

Peter Hobson was published previously in *Psychoanalytic Psychotherapy*. It presents a good case for the services provided at the Tavistock. There is little evidence of Tavistock NHS psychotherapy wishing to learn from current research so that clinical practice may be improved, and the planning, organisation and delivery of psychological therapy services made more effective. Chapter seven emphasises that 'it is no longer a disorder that is being treated but a person'. Phil Richardson here presents a good overview of evidence-based practice and the psychodynamic psychotherapies. However, this chapter seems rather discouraging and dispiriting for an individual attempting to base practice on evidence. Such an individual might well wish for guidance on a range of solutions, rather than just reading about the complexities and problems inherent in much evidence-based practice.

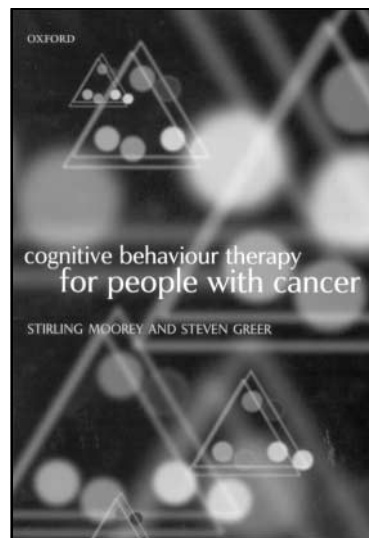
In their useful overview of the audit cycle, McPherson and Richardson recognise that the most difficult part of the audit cycle is in implementing change. I believe the attempts to distinguish between audit and research in chapters nine and ten create confusion and are not helpful. In the later chapters, complexities and problems are raised in the choice of outcome measures. The writers do not write as if the measures have been incorporated into the everyday evaluation of Tavistock Clinical Services. The examples given come from services outside the Tavistock Clinic, such as the Brandon Centre. I was disappointed that health service users seemed to be mentioned as a two-page afterthought in chapter fifteen. Clinical effectiveness in psychotherapy and mental health services might be greatly increased by the thoughtful involvement of health service users in the planning, organisation, development and delivery of psychological therapy services at the Tavistock and elsewhere.

I hope the next book on clinical effectiveness will be more forward-looking and will present a clearer vision of how things can move on in evaluating the psychological therapies, and with the Tavistock Clinic at the forefront of developments.

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Cognitive Behaviour Therapy for People with Cancer

Moorey, S. & Greer, S.
Oxford: Oxford University Press,
2002, £24.95 pb, 208 pp.,
ISBN: 0-19-850866-2



Psycho-oncology is a rapidly growing subspeciality, and this book should be an extremely useful aid to those involved in, or connected to, the subject. It is described in the foreword as a new edition of a previous book, *Psychological Therapy for Patients with Cancer: A New Approach* (Moorey & Greer, 1989), but it has been substantially rewritten and updated.

Within the covers of a commendably short book the authors provide: a concise account of cognitive theory; an overview of the current evidence base of psycho-oncology; a description of the adaptation of CBT (cognitive-behavioural therapy), termed APT (adjuvant psychological therapy), for people with cancer, and practical descriptions of the application of APT in a variety of situations. The information is presented clearly, and is a pleasure to read.

Much of the material in the book will be familiar to experienced CBT therapists, who may feel that detail is either lacking or superficial. On the other hand, oncologists and other professionals working in oncology may well feel that it is too specialised to be of use to them. My main concern is therefore: does the book fall between two stools? Hopefully not: this

is a handy text that should prove useful to a variety of professionals. Oncology nurse specialists, liaison nurses, liaison psychiatrists, health psychologists, and CBT therapists who only occasionally work with people with cancer are just some of the groups who may benefit from this book. Anyone negotiating with service commissioners may also find it a handy reference.

The techniques described in the book are mostly equally applicable to people with other serious, chronic or terminal physical illnesses, but this is not a point made in the book. Inadvertently, therefore, the book could be seen as giving the message that psychological responses to cancer, and subsequent therapeutic interventions, are somehow peculiar to cancer. It would be unfortunate if this book reinforced such a misapprehension, already prevalent among some colleagues in medicine.

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Family Work for Schizophrenia: A Practical Guide, second edition

Kuipers, E., Leff, J. & Lam, D.
Gaskell, 2002, £15 pb, 152 pp.,
ISBN: 1-901242-77-3

There is ample evidence going back more than a decade that working with the families of people with schizophrenia reduces the rate of relapse significantly, yet in practice this rarely happens. This book, written by the most prominent researchers in this field, could help change that. It offers strategies, as well as describing issues and concerns that need to be kept in mind while working with these families.

