

The Treatment of Obsessions

by Stanley Rachman. Oxford University Press, New York, N.Y., 2003, 172 pages, \$55.00 (paperback).

Models of treatment for obsessive-compulsive disorder (OCD) have undergone substantial revisions and refinements over the past 20 years, with particular focus on cognitive factors and, by association, specific cognitive therapy interventions. Previous approaches to treating OCD relied exclusively on exposure with response (ERP), a procedure that, while highly efficacious,¹ is also extremely demanding for clients, with many dropping out either by early treatment termination or through noncompliance with treatment components.² Cognitive therapy, on the other hand, is viewed as a more acceptable intervention, with lower dropout and lower demand vis-à-vis anxiety-producing within- and between-session exercises.

Cognitive therapy has been available for quite some time. However, the approach originally developed was very general, neglecting conditions which had specific cognitive qualities that defied a general "negative automatic thought" framework; that is, there was a relative lack of attention to mechanisms that specifically defined particular psychological problems. Obsessions are notable in this regard. While it may be accurate to point out that individuals with obsessions struggle with negative automatic thoughts, time spent challenging these thoughts is an unproductive endeavor without attending to cognitive features that are specific to the condition.

The Treatment of Obsessions presents a treatment manual for addressing the specific cognitive problems associated with obsessions without accompanying compulsions. Dr. Rachman, who has been studying OCD since the early development of ERP, has also contributed significantly to the evolution of current knowledge of how to conceptualize and treat obsessions. The book is brief, intended to introduce readers to the essentials necessary to assess and develop treatment plans for individuals suffering from obsessions.

Dr. Rachman begins by providing a conceptual grounding in obsessions, particularly common cognitive features of the condition. Notably, the contemporary model of obsessions focuses on inflated responsibility and catastrophic interpretation of intrusive ideas. The conceptualization is based primarily on the original model of panic by Clark,³ in which anxiety results from catastrophic misinterpretations of physical changes. Rachman points out how obsessions follow a similar pattern, whereby an intrusive thought (e.g., "I could just kill Bill with this steak knife") is followed by a catastrophic misinterpretation of the thought (i.e., "How could I have such a thought? Deep down, I must be a psychopath"). There are numerous corresponding cognitive biases present in such individuals, including thought-action fusion, overimportance of thoughts, and need for control over thoughts. Dr. Rachman cites Salkovskis⁴ as particularly influential in providing a template for the development of effective therapies for obsessions.

The book is organized to lead readers from assessment to treatment planning and intervention. There are a number of very useful "Clinician Tools" to help readers utilize the assessment strategies in their practice, with illustrative examples for each assessment tool. The book concludes with several clinical examples that highlight different presentations of obsessions. Also of note, complications in the treatment of obsessions are highlighted.

Since the writing of *The Treatment of Obsessions*, there have been additional developments in the conceptualization of OCD that should be noted. Research on subtypes of the disorder suggests that, as Dr. Rachman implies, obsessions without accompanying compulsions are distinct from other symptom presentations of the disorder.⁵ However, treatments for the different subtypes (with the exception of hoarding) all generally respond to ERP, including obsessions without overt compulsions. Dr. Rachman presents procedures consistent with ERP, couched in cognitive therapy terms, in the form of behavioral experiments. These experiments are effectively exposure exercises (i.e., coming in contact with items that might provoke obsessions, such as knives for individuals with harming obsessions), but with the goal of provoking typical cognitive biases rather than focusing on producing habituation. It has been suggested recently that, of all the major components of treatment for obsessions, behavioral experiments produce the greatest therapeutic effect.⁶ Rachman lays out the approach with clarity, and users of this manual should be able to realize positive results with their obsessional clients.

Overall, *The Treatment of Obsessions* provides an excellent resource for clinicians by describing, succinctly, the model of obsessions and the methods for most effective intervention. While the focus is on obsessions without compulsions, the book will not be useful for clients presenting with pure obsessions not associated with perceived negative outcomes, such as intrusive and repetitive melodies. Some clients may also not necessarily identify with the cognitive biases described in the book, in light of research since the publication of this volume showing that there is a subtype of individuals with obsessions who do not endorse cognitive biases associated with the disorder. This last finding was in secondary analyses of data from the Obsessive-Compulsive Cognitions Workgroup⁷ that Rachman cites in this volume. Since Dr. Rachman has been at the leading edge of research in this area, a revised edition would no doubt take up this important issue. I would highly recommend this volume for clinicians and general practitioners who need a succinct volume to aid in developing effective interventions for pure obsessions.

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Clinical Manual of Cultural Psychiatry

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Cultural issues in mental health have long been underrecognized. The 2007 tragedy at Virginia Tech painfully brings forth the need to address these issues. Further, the Accreditation Council for Graduate Medical Education requires residency programs to provide residents with instruction about American culture and subculture. Dr. Russell F. Lim, the director of diversity education and training at the Department of Psychiatry and Behavioral Science at the University of California, Davis, School of Medicine, has edited the *Clinical Manual of Cultural Psychiatry*, which defines and discusses cultural issues in psychiatry and the application of psychiatry to various ethnic groups in the United States.

The text is divided into 3 parts and comprises 7 chapters and 3 appendices. Part I defines an individual's ethnicity as a "sense of belonging to a group of people who have a common set of beliefs and customs (culture) and who share a common history and origin" (p. 7). Part II illustrates the issues of different ethnic groups, mainly African Americans, Asian Americans, Latino Americans, American Indians, and Alaskan Natives. This part explores each group's immigration history (slavery, need for labor or professionals), way of life in the country of origin (traditional) versus that in current American society, and family dynamics including role reversal (like women being the breadwinner), as well as racism, issues in therapy (especially trust) particular to each group, the role of the translator (may interject his or her own views of mental health), each group's perception of symptoms and medications ("too hot or too cold"), and psychopharmacology for each group, among other issues. Part III discusses the differences in metabolism by the cytochrome P450 enzyme system, side effects, and dose requirements in various ethnic groups, especially in reference to antidepressants, antipsychotics, and benzodiazepines. Appendix A is written by psychiatry residents to provide a resident's guide to cultural formulation; Appendix B is a bibliography of topics related to cultural psychiatry, and Appendix C is a glossary of culture-bound syndromes.

To summarize, the *Clinical Manual of Cultural Psychiatry* is a great resource both for clinicians in assessment and treatment of culture-related issues in patients and for training programs in teaching these issues to medical students and residents.

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The Wiley Concise Guides to Mental Health: Anxiety Disorders

by Larina Kase, Psy.D., and Deborah Roth Ledley, Ph.D. In book series: The Wiley Concise Guides to Mental Health. Weiner IB, editor. John Wiley & Sons, Inc., Hoboken, N.J., 2007, 256 pages, \$39.95 (paperback).

Anxiety disorders manifest in a variety of ways, thus requiring diverse treatment approaches. In an era that is skewed toward pharmacologic approaches, it is very refreshing to find a book that provides psychological aspects of case formulation and treatment in a simple and practical manner. By navigating the readers through diagnostic aspects as well as practical treatment methods, Drs. Kase and Ledley have succeeded in providing an exemplarily concise book for psychiatrists, psychologists, and other mental health professionals.

The book is divided into 3 sections: Conceptualization and Assessment (section 1), Treatment of Anxiety Disorders (section 2), and Additional Issues and Treatment Considerations (section 3). The first section deals with a general overview of anxiety disorders, including practical steps in assessment, individually tailored case conceptualization, and treatment planning. The authors also use case illustrations to differentiate how various types of anxiety disorders can manifest. Chapter 2 delves into the application of cognitive-behavioral therapy (CBT) to the different types of anxiety disorders. Chapter 3 deals with the steps needed by clinicians to carry out a thorough evaluation; through the use of tables (Table 3.4 and 3.5), this chapter provides a useful comparison of self-report measures for anxiety and depression.

Section 2 broadly describes the most widely used treatments of anxiety disorders. Practicing clinicians may especially appreciate the practical explanations about the use of psychoeducation in understanding the maintenance and thus treatment of anxiety disorders. Table 7.1 (p. 102) gives tips for designing hierarchies, while Table 7.2 gives a sample exposure work sheet. Similarly, in chapter 9, readers are guided through the use of assertiveness and skills training, problem-solving approach, relaxation techniques, and guided imagery.

The final section consists of 6 chapters that deal with treatment of children and adolescents with anxiety disorders; group, couples, and family therapy; issues relating to supervision; and consultation and collaboration with multidisciplinary professionals. To describe the treatment of anxiety disorders as without challenges would be unrealistic and counterproductive. The authors consequently use chapter 16 to describe the "Clinicians' Top Ten Concerns and Challenges with the Treatment of Anxiety." The role of supervision is emphasized throughout the book. The authors also provide other useful resources, including self-help for patients (pp. 235–236).

Overall, this book is concise and practical and is recommended for all clinicians who treat anxiety disorders on a regular basis.

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