models can inform clinical practice. The next chapter describes in detail the areas of assessment for cognitive–behavioural therapy (CBT) in psychosis and uses case examples to illustrate how the assessment instruments discussed can be applied in daily practice.

The next part provides detailed descriptions of typical treatment components involved in CBT for psychosis, including the therapeutic alliance, the use of normalising and relapse prevention. It also covers more specific skills and techniques to perform CBT in early intervention, with command hallucinations and with people experiencing residual negative symptoms. The book also addresses the issues associated with implementing CBT for psychosis when resources are limited and describes a number of possible solutions such as the use of a structured manual or delivering CBT in a group format.

Part three starts with two chapters on how to integrate CBT in the treatment of people with psychosis and substance misuse, and in people experiencing a first episode of psychosis who have experienced a traumatic life event. These are followed by an interesting chapter on how to integrate the family in the treatment of psychosis and ends with an outline of how CBT can be applied to improve work outcome in people with severe mental health problems.

The final section of the book describes the implementation of CBT in the treatment of bipolar disorders. This section is more theoretical and, regrettably, does not use clinical vignettes like the previous chapters.

Overall, the book presents material on CBT for psychosis in an easy and understandable way and has practical illustrations of the theory. It is comprehensive, accessible and I would recommend it to clinicians working with people with psychosis.

Lucia R. Valmaggia
Department of Psychology, Institute of Psychiatry, King’s College London, UK, email: l.valmaggia@iop.kcl.ac.uk
doi: 10.1192/pb.bp.110.033613
The Psychosis-Risk Syndrome. Handbook for Diagnosis and Follow-Up
Thomas McGlashan, Barbara Walsh & Scott Woods
Oxford University Press, 2010, £35.00, hb, 256 pp.
ISBN: 9780199733316

Recent decades have seen significant research in first-episode psychosis and duration of untreated psychosis, with corresponding changes in clinical practice and policy. Having read extensively the existing literature on risk assessment in first-episode psychosis and schizophrenia, I was unsure what this text would add to my understanding. The book is, however, interesting and helpful.

This is a manual on how to assess early signs and symptoms of psychosis using two new measures, the Structured Interview for Psychosis-Risk Syndromes (SIPS) and the Scale of Psychosis-Risk Symptoms (SOPS). It achieves its stated aim of providing clinical researchers and possibly higher trainees and professionals with up-to-date knowledge and understanding of patients at risk of psychosis. It stresses the need for accurate evaluation and diagnosis of patients at risk as well as highlighting the negative consequences in terms of stigma for those who are falsely identified and followed up as risk-positive.

The book is divided into three parts. Part A consists of seven chapters, with first three introducing the concept of risk syndromes for psychosis, development, reliability and validity of SIPS and SOPS. The following chapters describe symptom classes and characteristics of risk samples. Part B consists of eight chapters describing in detail the process of interview and evaluation. Part C is a chapter on the process of evaluation, treatment and management of risk-positive patients in the Yale PRIME clinic.

The breadth of topics covered is impressive and includes abundant case examples. A particular strength of the book is chapter 12, which provides descriptions of 13 real cases of individuals as they presented to psychosis risk clinics for their baseline assessment. At the end of the book there are practical cases for the reader to test his or her knowledge and skills at evaluating clinical cases for psychosis risk.

This book is highly accessible, practical and not overly burdened by theory. The authors produced a readable and comprehensive account of their experience of using the SIPS at a psychosis risk clinic for more than a decade. Discussions of SIPS with examples or vignettes have enriched the text and made this well-written book inspiring as well as highly informative.

On the whole, the stigma v. prevention section was weak compared with the background and evaluation sections, and one can question whether a comprehensive review of this debatable topic was beyond the scope of this text. The need for more research is highlighted. The authors conclude with suggestions for criteria of the psychosis risk syndrome to become part of every diagnostic examination where risk is suspected. However, the extent to which SIPS may be applied in National Health Service settings will be curtailed by the large number of patients we deal with and a limited time to utilise this interview schedule.

In response to the dramatically increasing interest in identifying patients as early as possible and in initiating intervention at the earliest possible stage of psychosis, a new category – attenuated psychotic symptoms syndrome (APSS) – is being proposed by the DSM-5 Psychosis Work Group for inclusion in DSM-5 that is expected to be released in 2013. This manual will therefore be of great relevance, should this proposal be accepted.

Rajan Chawla, specialist registrar (early intervention services, general adult psychiatry), South Birmingham Early Intervention Services, Birmingham and Solihull Mental Health NHS Foundation Trust, Yewcroft Community Mental Health Resource Centre, Yewcroft, Harborne, UK, email: rajan.chawla@nhs.net

doi: 10.1192/pb.bp.111.034280