

Book Reviews

Cognitive Behavioural Prevention of Suicide in Psychosis: a treatment manual

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Suicide remains the primary cause of premature death among people experiencing psychosis (Palmer et al., 2005). Predictive risk factors are often the focus of research - identifiable early symptom clusters, illness course markers or aetiological variables (Dutta et al. 2011). Through this medical paradigm, “prevention” is routinely conceptualized as the likely result of managing affective symptoms and improving adherence to treatment (Hawton et al., 2005). Taking an alternative stance, this manual argues for a psychological “mechanism” of suicide to understand the “components” of these thoughts and behaviours. Through 11 chapters, the authors consolidate several years of clinical research and outline methods of assessment through individual formulation. The result is a strategic cognitive behavioural intervention to impede suicide-specific processes in psychosis.

The book is succinct and logically structured. The authors frame the manual authoritatively, with Chapter 3 reporting a meta-analysis on the efficacy of CBT for suicidality. Their central line of argumentation conceives suicidal behaviour along a continuum from ideation to intention and action, while information processing biases, attention, the development of suicide-schema and appraisal styles are identified as explanatory constructs. There is a narrowing of emphasis and increasing clinical practicality in consecutive chapters - from issues of pre-therapy engagement and assessment to instructions on developing a case formulation with clients.

Chapter 6 represents the therapeutic core of the book, detailing clinical techniques and a protocol to stimulate clients’ positive emotions, thoughts, behaviours and “self” and “other” schemas. Remaining true to the promise of a “manual”, this chapter is highly pragmatic. Systematic instructions are provided, but also frequent references to contingencies and implementation challenges. Attempts to summarize “specific difficulties with attention-broadening tasks”, describe alternative approaches when “clients can’t tolerate relaxation or imagery tasks” or have difficulties “expressing themselves verbally” gives a tone of realism and does justice to the reflective development of the protocol. An entire chapter dedicated to overcoming application challenges (and client resistance to suicide prevention more generally) complements this.

The book dynamically draws on diagrams and devices to illustrate its models. Most illuminating is the use of case studies. Chapters 7 and 8 form carefully selected applications of the “CBSPP” protocol. These reflect well the individual nuances in clinical practice when complex presentations arise, e.g. high levels of fluctuation in suicidal thinking and intent. Indeed, the authors take a balanced and realistic approach throughout. Each case study chapter culminates with “critical reflection”, acknowledging the parameters of the protocol and how it may be “bolstered” with other longer-term approaches.

Despite the clinical utility of the book, as a researcher I was disappointed with the somewhat limited chapter on future directions in clinical research. The manual is the result of a coherent and testable theory of suicide behaviour the authors claim can be “evaluated through clinical trials”. They fail however to address this issue - or suggest what shape these trials might take. The chapter launches into a discussion of new technologies e.g. “momentary interventions” that would provide the clinician with richer data to strengthen the CBSPp formulation. While culturally relevant - and interesting - this would be enhanced by a foundational discussion of efficacy research. Nonetheless, overall, the manual presents a timely integration of evidence and a theoretical approach to understanding suicide prevention, with arguably greater sensitivity than a treatment based solely on risk factors. It will be of great interest to a wide range of practitioners, post-graduates and researchers studying psychosis or suicide.

References

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How to Become a More Effective CBT Therapist: mastering metacompetence in clinical practice

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The authors, and editors Nick Grey and Adrian Whittington, have produced a well structured and comprehensive book that aims to identify and elucidate metacompetencies that are considered a vital part of being an effective cognitive behavioural therapist. This book is therefore intended for therapists who have training and experience in CBT.

Metacompetencies are generally considered to be a comprehensive set of skills, which facilitate adaptation and flexibility whilst remaining faithful to evidence-based treatments. The primary aim of the book is therefore to help clinicians develop their skills and adapt their treatment to the manifold complexities and challenges presented in real world clinical settings.

The book consists of 19 chapters arranged into four sections. Section one provides a review of the foundations of cognitive behavioural therapy, including: mastering metacompetence; the central pillars of CBT; developing and maintaining a working alliance; and working with diversity.