
Despite the development of effective therapies such as Cognitive Behavioural Therapy (CBT), the need to improve response rates is a growing concern. In practice, clinicians often encounter clients who fail to benefit, benefit only partially, or who present with challenges in utilizing CBT such as resistance and noncompliance. The premise of the book is that impoverished attention has been paid to those who do not benefit fully from CBT or who experience a return of symptoms after treatment has ended. It provides detailed suggestions for maximizing outcomes in CBT and preventing relapse, especially with challenging clients. This book addresses the pressing need for practical guidance in managing these situations.

Chapters are broken down by disorder and the book includes a comprehensive discussion of challenges in applying CBT to each of the major anxiety disorders (panic, social anxiety, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic disorder), mood disorders (depression, bipolar disorder), as well as eating disorders, schizophrenia, alcohol use, and couples distress. The format of each chapter is standardized and contains a number of features which will be of interest to readers. Beyond the basic descriptive overview of the problem and the standard, evidence-based psychological and pharmacological treatments, a number of novel components are included. These include a review of what is known about various predictors of CBT outcome across these disorders (e.g., comorbidity, chronicity, life stress, interpersonal functioning, demographic factors, symptom severity, cognitive vulnerability, alliance), and detailed, practical descriptions of clinical strategies for overcoming obstacles and improving outcomes during treatment. As such, this book is based on what is known in the empirical literature about the barriers to full recovery. Topics covered include challenges posed by low readiness for change, low or unrealistic expectations for treatment success, objections to particular CBT elements such as exposure or cognitive therapy, comorbidity, and poor homework compliance. Each author also discusses how to augment CBT with other approaches and offers suggestions on adapting standard treatment protocols to particular types of clinical presentations. For example, advice is offered on how to improve alliance in CBT, deliver and evoke client responses to a treatment rationale, and work with ambivalence about change.

Importantly, each chapter also includes discussion of factors empirically associated with relapse and offers practical suggestions on maximizing CBT strategies to inoculate clients against relapse. Suggested strategies include follow-up or booster sessions, stress management, use of adjunctive or combination treatments, psychoeducation, and maintaining health lifestyle habits. Useful extended case examples are presented for each disorder reviewed, illustrating the clinical application of the suggestions offered.

This book represents the first attempt to bring together leading thinkers in various areas to address the timely and critically important topic of adapting CBT to accommodate the routine challenges posed by clients in clinical practice who do not fit the protocol or do not respond fully to CBT. The book outlines and offers practical strategies for many of the most common sources of difficulty in the application of CBT. Given the practical significance of this topic, this book is likely to be of significant interest to clinicians who are routinely faced with these challenges in clinical practice, where guidance beyond the standard CBT practice manuals is very much welcome. The practical nature of the book, including extended case examples, is highly useful.
conducive to its' intended use as an adjunct to practicing clinicians. Moreover, given it's emphasis on the clinical need for solutions to common problems in applying CBT, it is hoped that this book will also challenge researchers to further empirically investigate the underpinnings of impoverished response to CBT.

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