probably the most important points of this book for an ordinary reader, as the role of the pharmaceutical industry with its main focus on huge profit is far better known.

From time to time we may come across a well-intentioned yet poorly written book whose message gets almost lost. This volume is an example of such a book. It presents a lot of well-known material with an attempt to synthesize it. Yet due to unnecessary attention to detail (e.g., the origin of names of pharmaceutical companies; the information where various researchers went to school; or who was married to a heavy contributor to the Democratic Party (see p. 183)) and lack of organization, the synthesis is lacking and the message almost gets killed. Maybe it is because the book is written like an investigative journalism article rather than a well-conceptualized book. Compared to a book, an investigative article, like a smaller portion of a huge meal, is always easier to swallow. Thus, keep your purse closed.

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Evidence-based Practice Manual. Research and Outcome Measures in Health and Human Services. Edited by Albert R. Roberts and Kenneth R. Yeager; New York, Oxford University Press; 2004; ISBN 0-19-516500-4; $89.50 (hard cover); 1050 pp.

By now, every health care provider should be familiar with, at least, the concept of evidenced-based medicine, if not with the principles of it. There remains the gap, however, of how to effectively integrate the use of data, the collection of new data and the response to the new data in practice. Hoping to bridge this gap, the editors gathered chapters on practical tools, examples and inspirations into one tome. The editors explicitly intended the book as a reference to keep on the desk as opposed to using it as a textbook. That intent should serve as a warning: the book should not be read as a developing theme with a single focus. The chapters bounce around covering diverse subjects with a range of quality.

The 104 short chapters (averaging less than 9 pages apiece) are organized into ten different sections: 1) overview, 2) ethics and obtaining grant funding, 3) diagnosis, interventions, and outcome research, 4) epidemiology and public health research, 5) conceptualization, operationalization, and measurement, 6) assessment tools and measures, 7) program evaluation strategies, 8) examples of qualitative research, 9) examples of quantitative research, and 10) establishing, monitoring and maintaining quality, and operational improvement. After the chapters, there is an epilogue, Internet resource list and glossary.

To produce these chapters, the editors have assembled a vast array of mostly North American writers, many with academic social work affiliation. Although the introduction stresses that evidence-based practice is multidisciplinary, the orientation of the book is firmly tilted towards social workers (for example, there is a chapter entitled "Social Work Role in Disease Management"). I did find one chapter explicitly targeting clinical psychologists ("Developing Treatment Programs for Drug Courts and Evaluating Effectiveness") but not one oriented towards physicians or nurses. The editors justify this approach stating that there are differences between and within disciplines. These differences while enriching existing evidence-based practice, they contend do not facilitate collection and utilization of new knowledge in practice settings. More relevant, presented data show social workers lag other disciplines in awareness of such fundamental issues as practice guidelines for evidence-based practice.

The chapters include some very practical instruction on, for example, understanding focus groups, random digit dialing, grantsmanship, and applying for research grants. While the chapters will not make the reader an expert in the field, they will facilitate interaction with experts by covering key concepts and providing direction for obtaining more information. Less helpful was the chapter on secondary analysis of administrative databases. It included an example of its use but no discussion of the pitfalls, limitations and ways to appropriately use administrative databases. As the use of these databases is vital to the ongoing implementation of evidence-based practice, its deficiency is particularly glaring.

My favorite chapters dealt with the organization as the focus for evidence-based practice. The chapter entitled "Establishing Benchmark Programs within Addictions Treatment" very clearly laid out what the organization wanted to do, the obstacles encountered and ways that worked to overcome these obstacles. Rightly, the chapter stressed that it is a constant process, not just a one time process. These chapters on the organization included practical suggestions, examples of actual implementation, and tips for maintaining the process.

Evidence-based Practice Manual partially delivers on its promise to help bridge the gap between the principles of evidence-based medicine and its implementation by providing tools and offering practical guidance. It serves to inspire by presenting actual case studies of settings implementing evidence-based practice. It also contains, unfortunately, too many chapters that should have been weeded out. Some of the

chapters read eerily like rejected manuscripts from scientific journals or graduate students reviewing the literature. A future edition should emphasize the core features supposedly inspiring the book and reach out to other disciplines, thus being truly multidisciplinary. For the current edition, the reader is advised to scan the chapters for topics of interest as the bulk of the chapters are highly specific in content area. Finally, the editors lament the lack of publishing opportunities for these types of studies or outcomes and hope to expand future editions. They would be well advised not to include them in future editions.

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Cognitive Therapy of Schizophrenia. By David G. Kingdon and Douglas Turkington; Guilford Press, New York, London; 2005; ISBN 1-59385-104-9 $35 (hardcover); 219 pp.

If David Kingdon and Douglas Turkington wanted to add another description to the way they approach the psychological treatment of schizophrenia, they could call it "humanistic." In their new book *Cognitive Therapy of Schizophrenia*, their attitude toward their patients is so respectful of the patient's experience and of the patient him/herself that it will produce a smile on the face of any psychotherapist who reads it and serve as an inspiration for learning. They describe their relationship with their patients as collaborative and this premise underlies the model which is offered in the form of step-by-step instructions.

After a brief definition of schizophrenia, they describe the cognitive model of the illness which has been accepted by many: the vulnerability-stress model of psychosis. Vulnerabilities are primarily seen as biological, social and psychological while stressors can be losses, trauma and victimization which follows the experience of psychosis.

Kingdon and Turkington propose four clinical subgroups they believe most usefully represent the way people develop psychosis, each with its own unique characteristics and illustrated by a case description. The four groups of experience are: sensitivity, traumatic, drug-related and anxiety psychosis. The authors use the case examples throughout the book to explain the best way to approach assessment and treatment.

In trying to understand psychotic symptomatology, the authors apply cognitive theory and treat delusions and hallucinations as strongly held beliefs, albeit misbeliefs, based on distorted perceptions. In all cases, the authors exhort and guide clinicians to work with patients to understand the meaning of their symptoms and try to find links to their (symptoms') origins in real experiences. In using this approach, they imply that patients can achieve a level of self-understanding that may give them options for coping with the illness rather than being victimized by it.

In a chapter on evidence based treatments of schizophrenia, the authors highlight medication treatment, family work, cognitive and behavior therapy and review research in support of these approaches. The section on cognitive and behavior therapy is most extensive and overall very encouraging. However, the authors conclude, as do others in the field, that while treatment tends to be successful, long-term positive outcome may require "booster sessions." A short chapter on early intervention points to specific issues relevant to patients in the four clinical subgroups.

The authors devote special attention to the therapeutic relationship. They recognize that cognitive therapy must be adapted to this patient population. They suggest that "befriending" the patient is a way to gradually cut through initial mistrust of the therapist and of the treatment. They are sensitive to the need for pacing the treatment according to the patients' capacity to tolerate the intensity of the work. They are not discouraged by patients' "lack of insight." They recommend methods for the therapist to join with the patient in examining the material without necessarily buying into the patient's system of beliefs. Generating and testing hypotheses on the basis of ideas brought by both the patient and the therapist can then become the basis of the work. The authors urge therapists to tolerate the seeming incomprehensibility of symptoms at the beginning of treatment, to avoid confrontations and, when allowed by the patient, tape sessions to aid recall when negative symptoms interfere with learning.

The description of a full assessment will be familiar to most clinicians. Emphasis is placed on understanding the patient's own short term and long term goals which in turn serve as anchors for treatment planning. A large number of brief and longer research rating scales are also described. The authors caution that patients' participation in these should be approached only after a relationship has been established.

Treatment formulation in the cognitive model starts with the client's beliefs and explanations about events, especially of the most recent episode. It moves towards looking with the client at alternative ways of viewing those same events and re-attributing symptoms in a way that would be more normalized and linked to the patient's feelings and concerns. Goals can be sequenced according to the patient's interest and comfort in working on a particular area of functioning. When orienting patients to this work, it is necessary, according to the authors, to take into account their illness related cognitive difficulties and keep the discussion simple and comprehensible, free of technical language and complicated concepts.

The section of the book that focuses on treatment begins with a chapter on psychoeducation. Its value as an evidence based treatment in schizophrenia has been demonstrated. The authors suggest that not only patients, but clinicians need to recognize the fact that psychotic symptoms are on a continuum of experience and resist the tendency to view people with psychosis as being fundamentally different and therefore untreatable.