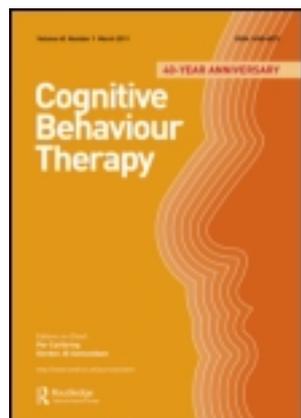


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### Group Cognitive-Behavioral Therapy of Anxiety: A Transdiagnostic Treatment Manual.

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## BOOK REVIEW

*Group Cognitive-Behavioral Therapy of Anxiety: A Transdiagnostic Treatment Manual.* Peter J. Norton. New York: The Guildford Press, 2012. ISBN-10: 1462504809/ISBN-13: 978-1462504800

Numerous empirically supported treatments (ESTs) exist for anxiety and related disorders; however, such treatments are seriously underutilized (e.g. Stein et al., 2011). Consequently, this manual by Peter Norton (2012) guides clinicians in the delivery of research-supported group cognitive behavioral therapy (GCBT) to clients with a variety of anxiety concerns, regardless of diagnosis. Several reasons are offered in support of a group format. First, treating client groups, rather than individuals, eases dissemination of and access to ESTs by serving more than one client at a time. Second, GCBT is the strongest delivery format for certain anxiety problems, such as generalized social phobia (e.g. Dogae, Mohammadhani, & Dolatshahi, 2012). Third, with transdiagnostic GCBT in particular, clinicians need not wait until a sufficient number of clients with the same diagnosis are recruited. Finally, clients speak to personal benefits of a group format, such as added emotional support.

The text's organization is straightforward and user friendly. The initial Chapters 1–3 are educational regarding the nature of pathological anxiety, considerations in creating a client group roster, and recommendations for assessing clients' presenting problems. The next Chapters 4–12 outline the delivery of GCBT in a session-by-session format.

The manual prescribes a 12-week program with weekly 120-minute sessions, allowing for modifications (e.g. adding acceptance modules) as needed. The first three GCBT sessions are reserved for psychoeducation and cognitive restructuring of problem-related automatic thoughts. The next six sessions are dedicated to conducting exposures and cognitive restructuring, taking turns among group members. The following two sessions emphasize "advanced cognitive restructuring" to target maladaptive global beliefs. The final session is dedicated to termination and relapse prevention strategies. Following the session-by-session chapters, a final Chapter 12 addresses posttreatment assessment and considerations for additional treatment for certain members.

The strengths of this manual are numerous. Although the text is accessible to novice therapists, it does not alienate experienced clinicians by being too elementary. In addition, an entire Chapter 7 is

dedicated to outlining the theoretical rationale behind exposure therapy and addressing common concerns regarding the delivery of exposure. Of further utility, each session-specific chapter concludes with troubleshooting advice from the author's own clinical experience. A final advantage is that clinicians may utilize forms (e.g. exposure homework sheets) provided in most session chapters.

The relative weaknesses are few, and most relate to the group delivery format. For example, some sessions may proceed like didactic lectures for clients with firm understanding of the CBT model who must wait for other members to "catch up" before beginning cognitive restructuring and exposures. Simultaneous group exposures may also be easier for some problems (e.g. multiple unique social concerns) than others (e.g. a panic- and obsession-related concern). Thus, clinicians should plan in advance which clients would best share exposure time within sessions. A final limitation regards omitted references to research of mechanisms of therapeutic change in exposure therapy. Specifically, the author does not discuss the inhibitory learning perspective (e.g. Craske et al., 2008), a literature that carries implications for how to best conduct exposures. Therefore, clinicians new to exposure therapy must rely on Chapters 7 and 8 to guide their conceptualization, design, and termination of exposure tasks.

Ultimately, this well-written text serves as a valuable resource for novice and experienced clinicians. This book offers a research-based rationale, a practical clinical perspective, and accessible instructions for therapeutic delivery. As such, this manual is highly recommended as a guide for the provision of GCBT for pathological anxiety.

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## References

- Craske, M.G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy*, 46, 5–27. doi:10.1016/j.brat.2007.10.003.
- Dogahe, E., Mohammadkhani, P., & Dolatshahi, B. (2012). Comparison of the effectiveness of group and individual cognitive-behavior therapy on reducing social anxiety symptoms. *Psychological Research*, 14, 7–24.
- Stein, M.B., Roy-Byrne, P.P., Craske, M.G., Campbell-Sills, L., Lang, A.J., Golinelli, D., . . . , & Sherbourne, C.D. (2011). Quality of and patient satisfaction with primary health care for anxiety disorders. *Journal of Clinical Psychiatry*, 72, 970–976. doi:10.4088/JCP.09m05626blu.