

CLINICAL HANDBOOK OF PSYCHOLOGICAL DISORDERS

A Step-by-Step Treatment Manual

FIFTH EDITION

Edited by
David H. Barlow



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About the Editor

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Preface

Evidence-based practice (EBP) is one of those ideas that comes along occasionally and takes the world by storm. Although some of the tenets of EBP have been around for decades (as has this handbook), it is only in the past 15 years that EBP has been formally identified as a systematic method of delivering clinical care (Institute of Medicine, 2001; Sackett, Strauss, Richardson, Rosenberg, & Haynes, 2000).

Since that time, the “tipping point” (Gladwell, 2000) for EBP has clearly occurred, and health care policymakers and governments, as well as professional societies around the world, have collectively decided that the delivery of health care, including behavioral health care, should be based on evidence (APA Task Force on Evidence-Based Practice, 2006). Fulfilling this mandate comprises the goals of EBP, and has also been the goal of this book since the first edition was published in 1985.

The fifth edition of this book continues to represent a distinct departure from any number of similar books reviewing advances in the treatment of psychological disorders from the perspective of EBP. Over the past two decades, we have developed a technology of behavior change that necessarily differs from disorder to disorder.

This technology comprises a variety of techniques or procedures with more or less proven effectiveness for a given disorder (and increasingly for classes of disorders). Naturally, we have more evidence of the effectiveness of these treatments for some disorders than for others. It also has become more apparent since the earlier editions that considerable clinical skill is required to apply this technology most effectively. Therefore, this book, in its fifth edition, is *not* another review of therapeutic procedures for a given problem with recommendations for further research. Rather, it is a detailed description of actual treatment protocols in which experienced clinicians implement the technology of behavior change in the context of the most frequently encountered disorders.

In this edition, the originators of some of the best-known treatment protocols have revised and updated the descriptions of their interventions to reflect the latest developments in an increasingly powerful array of psychological therapies. Among these revisions to existing chapters, several deserve comment. Monson, Resick, and Rizvi (Chapter 2) have updated their chapter on posttraumatic stress disorder, describing the tragic case of a soldier fresh from the battlefields of Iraq. Their successful treatment of this individual suffering from the unspeak-

able (and intolerable) trauma of war is one consequence of today's headline news stories that seldom makes it into print. Drug abuse continues as a scourge that ruins individual lives, the functioning of families, and the very fabric of society. Higgins, Sigmon, and Heil (Chapter 14) present the latest iterations of their approach, which is applicable to all serious drugs of abuse. Chapters on schizophrenia and other psychotic disorders, borderline personality disorder, bipolar disorder, and a number of anxiety disorders, along with depression, written in almost all cases by the originators of these leading protocols, have been updated considerably to reflect the latest evidence for the most effective approaches to these common but debilitating problems.

In addition, three original treatment protocols make their appearance for the first time in this edition. Brief psychological treatments for insomnia represent one of the success stories in EBP, with marked superiority to popular sleep medications, yet many clinicians who frequently confront severe sleep problems and disorders among their patients are unaware of these strategies. Because of the success of these treatment approaches, the American Academy of Sleep Medicine recommends these protocols as a first-line treatment for people with all forms of insomnia, including those currently using hypnotic drugs. The protocol described by Kaplan and Harvey (Chapter 16) represents an advanced and successful approach to this problem.

Roemer and Orsillo (Chapter 5) describe a new acceptance-based treatment for generalized anxiety disorder that reflects in a clever and creative way many of the principles espoused by the so-called "third-wave" approach to psychological disorders. Initial results from this protocol are impressive.

Norcross and Beutler (Chapter 15), experienced and well-known therapists, present their "treatment matching" strategic approach in the context of a young woman suffering from poly-substance abuse and depression. While standard cognitive-behavioral and systems approaches are recognizable in this treatment description, in an explicit manner the authors highlight transdiagnostic but empirically supported therapist and relationship factors that clearly deserve description in this book.

Finally, there is growing consensus that the future of EBP will be to distill principles of effective change that cut across diagnostic conditions, making them more generally applicable. Two of these "unified" or "transdiagnostic" protocols appear in this fifth edition. In Chapter 6 (Payne, Ellard, Farchione, Fairholme, and Barlow), we present our own unified transdiagnostic approach to emotional disorders, and Fairburn and Cooper (Chapter 17) describe a transdiagnostic approach to eating disorders that they originated with their colleagues.

In all chapters, the nuts and bolts of clinical application are emphasized.

As with the previous editions, this book was motivated by countless clinical psychology graduate students, psychiatric residents, and other mental health professionals, either in training or in practice, asking, "But how do I do it?" Realizing that there is no single source in which to find step-by-step treatment protocols for use as a guide to practice, this book attempts to fill the void. To accomplish this purpose, a number of specific topics are common to most chapters. Each chapter begins with a brief review of our knowledge of the specific disorder (or class of disorders), followed by a description of the particular model or mini-theory that guides the technology utilized with the disorder in question. This model, or mini-theory, typically answers the question: What particular facets of the disorder should be assessed and treated? While clinical application always dilutes theoretical models, clinicians will recognize cognitive-behavioral and systems approaches, with some psychodynamic contributions, as the predominant theoretical context.

This model is followed by a description of the typical setting in which the treatment is carried out. The setting varies from disorder to disorder, ranging from the more usual office setting to the home environment of the patient. Authors provide similar detailed descriptions of the social context of treatment (e.g., the importance of the involvement of family or friends) as well as therapist and client variables that are important within the context of the particular problem. For example, therapist variables that may be important in implementing techniques for treatment of agoraphobia or couple distress are described. In addition, authors discuss the implications for treatment of client variables, such as dependency and unassertiveness in individuals with panic disorder with agoraphobia.

A detailed description of the actual step-by-step process of assessment and treatment follows, liberally sprinkled in many chapters with transcripts of therapy sessions. Important components of this process are the specifics of the rationale given to the patient before treatment, as well as typical problems that arise during the implementation of the technology. Where data exist, authors provide information on clinical predictors of success or failure.

In accomplishing the rather ambitious goals just described, I was very fortunate in this edition of the book, as in previous editions, to have leading clinicians and researchers document in some detail how they actually treat their patients. Once again, these authorities reported that the number of details they had to include in order to convey how they actually applied their treatment programs went far beyond their expectations. My hope is that practicing clinicians and clinical students everywhere will benefit from acquaintance with these details.

In closing, I would like to express my deep appreciation to Amantia Ametaj, my research and administrative assistant during the editing of this book. She worked with me and the authors every step of the way. I am sure this information will come in handy as she is now pursuing her own doctorate in clinical psychology.

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