Suicidal behavior continues to be a pressing concern for the global community. While the field has grown dramatically since its inception nearly 50 years ago, the empiricism on which treatments and understanding are based has been slower in development. As Pompili notes, "suicide prevention has little to show in the way of evidence-based programs" (p. 4). Pompili and Tatarelli’s recent contribution to the field, *Evidence-Based Practice in Suicidology*, is a comprehensive compilation outlining the current empirically-based knowledge. With twenty chapters written by an impressive array of internationally recognized suicidologists, *Evidence-Based Practice* collates the most current literature and evidence which front-line clinicians require to ensure their clinical care is consistent with what is known to be most relevant. This resource goes to great lengths to dispel some common myths and misconceptions regarding evidenced-based care, most specifically, explaining, and then presenting examples of, how such care entails "practicing medicine based on scientific evidence, complemented with clinical experience as it applies to the client's unique set of concerns, values and preferences" (p. 34).

*Evidence-Based Practice in Suicidology* addresses not only broad issues and taxonomies (e.g. psychotherapy, psychosocial interventions, psychopharmacology, suicide prevention targeting youth and elderly) but also examines the evidence base for intervention with specific diagnostic categories and conditions (e.g. schizophrenia, personality disorders). The clinical utility of such a resource cannot be understated. This is a resource that clinicians will greatly benefit from reviewing; however, clinicians are not the sole target audience. The inclusion of important chapters addressing the current gaps in the scientific literature should be a 'call to arms' for suicidology researchers. More, and improved, research needs to be done and having such a roadmap for the future can help develop both research and subsequent clinical improvements.

Not all clinicians will find the international contributions applicable to their individual practice. Nevertheless, one of the great assets of this volume is the diverse collaboration among some of the top suicidologists from around the globe. There are numerous examples and research findings from both the U.S. and Europe to illustrate common themes while still reinforcing the essential role of tailoring one's treatment, or research, to a client's values and preferences which are colored by cultural, economic, demographic, and religious values. Clinicians, researchers, and particularly students/residents will find *Evidence-Based Practice in Suicidology* to be both a sound investment, but also an important educational and clinical resource.