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

Dutta, R., Murray, R.M., Allardyce, J., Jones, P.B. and Boydell, J. (2011). Early risk factors for suicide in an epidemiological first episode psychosis cohort. *Schizophrenia Research*, *126*, 11–19.

Hawton, K., Sutton, L., Haw, C., Sinclair, J. and Deeks, J.D. (2005). Schizophrenia and suicide: systematic review of risk factors. *The British Journal of Psychiatry*, *187*, 9–20.

Palmer, B.A., Pankratz, S. and Bostwick, J.M. (2005). The lifetime risk of suicide in schizophrenia. *Archives of General Psychiatry*, *62*, 247–253.

LAURA THOMPSON

Unit for Social and Community Psychiatry, Barts and the London School of Medicine, Queen Mary University of London

How to Become a More Effective CBT Therapist: mastering metacompetence in clinical practice
A. Whittington and N. Grey (Eds)
Chichester: Wiley-Blackwell, 2014. pp. 318, £34.99 (pb). ISBN: 978-1-118-46835-7.
doi:10.1017/S1352465815000089

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.

Section two covers handling complexities in CBT practice. Chapters include: working with co-morbid depression and anxiety disorders; collaborative case conceptualization; trans-diagnostic approaches for anxiety disorders; when and how to talk about the past; transference and counter transference in CBT; and what to do when CBT is not working.

Section three explores how to adapt CBT for specific client groups. Chapters consider: long term conditions; personality disorders; psychosis, older people; and clients with intellectual disabilities. Finally, section four focuses on "Mastering Metacompetence". Chapters include; using self-practice and reflection to enhance CBT; using outcome measures and feedback to enhance therapy and empower patients; making CBT supervision more effective; and taking control of your training for competence and metacompetence.

Relatively little has been written about metacompetencies within CBT literature, which makes this book a welcome and valued resource. Furthermore, chapters are written by leading clinicians with extensive experience of delivering and supervising CBT. The book is usefully structured in that one can read chapters in isolation as a guide to how to adapt treatment when faced with specific difficulties. The majority of chapters use case examples, which helps to clarify and further illustrate when and how to employ particular metacompetencies.

Very helpful features of the book include the end of chapter summaries that condense the main points covered into a set of "procedural rules". This provides the reader with a convenient guide of when to adapt CBT and how to implement those adaptations within their practice. In addition, the authors provide visual frameworks to help illustrate and conceptualize clinical complexities. For example, a framework is presented for adapting CBT when working with diversity, and similarly in the chapter on supervision a competency model of supervision is presented.

For those clinicians who work within a primary care setting this book is particularly timely, as it goes someway to dealing with the widening remit of IAPT services. This is especially relevant in light of the increasing focus on particular client groups such as those with long term conditions and older adults.

Given the importance placed on working and adapting practice for clients of diverse backgrounds, I would have liked to see more on how to adapt CBT when working with interpreters. It is common that clinicians who work in diverse communities have very little or no training in using interpreters. An additional chapter exploring the particular challenges of using interpreters in a clinical setting would have further enhanced the book.

Overall, this book provides a comprehensive overview of metacompetencies and helps the reader better identify and apply those skills in a clinical context. This book will no doubt be a valuable resource for practising CBT clinicians.

JAMES LITTLE
Cognitive Behaviour Therapist, Camden and Islington NHS Foundation Trust