

the interpersonal skill building and rebuilding that people with schizophrenia face, and provides a clear roadmap for clinicians who are in a position to help them. The second edition, which includes updated and additional material, describes and teaches a valuable intervention that adds to the armamentarium of psychosocial supports necessary for people with schizophrenia.

Sensitive to today's climate in medical and mental health care that looks for proven successful approaches to the treatment of most problems, the authors present a review of research literature to provide support for this intervention as an evidence based practice. It is clear from the research done to date, that when people with schizophrenia receive social skills training, alone and in combination with other interventions such as follow up, availability of a support person, or supported employment, their ability to live independently, to interact with others and work successfully improve. The authors outline areas for future research such as understanding how the development of social skills can help people with schizophrenia develop intimate relationships and satisfying leisure activities, or enhance parenting skills.

The major portion of the book is devoted to the assessment of social skills, teaching social skills, planning a group and the development of a curriculum. The chapters are detailed and offer useful verbatim examples of how a teaching session might work. Attention is given to specific needs of individuals in order to maximize involvement in the group and integration of learning. Suggestions are given as to how to tailor material to the patient's level of cognitive development, how to individualize goals, and so on. A whole chapter is devoted to common problems and challenging clients such as patients who are experiencing severe symptoms, young and elderly patients, patients who have involvement with the criminal justice system and others.

A particularly valuable chapter, new in this edition, addresses issues of co-occurrence of schizophrenia and substance abuse. This chapter is very much in keeping with the current thinking about the need to integrate substance abuse and psychiatric treatment in one setting which has gained the support of practitioners in both fields and legislators alike. It is now an accepted view that treating patients for mental illness and substance abuse in the same treatment program is more effective. Additionally, patients with schizophrenia, who experience cognitive and energy deficits, tend to have difficulty negotiating two systems (substance and mental health) at the same time. Rather than insisting on abstinence before offering psychiatric treatment which they consider unrealistic, the authors suggest the use of motivational interviewing and frequent urinalysis as methods for helping patients understand the role of substance use in their problem-solving. The authors' use of small monetary rewards for clean urine samples could be controversial, but any clinician reading this book will be free to use reinforces of his or her own choosing. In any case, the authors rely on social reinforcement for meeting the goals of abstinence as ultimately the more potent factors in effecting change.

The second part of the book identifies specific skills related to areas of functioning such as living in the community,

friendship and dating skills, assertive skills, and so on. The authors provide detailed instructions for teaching each skill that include the rationale for learning a skill, steps in teaching it, role plays and feedback suggestions.

Two appendices provide additional instructional materials for clinicians and assessment tools with which to measure patients' functioning prior and post training.

Recovery of mental health is a challenging and long term effort that people with schizophrenia undertake when they can feel hope that there will be supports to help them regain functioning to such a degree that they can lead meaningful lives in the community. *Social Skills Training for Schizophrenia (second edition)* is a much needed and well developed tool with which clinicians can offer such support. It is one of the building blocks on which people with schizophrenia can construct and deepen the quality of their lives. It is a book that will be appreciated by clinicians and by program developers who work with people with schizophrenia on integration into the community. It is also useful for researchers who study social rehabilitation of people with schizophrenia and for educators who train clinicians in the use of behavioral interventions with severely mentally ill people. Psycho-dynamically oriented practitioners may have some difficulty accepting the strictly behavioral definition of social skills as such and of their acquisition, but even they will find the practical usefulness of this text appealing in the end.

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Generalized Anxiety Disorder—Advances in Research and Practice, edited by Richard G. Heimburg, Cynthia L. Turk, and Douglas S. Mennin, The Guilford Press, New York, New York; 2004; ISBN: 1-57230-972-5, \$ 55 (hardbound), 446 pp.

Generalized anxiety disorder is a multi-author edited book containing 16 chapters divided into 4 sections. The first section includes three chapters on the clinical and community aspects of GAD. The second section covers five chapters devoted to theoretic and empirical approaches. The third section covers six chapters focused on assessment and treatment. The final section contains two chapter related to the special populations of children/adolescents and older adults.

The editors note in the preface that although we live in an "age of anxiety" generalized anxiety disorder has lagged behind panic disorder, OCD and social phobia in research and clinical attention. GAD is held up as understudied and misunderstood. The authors note that some of this may be due to the relatively late description in DSM-III and early problems with poor reliability and validity.

One chapter in Part I by Ronald Kessler and colleagues highlights some of the important epidemiologic features of GAD. GAD is an early age of onset disorder. Studies typically

note that the age of onset is highest for the decade beginning in the late teens. However, the age of onset may actually be younger due to the overlap of anxious disorder of childhood with GAD. Psychiatric comorbidity rates in GAD are high, although not outside of what is seen in many other anxiety disorders. Approximately 37% of all patients with GAD developed GAD as their first chronological psychiatric diagnosis. GAD with comorbid major depression increases ratings of impairment although GAD alone causes significant impairment.

The second section of the book covers theoretical and empirical approaches to GAD. Chapters are devoted to the avoidance theory of worry, information-processing, intolerance of uncertainty, the cognitive model and the neurobiological model. I found the cognitive model well-described with helpful tables and figures. The description of the cognitive model blends nicely with the cognitive-behavioral therapy treatment approach described in the treatment section.

The treatment section emphasizes psychological over pharmacological treatment. Separate chapters on cognitive-behavioral, supportive-expressive psychodynamic therapy and integrative therapy provide multiple perspectives for further study. I thought the integrative therapy section provided highlighted the importance of an interpersonal perspective in GAD. This perspective has not received much attention but appears worthy of further study in psychological assessment and treatment.

The pharmacological treatment chapter does a good job summarizing clinical trial results through 2002. The clinician is faced with many choices when considering the pharmacological management of GAD. Benzodiazepines are quite effective, but because GAD is a chronic disorder, the clinician must weigh the risks of chronic benzodiazepine use against potential risks. Unfortunately, limited clinical trials in GAD have included a long-term treatment approach. The authors recommend "broad-spectrum" antidepressants as a first-line treatment strategy with benzodiazepines serving as useful "adjunctive" treatment in many patients with GAD.

As a psychiatrist, I would have liked to have seen more emphasis on the interaction of generalized anxiety with medical disorders as well as more emphasis on the pharmacological treatment of GAD. However, this book meets the goal of shining more light on an understudied disorder. It will be required reading for those seeking to advance our research and clinical practice agendas for GAD.

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Treating Health Anxiety: A Cognitive-Behavioral Approach by Steven Taylor and Gordon J. G. Asmundson, Guilford Publications, New York, New York; 2004; ISBN: 1-57230-998-9, (hardcover) \$35; 299 pp.

As the authors point out in the first sentence of their preface, we all have health anxiety to some degree at certain times.

Some level of such concern is both normal and healthy. This book postulates a continuum of such fear, from mild and transient concerns surrounding minor or even serious but real illnesses, through various manifestations of somatoform disorders such as hypochondriasis, to the other end of the spectrum, delusional disorders of the somatic type. In other words, their approach places health concerns on an ascending slope of severity with normality at one end and psychosis at the other. Some might argue with this type of continuum, and this viewpoint is sufficiently fundamental to the book that I offer this observation now. If you are of the opinion that disorder spectra which cross major diagnostic categories have no validity, then you may find little with which to agree in this book. However, even if one is not completely convinced but does not hold overwhelming objections, there are many useful insights to be gained from this volume.

The authors divide their subject matter into a dozen chapters. As is often the case, the book starts with a definition, and here that forms the entire first chapter. The authors describe not only what health anxiety is, but when it is maladaptive and how it intertwines with other psychiatric disorders and physical illnesses. The chapter concludes with a brief discussion of cross-cultural considerations, followed (as is the case in each chapter) by a summary statement and conclusions.

They go on to discuss how body and mind interact—that is, a review of both biological and cognitive factors. This is largely a discussion of biological factors that commonly contribute to bodily sensations, the idea being that a misinterpretation of bodily sensations is involved in many maladaptive health fears.

They next go over the role of unhelpful coping strategies in health anxiety and how reassurance can actually worsen such fear. Another chapter covers the part that learning plays in the formation and perpetuation of health anxiety. Studies of treatment outcomes are reviewed in the fifth chapter, including brief reviews of the literature regarding various psychotropic medications used for this spectrum of conditions. The sixth chapter deals with the clinical interview of health-related anxieties and useful psychological scales and questionnaires.

Chapters 7 through 11 deal with treatment interventions that the authors and others have shown to be useful for health anxiety. First there is an overview of the underlying principles of cognitive behavioral therapy in general. Then they cover engagement strategies needed to get people to follow treatment recommendations. Chapter 9 is about cognitive strategies, and the following chapter, 10, covers behavioral interventions. Since stress in and of itself may promote or worsen health anxiety, chapter 11 reviews specific stressors, and the use of such techniques as psychoeducation, relaxation, time management, and general problem solving to decrease and manage stress levels. The final chapter is devoted to maintaining gains and extending them further. The authors discuss relapse prevention, ongoing medical care, and how to approach treatment failures. There are a number of case examples given throughout the book, including parts of patient interviews and treatment sessions.