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mindfulness-type therapies, and its specificity in terms of training metacognitions makes it seem more accessible than some other mindfulness approaches, such as Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990), which require confidence in the method and a good deal of dedication to mindfulness training. For social work audiences, MCT may be a fairly new idea. Cognitive behavioral techniques have been around for some time, and many articles on that therapeutic approach are listed on the Web site for the National Association for Social Workers (NASW, 1999). However, a search through the literature included on the Web site for “metacognitive therapy” comes up dry. In addition, in a Web of Science (www.isiknowledge.com) database search, “metacognitive therapy” does not yield any results when paired with the words “social work” in the name of the publication, although “cognitive therapy” does. MCT is a more specialized form of cognitive therapy, in one sense, so it is logical that when teaching social work students, cognitive-behavioral training would be first on the learning curve list to teach. Cognitive-behavioral therapy also has a strong evidence base from years of being used and researched. However, as MCT gathers more credible empirical support, it will be important for clinical social workers to have a better sense of what it is. Because Wells is publishing much of the work on MCT, and largely in psychology journals, much of the work is outside the field of social work. This means that a social work researcher who would take up the question of the efficacy of this type of therapy would be opening fairly new doors for the field of clinical social work.

As is obvious from the large number of articles and the quality of the research that Wells has written and conducted on MCT, he is at the forefront of creating a research base for this important type of therapy. His expertise and broad range of experience on the subject are evident in the clarity and inclusiveness of this book, and it is an essential primer for clinicians who currently use or are interested in using MCT to treat anxiety and depression.

References


Section Highlights

Part One: Bipolar Disorder Basics

The first part of the workbook provides an overview of bipolar disorder, including the symptoms of the disorder, basic science, and the potential impact on a person’s well-being. This initial overview is followed by a discussion of the reader’s core values, which encourages readers to explore the ways in which bipolar disorder may have influenced their life in ways that will be hard to change. The first part of the workbook concludes with discussion of physical health considerations, symptoms that often accompanying the disorder, and treatment options are discussed.

Part Two: Working Through Mania

Modules in Part Two provide information that guides readers in identifying, understanding, and addressing symptoms and triggers of mania. Readers create personal mania profiles using easy to understand questions and checklists. An exercise is then used to help further identify triggers. Similar to strategies used in motivational interviewing, readers apply a simple cost-benefit analysis of their manic symptoms. Readers also have an opportunity to analyze substance use problems they may have, which commonly co-occur with bipolar disorder. Self-evaluation tools are used to address other common features of bipolar disorder, including anger and psychosis. The last modules of Part Two guide the reader in developing a personal action plan—that is, readers identify early warning signs, triggers to mania, and specific beneficial responses.

Part Three: Working Through Depression

Part Three of the workbook focuses on depression. Using the same format as mania, readers construct a profile of their experiences with depression, identify triggers and responses to their depressive symptoms, and apply an overall cost-benefit analysis. Anxiety is explained, and readers are walked through a relaxation exercise. The next module encourages readers to consider using healthy alternatives toward resolving their depression and anxiety, then evaluate the results of the change in routine. In addition, readers are encouraged to actively structure their time throughout the week. The next module applies similar methods to understand thought patterns associated with depression, walking the reader through practical activities to challenge those thoughts. Finally, readers combine many of the lessons they have learned in the previous modules to develop an action plan to deal with depression that again is tailored to their unique experiences.

Part Four: Working to Wellness—Your Physical Health

The modules in this part focus on the importance of addressing physical health problems that typically co-occur with bipolar disorder. Heart disease, weight gain, and eating habits in responses to depression and mania are addressed as well. Similar to the previous modules of the workbook, readers are provided with several activities to help build an awareness of their eating, in addition to other problem areas that affect physical health—for example, exercise, tobacco use, and sleep.

Part Five: Working Through to Your Life’s Goals

The unifying theme of this workbook is on the importance of identifying and working toward life goals while addressing the challenges of bipolar disorder. In this part of the workbook, the readers are guided through a comprehensive goal setting activity that integrates knowledge and skills acquired previous modules. The first step of this goal setting activity involves having the readers describe challenges they face in their lives, followed by effectively formatted exercises for overall goals and subgoals. Principles of goal setting are included to aid readers in setting meaningful, measurable, realistic, individual goals. Finally, readers are coached on anticipating barriers to goals and considering strategies for overcoming them.

Part Six: Managing Your Care

The final part of the workbook describes how active collaboration with treatment providers can improve treatment. The authors emphasize that treatment providers have specialized clinical skills, but the person with bipolar disorder is the expert on his or her own life. Assets such as effective communication, divisions of responsibility, mutual respect, and clearly defined goals are covered in short exercises. Internal state scales, cost-benefit analyses, and guides to preparing for a visit to a provider are also included to aid the reader in becoming an active member of the treatment process. The authors conclude the workbook with a set of appendices on common psychotropic medications, self-help resources, and information for clinicians.

Notable Strengths and Limitations

This workbook has several strengths that undoubtedly make it highly appealing to social workers. Especially noteworthy is the extensive evidence on which this treatment approach is based. The workbook is replete with current research on many facets of bipolar disorder and the effective treatments. Another strength of the workbook is the authors’ emphasis on and integration of the biopsychosocial approach. The authors encourage readers to involve their families in reading and exercises, to actively consider ways to improve their physical health, and to identify environmental stressors, for instance. Recognition of self-determination also figures prominently in the workbook, which is a core value of social work practice. The authors repeatedly emphasize the individual’s value in the treatment process and note the many choices the reader can make to change the course of his or her condition and treatment. The treatment provider, as the authors note, is the expert on the disorder, but the client is the expert on his or her experience.
One potential challenge to the book is the level of writing. That is, the required level of reading for this book appears a bit high for persons with severe bipolar disorder. For this review, we randomly selected a module and analyzed it using a Flesch-Kincaid measure of grade level and reading ease. The introductory paragraph for module #29 had a grade level estimate of 14 and a reading ease level of 45 (0 = difficult to understand, 100 = easy to understand). While the complexity of the background information could be reduced, it is important to note that the exercises have reading levels that are appropriately tailored to the readers with bipolar disorder.

Issues related to spirituality were not a prominent feature of the book. While the exercises allow for issues of spirituality to emerge, a service provider without this awareness and prompting may not address this important issue in the recovery process. Clinicians would benefit from additional resources on successful implementation of this program, as there will always be unique challenges to implementing new services and adapting them for different environments. A free online supplement to this book that highlights different user experiences in different settings, as well as a discussion forum, would be ideal.

Overall, service providers working with persons with bipolar disorder will undoubtedly find this book a key resource. The format of the book and strong empirical base make it an excellent resource for practitioners. Given that social workers represent the largest body of mental health service providers, this book would be a key resource for the mental health curriculum in MSW programs.

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In the past half century, not only in the United States but also in many other Western and non-Western societies, we have witnessed significant changes in the meanings of marriage, parenting, and what a family looks like. In this regard, stepfamilies as a newly configured, complicated, and multifamily system have emerged and attracted attention from both researchers and social work practitioners. It is currently estimated that one third of children in the United States will have some life experience as being members of a stepfamily (Teachman & Tedrow, 2008). Over time, we have come to realize that stepfamilies have become integrated and normalized into the mainstream conceptualization of North American “families” (Levin & Sussman, 1997). Research on theories, methods, service models, as well as legal issues related to stepfamilies has, by default, shown an irresistible appeal for those of us working directly with these families in the helping professions.

Subsection I presents a global, cultural, and demographic context of stepfamilies. It sets the stage for the landscape of stepfamily issues in a global context. Chapter 2 by Claxton-Oldfield reviews the ever changing culturally related stereotypes of stepfamilies in Western society. In chapter 4, Nozawa notes that although there is no translational counterpart for the English word “stepfamily” in the Japanese language and culture, increased rates of divorce and remarriage recently made stepfamilies a societal problem, which parallels many other Western countries. The author mainly attributes the difficulties of Japanese stepfamilies to “institutional incompleteness” or inadequacies when considering that the standard and culturally rooted intact family model has been more completely infused into most social institutions such as the educational system. Coltrane, Gutierrez, and Parke, in chapter 5, highlight several apparent differences between Mexican American and Euro-American families, which focus the lens of this issue on yet another cultural aspect of stepfamilies, that being stepfathering (an often forgotten component of such families). These three chapters remind us of the importance of taking into account culture and history when trying to understand the meanings, nuances, definitions, and perceptions of stepfamilies. As such, demographical data collected from several countries, including, respectively, the United States, France, and Japan, show the evidence of the worldwide prevalence of this new form of a family configuration and its pivotal implications in the past several decades.