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## *Book Review*

### *Oxford Guide to Behavioural Experiments in Cognitive Therapy*

by James Bennett-Ley, Gillian Butler, Melanie Fennell, Ann Hackmann, Martina Mueller and David Westbrook, (Eds.), 2004, Oxford University Press  
Xxi + 461; *Paperback*

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This book is a practical and easy to read guide for practising clinicians, from trainees to supervisors. It is written by cognitive therapists from the Psychological Treatment Research Unit in Oxford where they have applied their ideas to complex problems and tested out the cognitions in the real world. The treatment programmes have all been empirically validated. The *Oxford Guide* is designed for those who are learning cognitive therapy and for those who have pre-existing skills. The guide assumes the reader has the required background knowledge about cognitive therapy and the skills to perform an assessment, cognitive formulation and therapeutic procedures. A well developed cognitive formulation is necessary in order to design and implement effective behavioural experiments. Experiments need to be tailored to individuals to suit their particular needs therefore the cognitions to be tested and the context in which they occur will vary according to individual cases. Although the guide contains numerous examples of possible behavioural experiments as well as prototypes for particular problems it is not a recipe book. Its aim is to equip readers with the underlying principles of behavioural experiment design in order to create their own tailored to their patients needs. It teaches the reader “how to fish as opposed to giving those fish”.

The guide is easy to read and is divided into a number of sections. Each chapter has the same basic structure: a description of the problem, application of the cognitive model(s) to the particular problem, key cognitions, behavioural experiments to test the key cognitions, difficulties in carrying out behavioural experiments with this population, other relevant chapter and further reading. The behavioural experiments are presented in a common format. Experiments are set up to test a target cognition or an alternative perspective, a prediction is made, the experiment is carried out, the results are noted and through a process of reflection, implications for the target belief are evaluated. For a touch of humour to keep you interested *Tales from the Front Line* outlines instances of behavioural experiments that have not turned out as planned. For example on p137

#### **Tales from the Front Line**

##### The healing power of insults

Joe, a fireman, feared that ex-colleagues would view him negatively because he had been medically retired from the service with PTSD. Verbal testing had only been partially effective in reducing his concern. During a carefully planned return to one of the trauma sites, fire engines happened to drive by. The fireman rolled down the windows, heads poking out, hollering, “How are you doing you f\*\*\*\*\* w\*\*\*\*\*”. A few minutes later, a second fire engine passed by, again windows were swiftly lowered, helmeted heads poked out, “Joe, you b\*\*\*\*\* t\*\*\*\*\*, good to see you mate”. The patient returned the greetings (albeit using fewer expletives). “Well”, Joe said turning to his therapist, “Now I know I’m still one of them!”

The book offers the reader an excellent resource for use in treating various disorders. The first two chapters provide an introduction to behavioural experiments and a context for the chapters that follow. Chapter 1 outlines the conceptual framework for behavioural experiments: their role in cognitive therapy, their historical derivation from Beck's early work, their clinical value, and theoretical explanations of their apparent impact. Chapter 2 provides a comprehensive practical guide to the design and implementation of behavioural experiments and provides the structural design used in the following that focus on particular problem areas. The remaining chapters cover depression and anxiety disorders as well as bipolar disorder, psychotic symptoms, physical health problems, brain injury, avoidance of affect, low self-esteem, interpersonal issues and self-injurious behaviour. At the end of each chapter links to other relevant chapters are provided.

The editors use the terminology patients or people rather than clients throughout the book and have used the latest version of DSM - IV – TR- APA 2000.

This is a book written by clinicians and for clinicians. I would recommend it as an essential resource to both novice and experienced clinicians.