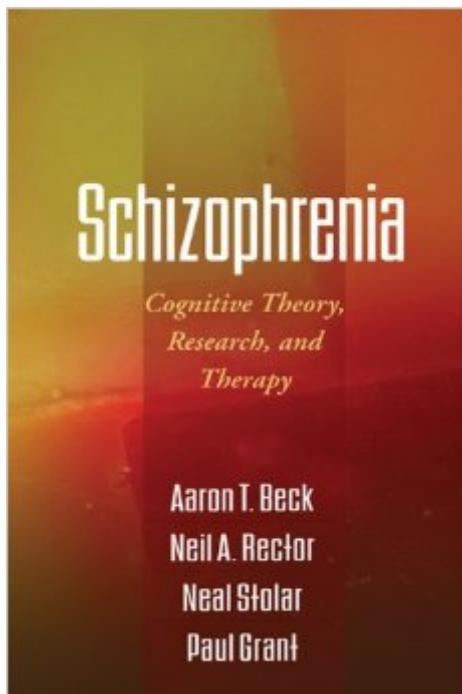


The book was found

Schizophrenia: Cognitive Theory, Research, And Therapy



Synopsis

From Aaron T. Beck and colleagues, this is the definitive work on the cognitive model of schizophrenia and its treatment. The volume integrates cognitive-behavioral and biological knowledge into a comprehensive conceptual framework. It examines the origins, development, and maintenance of key symptom areas: delusions, hallucinations, negative symptoms, and formal thought disorder. Treatment chapters then offer concrete guidance for addressing each type of symptom, complete with case examples and session outlines. Anyone who treats or studies serious mental illness will find a new level of understanding together with theoretically and empirically grounded clinical techniques.

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Customer Reviews

This book goes into depth about the psychological aspects of the problems that get diagnosed as "schizophrenia," while integrating that with the latest research, so there's a lot to recommend it. It contains some interesting perspectives and original thinking, and I learned a lot from it, even though I was already pretty well read on the subject. Most of the thinking appears to be top-notch, including

both depth and coherence. But that's not why I'm writing this review. While I was struck by the quality of the thinking in most areas, I found that when it came to discussing the possibility of doing therapy without medications, it suddenly seemed that dogma was taking the place of thinking. At one point (page 317 to be exact) it is stated categorically that "cognitive therapy alone cannot treat the symptoms of schizophrenia...." On page 305 it is stated that "The use of cognitive and other forms of therapy may lessen the amount of medication needed but not eliminate the need completely." The problem is, this contention flies in the face of actual outcome data in many cases. For example, it's well known that all of the long term outcome studies on schizophrenia show that large percentages of people, 25% or more, manage to get off medication completely and do well. In one of the earlier studies of CBT for psychosis (Kuipers et al. (1997)), at the end of the study 25% of those in the CBT group, but none of those in the control group, were off medication. Many case reports show successful outcomes using CBT with clients who decline to use medication, and having good results. A number of studies using psychosocial only approaches had outcomes at least as good as those achieved by medication treatment (such as the Soteria project).

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