

Chapter 11 helpfully includes a detailed case study to illustrate how to go about identifying the main problems, setting goals, planning interventions and monitoring progress. Helpful case studies are used throughout the book. Part 3 concludes with an excellent Summary and Conclusions chapter, which gives a succinct overview of the content and main learning points of the guide.

Overall, this guide is very user-friendly, with an engaging and conversational tone. It is highly interactive, making use of an excellent range of resources throughout, including quizzes, checklists and questionnaires. The author does well to normalize stress and present it as a problem for both the employee and the employer (in terms of loss of productivity). This guide empowers individuals to become their own therapist so as to overcome the very common and serious problem of occupational stress.

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Overcoming Perfectionism

Roz Shafran, Sarah Egan and Tracey Wade

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Perfectionism is a personality trait that involves rigidly and unrealistically requiring absolute perfection of the self and/or other people in most (if not every) important life domain. Not surprisingly, perfectionism is a risk factor for and a maintenance factor in mood, anxiety, and eating disorders. It is therefore important that therapists are able to conceptualize, assess, and treat perfectionism.

This excellent book was written as a self-help guide for lay persons who wish to address their perfectionism independent of professional assistance. Overcoming perfectionism through a self-help guide alone may be difficult. Perfectionism is a moderately heritable, temporally stable personality trait that is hard to treat. Such obstacles, however, do not discount the importance and the usefulness of *Overcoming Perfectionism*. This book can be much more than a self-help guide. We believe this book is a valuable resource for therapists with a cognitive behavioural (CB) orientation. Our review is directed toward such therapists.

Overcoming Perfectionism uses an accessible format. Early content provides the reader with an understanding of perfectionism from a therapist's perspective. The authors also identify perfectionistic behaviours detrimental to mental health and explain why these behaviours are not requisites to success. Before the treatment protocol is covered, a CB model is outlined describing how perfectionistic thoughts and behaviours lead to negative outcomes. This is a key component, because the subsequent approach to overcoming perfectionism stems from this model.

In line with CB models of mental health, the treatment protocol aims to identify and to remediate perfectionistic thoughts and behaviours. This book provides very useful exercises outlining costs and benefits of changing perfectionism, self-monitoring exercises, and diaries to increase awareness of positive outcomes. A wide variety of behavioural experiments are also provided, allowing perfectionists to test the practicality and the effect of non-perfectionistic behaviour. This book also provides worksheets to assist perfectionists

in overcoming common pitfalls (e.g. procrastination). *Overcoming Perfectionism* does an outstanding job of assembling an extensive set of tools that can be directly employed by individuals and their therapists.

One salient advantage *Overcoming Perfectionism* has over other such books is the empirical support for its treatment model. Shafran is a renowned researcher in perfectionism and there is empirical support for both her CB model of perfectionism as well as her treatment approach (e.g. Glover, Brown, Fairburn and Shafran, 2007). Shafran has also developed a clinical perfectionism questionnaire, corresponding to her CB model (see Chang and Sanna, 2012). This questionnaire, in concert with this book, could prove very useful to therapists. *Overcoming Perfectionism* includes summaries of research supporting the CB approach to perfectionism. The authors also cite other evidence supporting their assertions. In the references section they suggest other resources relevant to perfectionism. In sum, despite this book's practical and anecdotal style of writing, its underlying research foundation is solid.

The appendices are another useful aspect of this book. They provide blank worksheets for clients to undertake the CB exercises mentioned above (e.g. self-monitoring). Every worksheet in the appendix has a corresponding section in the book explaining the goals of undertaking the exercise, how to undertake the exercise, and how it will contribute to the treatment of perfectionism. These worksheets are helpful tools to supplement therapists' CB techniques.

Praise notwithstanding, therapists must adjust their expectations of this book given its intended lay audience. For one thing, perfectionism has complex relationships with other disorders (e.g. mood disorders). Early content in this book acknowledges perfectionism's comorbidity with such disorders, but does not elaborate much further. Perfectionism, in and of itself, is the main target in this book. This is understandable, as treating complex relationships among multiple disorders is beyond the scope of a self-help guide. Therapists should nonetheless be aware that severe perfectionism rarely occurs apart from other disorders, and complex (e.g. reciprocal) relations may exist between perfectionism and other disorders. Although this book's major selling point is its evidence base, scientist-practitioners may find reason to critique the CB model of perfectionism outlined. Shafran and colleagues' model is narrower than other evidence-based models of perfectionism (e.g. Hewitt and Flett, 1991); for example, other-oriented perfectionism (i.e. rigidly demanding perfectionism) is a fundamental dimension of perfectionism. However, readers receive little (if any) ideas about how to modify demandingness and hyper-criticalness directed toward other people, despite evidence that other-oriented perfectionism is a destructive trait (Hewitt and Flett, 1991).

These quibbles aside, *Overcoming Perfectionism* has a very high potential to facilitate treatment of perfectionism by CB therapists. Using a series of practical exercises, this book will assist clients in obtaining a basic understanding of how perfectionism is problematic and how perfectionism is maintained via maladaptive thoughts and behaviours. We highly recommend *Overcoming Perfectionism* to CB therapists wanting to expand their tool kit for conceptualizing, assessing and treating perfectionism.

References

- Chang, E. and Sanna, L. (2012). Evidence for the validity of the Clinical Perfectionism Questionnaire in a nonclinical population. *Journal of Personality Assessment*, 94, 102–108.

Glover, D., Brown, G., Fairburn, C. and Shafran, R. (2007). A preliminary evaluation of cognitive-behaviour therapy for clinical perfectionism. *British Journal of Clinical Psychology*, 46, 85–94.

Hewitt, P. and Flett, G. (1991). Perfectionism in the self and social contexts. *Journal of Personality and Social Psychology*, 60, 56–470.

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Practicing Positive CBT: From Reducing Distress to Building Success

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This book is a succinct and easy to read guide to understanding the core concepts of “Positive CBT” (PCBT). It is accessible to both clinicians who are familiar with the modality and those wanting to gain an initial understanding. The structure and flow of the book is simple to follow and each subsequent chapter builds understanding and knowledge while reinforcing important key messages. The book is broken into three sections: “Theory”, “Applications” and “More Applications” and is completed with a FAQ section that shows the author’s appreciation for the realities of implementing this therapy in practice.

In the Theory section, the author clearly explains the research foundation for PCBT. This highlights the positive effect of helping clients build hope, positivity and optimism for their lives and the effect of “problem-focused” talk. A cogent review of the positive aspects of current CBT therapeutic modalities (e.g. dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT), and applied relaxation) is presented before the author describes her wish for PCBT and its impact on psychology (i.e. improved outcomes, reduced drop out, need for fewer sessions, and better wellbeing for therapists themselves).

A comparison of Traditional CBT (TCBT; e.g. Beck, 1967) and PCBT is also offered to note the potential benefits that PCBT could have for the profession, over and above what is captured by current TCBT methods. However, at times this comparison appears simplistic and polarizing (examples from a comparison Table presented are: TCBT – “Clients’ view sometimes is not validated”, PCBT – “Clients’ view is validated (which makes letting go of a point of view easier)”; TCBT – “Focus on problems and weaknesses”, PCBT – “Focus on solutions and strengths” pp. 14–15).

The Application section covers the nature and aspects of the Therapeutic Alliance, Assessment, Changing Clients’ Views, Behaviour (“Doing”) and Feelings, Homework Assignments, Subsequent Sessions and the role of the PCBT Therapist. It contains a very helpful section on the importance of structuring an assessment interview to acknowledge and highlight the person’s resources and skills already used for success, termed “finding exceptions”. The section on positive goal creation and the use of positive functional analysis (e.g. what is already working for the client) emphasizes the fundamental nature of PCBT and how this would positively benefit therapists and clients. Focus is also given to how to explore a client’s level of motivation and need to adjust treatment accordingly with clear examples of how this is undertaken.