“This should be on the bookshelf of everyone treating anxious and depressed children and adolescents. A cornucopia of theory and clinical good sense alike. I will be making sure that my trainees read it cover to cover.”

Dr. Samantha Cartwright-Hatton, Senior Clinical Research Fellow in Psychology, University of Sussex

This is the first book to offer an explicitly competencies-based approach to the cognitive behavioral treatment of anxiety and depression in children and adolescents. Within it, an outstanding and influential set of experts in the field describe a comprehensive model of therapist competencies required for empirically supported cognitive behavioral treatment. They explore each of these competencies in great detail, and highlight effective ways of training them. As a result, the book not only supports the training, development, and assessment of competent clinicians who are implementing CBT, it is also invaluable for clinicians who wish to gain an understanding of the competencies they need to acquire or improve, and offers guidelines for how to achieve these, providing a benchmark against which they can assess themselves. Evidence-Based CBT for Anxiety and Depression in Children and Adolescents works to improve the quality of therapists working in this area, and, as a result, the quality of treatment that many young people receive.

Elizabeth S. Sburlati is a researcher in Clinical Psychology at the Centre for Emotional Health, Macquarie University, Australia. Elizabeth is also a clinical psychologist. She has led the research on ‘Therapist Competencies for the Empirically Supported Treatment of Child and Adolescent Anxiety and Depressive Disorders’ which forms a basis for this book.

Heidi J. Lyneham is the Clinic Director at the Emotional Health Clinic, Centre for Emotional Health, Macquarie University, Australia. She has published numerous papers and chapters, and is the co-author of Helping Your Anxious Child: A Step by Step Guide for Parents, 2nd edition (2008). Her research focuses on improving assessment and treatment methods for emotional problems experienced by children, adolescents, and their families.

Carolyn A. Schniering is a senior lecturer, clinical supervisor, and child psychologist at the Centre for Emotional Health, Macquarie University, Australia and also works in private practice dealing with a wide range of emotional problems in individuals, children, and families. She has published many papers and is the co-author of Treating Anxious Children and Adolescents: An Evidence-Based Approach (2011).

Ronald M. Rapee is Distinguished Professor of Psychology at Macquarie University, Australia and Director of the Macquarie University Centre for Emotional Health. He is an internationally recognized expert on anxiety disorders and the development of these disorders through the lifespan. In 2012, he was made a Member of the Order of Australia for his contributions to clinical psychology in Australia.
Evidence-Based CBT for Anxiety and Depression in Children and Adolescents
Evidence-Based CBT for Anxiety and Depression in Children and Adolescents

A Competencies-Based Approach

Edited by
Elizabeth S. Sburlati, Heidi J. Lyneham, Carolyn A. Schniering, and Ronald M. Rapee

WILEY Blackwell
To Melba: your strength, resilience, commitment, warmth and playfulness continue to inspire
   Liz

To my Mum, who inspires people to strive for competence every day
   Heidi

To Mark, Nicola, and Henry
   Carolyn

To Wendy, Alice, and Lucy
   Ron
# Contents

Notes on Editors ix
Notes on Contributors x

1 An Introduction to the Competencies-Based Approach
   Elizabeth S. Sburlati, Heidi J. Lyneham, and Carolyn A. Schniering 1

2 Effective Training Methods
   Emily Jones and Katharina Manassis 10

**Part I  Generic Therapeutic Competencies** 23

3 Self-Assessment of Our Competence as Therapists
   Elizabeth S. Sburlati and James Bennett-Levy 25

4 Professional Evidence-Based Practice with Children and Adolescents
   Rinad S. Beidas, Matthew Ditty, Margaret Mary Downey,
   and Julie Edmunds 36

5 Child and Adolescent Characteristics that Impact on Therapy
   Caroline L. Donovan and Sonja March 49

6 Building a Positive Therapeutic Relationship with the Child
   or Adolescent and Parent
   Ruth C. Brown, Kimberly M. Parker, Bryce D. McLeod,
   and Michael A. Southam-Gerow 63

7 Assessing Child and Adolescent Internalizing Disorders
   Jennifer L. Hudson, Carol Newall, Sophie C. Schneider, and Talia Morris 79

**Part II  CBT Competencies** 95

8 Theoretical Foundations of CBT for Anxious and Depressed Youth
   Sarah J. Perini and Ronald M. Rapee 97

9 Case Formulation and Treatment Planning for Anxiety
   and Depression in Children and Adolescents
   Heidi J. Lyneham 114
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Effectively Engaging and Collaborating with Children and Adolescents in Cognitive Behavioral Therapy Sessions</td>
<td>128</td>
</tr>
<tr>
<td></td>
<td>Jeremy S. Peterman, Cara A. Settipani, and Philip C. Kendall</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Facilitating Homework and Generalization of Skills to the Real World</td>
<td>141</td>
</tr>
<tr>
<td></td>
<td>Colleen M. Cummings, Nikolaos Kazantzis, and Philip C. Kendall</td>
<td></td>
</tr>
<tr>
<td><strong>Part III</strong></td>
<td><strong>Specific CBT Techniques</strong></td>
<td>157</td>
</tr>
<tr>
<td>12</td>
<td>Managing Negative Thoughts, Part 1: Cognitive Restructuring and Behavioral Experiments</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>Sarah Clark, Gemma Bowers, and Shirley Reynolds</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Managing Negative Thoughts, Part 2: Positive Imagery, Self-Talk, Thought Stopping, and Thought Acceptance</td>
<td>176</td>
</tr>
<tr>
<td></td>
<td>Maria Loades, Sarah Clark, and Shirley Reynolds</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Changing Maladaptive Behaviors, Part 1: Exposure and Response Prevention</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>Brennan J. Young, Thomas H. Ollendick, and Stephen P. Whiteside</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Changing Maladaptive Behaviors, Part 2: The Use of Behavioral Activation and Pleasant Events Scheduling with Depressed Children and Adolescents</td>
<td>208</td>
</tr>
<tr>
<td></td>
<td>Sandra L. Mendlowitz</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Managing Maladaptive Mood and Arousal</td>
<td>225</td>
</tr>
<tr>
<td></td>
<td>Donna B. Pincus, Ryan J. Madigan, Caroline E. Kerns, Christina Hardway, and Jonathan S. Comer</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Problem-Solving Skills Training</td>
<td>247</td>
</tr>
<tr>
<td></td>
<td>Ana M. Ugueto, Lauren C. Santucci, Lauren S. Krumholz, and John R. Weisz</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Social Skills Training</td>
<td>260</td>
</tr>
<tr>
<td></td>
<td>Lauren S. Krumholz, Ana M. Ugueto, Lauren C. Santucci, and John R. Weisz</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Modifying the Family Environment</td>
<td>275</td>
</tr>
<tr>
<td></td>
<td>Polly Waite, Monika Parkinson, Lucy Willetts, and Cathy Creswell</td>
<td></td>
</tr>
<tr>
<td><strong>Index</strong></td>
<td></td>
<td>301</td>
</tr>
</tbody>
</table>
Notes on Editors

Elizabeth S. Sburlati, PhD MClinPsych, is involved in research at Macquarie University’s Centre for Emotional Health. Elizabeth is also a clinical psychologist. Her research interests are in the dissemination and implementation of evidence-based practice in “real-world” settings, as well as in the treatment of child and adolescent anxiety and depression. She has published journal articles in peer-reviewed journals, has presented research at conferences, has peer-reviewed articles for numerous journals, and has peer-reviewed presentation proposals for the 1st and 2nd biennial Global Implementation Conferences.

Heidi J. Lyneham, PhD MClinPsych, is the Clinic Director at the Emotional Health Clinic, Centre for Emotional Health, Macquarie University, Australia. Heidi’s research interests include improving assessment and treatment methods for emotional problems experienced by children and adolescents. With a specific focus on improving access to services, Heidi has published a number of papers that investigate the use of supported bibliotherapy in treating anxiety, particularly for those from rural areas. She is an author of the well-known Cool Kids Anxiety Treatment Program.

Carolyn A. Schniering, PhD MClinPsych, is a senior lecturer and child psychologist at the Centre for Emotional Health, Department of Psychology, Macquarie University, Australia. Carolyn has first-hand experience in the treatment of adolescents with emotional difficulties and recently developed and evaluated a new transdiagnostic treatment that targets both anxiety and depression in youth. She also developed the Children’s Automatic Thoughts Scale (CATS), which has been used on a national and international scale to identify thinking styles associated with emotional syndromes in children and adolescents.

Ronald M. Rapee, AM PhD MSc (Psych), is currently Distinguished Professor in the Department of Psychology, Macquarie University, Sydney and Director of the Centre for Emotional Health. He has published extensively on the understanding and management of emotional difficulties across the lifespan and has written and edited books for professionals and for the general public. Ron has received several awards for his scientific contributions, and in 2012 he was made a Member of the Order of Australia for his contributions to clinical psychology in Australia.
Notes on Contributors

**Rinad S. Beidas**, PhD, conducts research centered on the dissemination and implementation of evidence-based practices (EBPs) for youth in community settings. Previous work includes an NIMH-funded F31 MH 083333 randomized controlled trial investigating the efficacy of three training methods and ongoing support of therapist fidelity. Current work involves an NIMH funded K23 MH099179 project that prospectively investigates the impact of a policy on implementation of EBPs in outpatient mental health services for youth.

**James Bennett-Levy** is an associate professor at the University of Sydney’s University Centre for Rural Health (North Coast). He has been one of the leading writers and researchers on CBT therapist training over the past decade. He has also co-authored the *Oxford Guide to Imagery in Cognitive Therapy* (2011) and co-edited the *Oxford Guide to Behavioural Experiments in Cognitive Therapy* (2004) and the *Oxford Guide to Low Intensity CBT Interventions* (2010).

**Gemma Bowers** works as a clinical psychologist with children and young people in Norfolk, UK. She has a particular interest in working with families who have a child with a chronic health problem, such as diabetes. She has also worked with children in mental health services and has an interest in the treatment of anxiety disorders in children.

**Ruth C. Brown**, PhD, is a postdoctoral fellow at the Virginia Institute for Psychiatric and Behavioral Genetics at Virginia Commonwealth University. Her primary research interest is the assessment of etiological factors and treatment mechanisms among youth and emerging adults with anxiety disorders. She is also interested in the adaptation and evaluation of evidence-based practices for anxiety disorders among youth with intellectual disabilities.

**Sarah Clark** works as a clinical psychologist in the NHS in Suffolk, UK and as a clinical tutor on the clinical psychology doctoral training programme at the University of East Anglia in Norwich. In her clinical work she has an interest in anxiety disorders and in obsessive compulsive disorder in children and adolescents.
Jonathan S. Comer, PhD, is Associate Professor of Psychology at Florida International University and the Center for Children and Families. Before this he was director of the Early Childhood Interventions Program at Boston University, an interdisciplinary clinical research laboratory devoted to expanding the quality and accessibility of mental health care for young children. His research examines anxiety and disruptive behavior disorders, with particular focus on the innovative use of new technologies for extending the availability of care.

Cathy Creswell, PhD, is a principal research fellow, MRC clinician scientist fellow, and honorary consultant clinical psychologist at the Winnicott Research Unit, School of Psychology and Clinical Language Sciences, University of Reading, UK. Cathy’s research interests are the development and treatment of childhood anxiety disorders. Key recent publications are “Cognitive, Affective, and Behavioral Characteristics of Mothers with Anxiety Disorders in the Context of Child Anxiety Disorder” (co-authored with A. Apetroaia, L. Murray, and P. Cooper), published in 2012 in the Journal of Abnormal Psychology, and “Interpretation and Expectation in Childhood Anxiety Disorders: Age Effects and Social Specificity” (co-authored with L. Murray and P. Cooper), awaiting publication in the Journal of Abnormal Child Psychology.

Colleen M. Cummings, PhD, is a postdoctoral fellow at the Child and Adolescent Anxiety Disorders Clinic at Temple University, under the mentorship of Dr Philip C. Kendall. Her dissertation in graduate school at Ohio State University focused on anxiety comorbidity within mood disorders, resulting in a publication with Dr Mary Fristad (“Anxiety in Children with Mood Disorders: A Treatment Help or Hindrance?”). Other research interests include interventions for childhood anxiety disorders and dissemination of evidence-based treatments.

Matthew Ditty is a lecturer at the University of Pennsylvania School of Social Policy and Practice. As a psychotherapist in the Philadelphia area, he has applied evidence-based treatments with children, adults, and families in the Hospital of the University of Pennsylvania, in the United States Navy, and in private practice. His current research focus is the dissemination and implementation of dialectical behavior therapy, cognitive behavioral therapy, and other evidence-based treatments.

Caroline L. Donovan, PhD, is a lecturer and clinical psychologist at Griffith University in Brisbane, Australia. Her research focuses on youth psychopathology, with a particular focus on online delivery of treatment interventions for youth anxiety disorders.

Margaret Mary Downey is a research specialist at the University of Pennsylvania’s Center for Mental Health Policy and Services Research. She supports several NIH-funded projects that focus on dissemination and implementation (DI) of evidence-based practices, in partnership with the Philadelphia School District and Department of Behavioral Health. To combine her additional interests in reproductive justice, task shifting, and DI, she will pursue an MSW/PhD in Social Welfare.
Julie Edmunds is a recent graduate of Temple University’s clinical psychology doctoral program. She is currently a postdoctoral fellow at the Center for Effective Child Therapy at Judge Baker Children’s Center in Boston, MA. Dr. Edmunds’ primary interests include providing evidence-based mental health care to youth and families and training others in evidence-based practices. Recent research conducted by Dr. Edmunds examined the role of behavioral rehearsals during consultation sessions on training outcomes.

Christina Hardway, PhD, is an assistant professor in the Department of Psychology at Merrimack College. She received her PhD from the University of Michigan, and prior to joining the faculty at Merrimack College she was a postdoctoral fellow in Harvard University’s Judge Baker Children’s Center Clinical Research Training Program. Her research has largely investigated the factors that promote circumstances and interventions that allow an individual to approach the world in an intellectually engaged manner.

Jennifer L. Hudson, MClinPsych, PhD, is professor at the Centre for Emotional Health, Department of Psychology, Macquarie University. Her research endeavors to improve understanding of the genetic and environmental factors that contribute to anxiety disorders in children. Her work also focuses on evaluating and disseminating programs to improve outcomes for children’s emotional health.

Emily Jones, BSc, is a student in the Master’s of Medical Science program at the University of Toronto and a research student at the Hospital for Sick Children in Toronto. She completed her BSc in Psychology at Trent University. Emily is an experienced child and youth therapist and director of the Summer Youth Camp at Dr. Fountain’s in Oshawa, a day treatment camp for children with mental health issues.

Nikolaos Kazantzis, PhD, is founder of the Cognitive Behaviour Therapy Research Unit at La Trobe University, editor-in-chief of Australian Psychologist, and his collaborative research has resulted in over 100 publications, including the practitioner book Using Homework Assignments in Cognitive Behavior Therapy. He developed training programs for over 4,000 professionals in 11 countries worldwide, and he is the recipient of the Beck Institute for Cognitive Behavior Therapy’s 2012 Scholar Award for “significant contributions to the field of cognitive therapy.”

Philip C. Kendall, PhD, ABPP, is Laura H. Carnell Distinguished University Professor at Temple University. He has been a fellow at the Center for Advanced Study in the Behavioral Sciences, won the Outstanding Contribution for Educational/Training Activities from ABCT, the Distinguished Career Research Award (Division 53) and the Distinguished Scientific Contribution Award (Division 12) from the APA, the Research Recognition Award from the Anxiety Disorders Association of America, and was identified as a “top therapist” by Philadelphia Magazine. Philip’s contributions include the treatment of anxiety disorders in youth, research methodology, and cognitive behavioral theory, assessment, and treatment.
Caroline E. Kerns, MA, is a doctoral student at the Center for Anxiety and Related Disorders at Boston University. Her research interests include difficulties with emotion regulation and distress intolerance in children with anxiety disorders and their families. Her clinical interests include using evidence-based cognitive behavioral treatments and parent training programs to treat children and families with psychopathology.

Lauren S. Krumholz, PhD, is a postdoctoral fellow in the Department of Psychology at Harvard University. Her research interests include the treatment and prevention of mental illness among diverse children and adolescents through the design, evaluation, and dissemination of community-based, multi-system interventions targeting the individual, family, and school.

Maria Loades is a clinical psychologist working at the University of Bath’s Clinical Psychology Doctorate Programme as a clinical tutor. This role includes clinical time spent working in child and adolescent mental health. Her special interests include developing and delivering cognitive behavioural treatments for children and young people with internalizing disorders in clinical settings and refining methods and tools for evaluating therapist competence in delivering CBT.

Ryan J. Madigan, PsyD, is an instructor of psychology at Harvard Medical School, a clinical psychologist in the Dialectical Behavior Therapy Program at McLean Hospital, and a research fellow at Boston University’s Center for Anxiety and Related Disorders. He also serves on the Treatment Adaptations Taskforce Advisory Board of PCIT International. His clinical and research interests include the development and dissemination of evidence-based primary and tertiary interventions targeting child and adolescent behavior and emotion regulation.

Katharina Manassis, MD, FRCP (C), is a psychiatrist and senior associate scientist, Hospital for Sick Children, Toronto. She is a professor in the Department of Psychiatry, University of Toronto, and in the Applied Psychology & Human Development Department, Ontario Institute for Studies in Education. She leads several funded research studies to better understand and treat childhood anxiety disorders. She has published over 70 peer-reviewed papers in this field, and books for both parents and mental health professionals.

Sonja March, PhD, is a psychologist and lecturer at the University of Southern Queensland in Ipswich, Australia. Her research focuses on internalizing disorders of youth, with particular interests in youth PTSD and online program delivery.

Sandra L. Mendlowitz, PhD, is a psychologist at SickKids Hospital in Toronto, Canada and an assistant professor in the Department of Child Psychiatry, Faculty of Medicine, at the University of Toronto. Her research has focused on the development and evaluation of effective treatment interventions for children and adolescents. She has presented these findings both locally and at international conferences. She has also developed several intervention programs aimed at treating anxiety, mood disorders, and obsessive–compulsive disorder.
Bryce D. McLeod, PhD, is Associate Professor of Psychology at Virginia Commonwealth University. He is the author or co-author of numerous scientific articles and book chapters, along with a book entitled *Child Anxiety Disorders: A Family-Based Treatment Manual for Practitioners* (co-authored with Jeffrey Woods). He is the recipient of NIMH grant awards and his clinical and research interests include youth diagnostic and behavioral assessment, child anxiety disorders, therapy process research, and the implementation of evidence-based practices in practice settings.

Talia Morris is a PhD candidate at the Centre for Emotional Health, Department of Psychology, Macquarie University. Her research focuses on the development of emotional health problems such as anxiety and depression in children.

Carol Newall, MClinPsych, PhD, is a postdoctoral fellow at the Centre for Emotional Health, Department of Psychology, Macquarie University. Her research focuses on advancing knowledge on the learning and unlearning of fears, particularly in children.

Thomas H. Ollendick is University Distinguished Professor of Psychology and director of the Child Study Center at Virginia Tech. He is the author or co-author of several research articles, book chapters, and books and the recipient of several National Institute of Mental Health grant awards. His clinical and research interests range from the study of diverse forms of child psychopathology to the assessment, treatment, and prevention of these child disorders from a social learning or social cognitive theory perspective.

Monika Parkinson, DClinPsy, is a clinical psychologist at the Winnicott Research Unit, School of Psychology and Clinical Language Sciences, University of Reading, UK. Monika has particular interests in the role of family factors in the transmission and maintenance of youth internalizing disorders. Key recent publications are “Feasibility of Guided Cognitive Behaviour Therapy (CBT) Self-Help for Childhood Anxiety Disorders in Primary Care” (co-authored by Cathy Creswell, Frances Hentges, Monika Parkinson, Paul Sheffield, Lucy Willetts, and Peter Cooper), published in 2010 in *Mental Health in Family Medicine*, and “Worry and Problem-Solving Skills and Beliefs in Primary School Children” (co-authored with Cathy Creswell), published in 2011 in the *British Journal of Clinical Psychology*.

Kimberly M. Parker, MS, is a clinical psychology doctoral student at Virginia Commonwealth University. She is the author of several presentations on child therapeutic alliance, including on the role of competence in youth alliance. Overlapping clinical and research interests include youth measure development, parental factors impacting child functioning, and therapeutic alliance.

Sarah J. Perini, MA, is a clinical psychologist in private practice. Her research and clinical interests include modes of treatment delivery for anxious and depressed clients and mechanisms of change in social phobia.
Jeremy S. Peterman is a doctoral candidate in clinical psychology at Temple University. He received his BA in international relations and MA in psychology from Boston University. His research examines psychosocial predictors of sleep problems in youth with anxiety disorders, as well as the effects of cognitive behavioral treatment for anxiety on sleep problems. Jeremy has also written several publications on cognitive behavioral therapy for youth.

Donna B. Pincus, PhD, is Associate Professor of Psychology at Boston University and director of the Child and Adolescent Fear and Anxiety Treatment Program at the Center for Anxiety and Related Disorders at Boston University. She has focused her clinical research on the development and testing of new treatments for anxiety disorders in youth as well as on the integration of evidence-based psychological treatments into schools and primary-care settings.

Shirley Reynolds is Professor of Evidence-Based Psychological Therapy at the University of Reading, UK. She is a clinical psychologist by profession and has served as president of the British Association of Behavioural and Cognitive Psychotherapy. Shirley works mainly with children and young people who have problems with anxiety or depression and has been involved in a number of randomized controlled trials of CBT for young people. Shirley is co-editor of Cognitive Behaviour Therapy for Children and Families (2013).

Lauren C. Santucci, PhD, is a postdoctoral fellow in the Department of Psychology at Harvard University. Lauren’s research interests include the development, testing, and dissemination of cognitive behavioral interventions for youth with anxiety disorders, with an emphasis on employing innovative treatment formats and delivery contexts, such as summer camp, to reach a greater number of children in need of services.

Sophie C. Schneider is a PhD candidate at the Centre for Emotional Health, Department of Psychology, Macquarie University. Her research focuses on emotional health disorders in children and adolescents, in particular anxiety disorders and body dysmorphic disorder.

Cara A. Settipani is a doctoral candidate in clinical psychology at Temple University. She received her BA in psychology from Northwestern University and her MA in psychology from Temple University. Cara’s current research interests include the relationship between parenting behaviors and cognitive and affective processes associated with anxiety in youth, as well as implications for cognitive behavioral therapy. She has also published on social functioning in anxious youth and on anxiety symptomatology associated with autism spectrum traits.

Michael A. Southam-Gerow, PhD, is Associate Professor of Psychology and Pediatrics at Virginia Commonwealth University (VCU). His research focuses on the dissemination of evidence-based treatments (EBTs) for mental health problems in children and adolescents. Michael’s other research interests include the study
of emotion processes (e.g., emotion regulation) in children and adolescents and treatment integrity research. He is associate editor of the *Journal of Clinical Child & Adolescent Psychology* and author of dozens of scholarly papers.

**Ana M. Ugueto**, PhD, is a research associate in the Department of Psychology at Harvard University. Ana’s interests include the treatment and prevention of anxiety, depression, trauma, and behavior problems as well as the dissemination and implementation of evidence-based treatments for youths and adults in the US and in developing countries. She has trained over 300 clinicians in the US and over 100 community workers in Colombia, Ethiopia, and Thailand in cognitive behavioral therapy.

**Polly Waite**, DClinPsy, is an MRC clinical research training fellow and clinical psychologist at the Winnicott Research Unit, School of Psychology and Clinical Language Sciences, University of Reading, UK. Her primary clinical and research interest is anxiety in adolescence, specifically the role of parents in the development and maintenance of anxiety disorders and in the development of treatment. Key recent publications are “Cognitive Behavior Therapy for Low Self-Esteem: A Preliminary Randomized Controlled Trial in a Primary Care Setting” (co-authored with Freda McManus and Roz Shafran), published in 2012 in the *Journal of Behavior Therapy and Experimental Psychiatry*, and *CBT with Children, Adolescents and Families: Cognitive Behavioral Approaches and Interventions for Obsessive Compulsive Disorder* (co-edited with Tim Williams), published in 2009.

**John R. Weisz**, PhD, ABPP, is Professor of Psychology in the Harvard University Department of Psychology, Faculty of Arts and Sciences, and also in the Harvard Medical School. His research involves developing and testing interventions for youth mental health problems, complemented by meta-analyses and systematic reviews characterizing the state of the science of youth mental health care. In 2013 he received the highest honor awarded by the Association for Psychological Science: the James McKeen Cattell Lifetime Achievement Award.

**Stephen P. Whiteside**, PhD, ABPP, is Associate Professor of Psychology and director of the Child Anxiety Disorders Program at Mayo Clinic in Rochester, Minnesota. He conducts research on the assessment and treatment of childhood anxiety disorders, including the use of neuroimaging to examine the effects of cognitive behavioral therapy. He has received research funding from the International OCD Foundation as well as from Mayo Clinic and has published over 40 articles and book chapters.

**Lucy Willetts**, PhD, is a consultant clinical psychologist at the Winnicott Research Unit, School of Psychology and Clinical Language Sciences, University of Reading, UK. Her research interests include the intergenerational transmission of childhood anxiety and the treatment of childhood anxiety disorders. Key recent publications are “Feasibility of Guided Cognitive Behaviour Therapy (CBT) Self-Help for Childhood Anxiety Disorders in Primary Care” (co-authored with Cathy Creswell, Frances Hentges, Monica Parkinson, Paul Sheffield, Lucy Willetts, and Peter Cooper), published in 2010 in *Mental Health in Family Medicine*, and *Overcoming Your Child’s*

Brennan J. Young received his PhD in child clinical psychology from the University of Denver and is completing a postdoctoral fellowship in pediatric medical psychology at Mayo Clinic. Brennan has a longstanding clinical and research interest in assessing and treating childhood anxiety disorders, particularly in the identification of mechanisms of treatment. In addition, his research has focused on the development of romantic relationships from an attachment perspective and on the influence of dating violence on psychopathology.
1

An Introduction to the Competencies-Based Approach

Elizabeth S. Sburlati, Heidi J. Lyneham, and Carolyn A. Schniering

The Genesis of This Book

Empirically supported treatment, evidence-based practice, and the real world

There are a number of cognitive behavioral empirically supported treatments (ESTs) available for treating child and adolescent anxiety and depressive disorders that therapists practicing in routine clinical practice (RCP) can use when delivering evidence-based practice (EBP). However, interventions for children and adolescents may not be as effective when implemented in real world RCP settings as they are when implemented in research settings (Weisz, Ugueto, Cheron, and Herren 2013). Research is now indicating that poor real-world implementation of ESTs could be partly due to inadequate training of the therapists who work in RCP (Beidas, Barmish, and Kendall 2009; Herschell, Kolko, Baumann, and Davis 2010). As a result, there has been a call to examine and improve the quality of therapist EST training (Rakovshik and McManus 2010). However, until recently, the specific competencies that are required for the effective implementation of ESTs that target anxious and depressed children and adolescents were unknown, which made the development of more effective EST training difficult.

The competencies-based approach

The field of psychology is moving away from the traditional training approach, which focused on the trainee’s satisfying training activities (e.g., courses, client contact hours, supervision hours) to a competencies-based approach to training that aims to
conceptualize, systematically train, and effectively assess the competence of trainees in performing as independent professionals (e.g., Hunsley and Barker 2011; Kaslow 2004; Kaslow et al. 2004; Knight 2011; Laidlaw and Gillanders 2011; Pachana, Sofronoff, Scott, and Helmes 2011; Roberts, Borden, Christiansen, and Lopez 2005). Competence is defined within the competencies-based approach as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein and Hundert 2002, p. 227). The competencies-based approach suggests that competence is comprised of competencies, which are the important component parts of competence (Kaslow 2004; Kaslow et al. 2004). According to the competencies-based approach, these competencies include a therapist’s knowledge, attitudes, and skills that are related to his or her area of practice (Kaslow 2004; Kaslow et al. 2004).

A model of therapist competencies for the evidence-based treatment of child and adolescent anxiety and depressive disorders

As a part of a large-scale initiative in the United Kingdom, the dissemination project Improving Access to Psychological Therapies (IAPT), Roth and Pilling (2008) developed a model of therapist competencies for the evidence-based cognitive behavioral treatment of adult anxiety and depression. This model was designed to be used so as to develop a training curriculum aimed at teaching therapists in RCP to implement evidence-based practice in real-world settings. Drawing on the work of Roth and Pilling (2008) and acknowledging the vast array of different competencies required when treating children and adolescents (as opposed to adults), Sburlati, Schniering, Lyneham, and Rapee (2011) developed a therapist competence model targeting the empirically supported cognitive behavioral treatment of child and adolescent anxiety and depressive disorders. This model drew on all empirically supported treatment manuals that had been published prior to January 2010 and utilized the knowledge and feedback of experts from all around the world (for a complete description of the manuals, experts, and methods used in the model development, see Sburlati et al. 2011). The outcome was a model that provides a comprehensive listing of the individual competencies needed to conduct evidence-based practice with youth experiencing internalizing disorders in real-world clinical practice. The individual competencies in the model are grouped together by similarity, into competency categories, and these competency categories are placed under the three domains of competence (Sburlati et al. 2011). These three domains of competence are described below, in the part devoted to the subject. In the model, competencies were shaded gray if they were specific to the treatment of children and adolescents (but not adults) or require considerable adaptation when working with children and adolescents. (To view the model in its original format, see Sburlati et al. 2011, p. 94).

Sburlati et al. (2011) domains of competence

Generic therapeutic competencies

Generic therapeutic competencies, first identified by Roth and Pilling (2008), are those competencies that a therapist needs in order to interact with people within a therapeutic context, irrespective of therapeutic orientation. These competencies are
not seen in cognitive behavioral therapy (CBT) only, but rather are used across all therapeutic models (Roth and Pilling 2008). The generic therapeutic competencies were reviewed, adapted, and expanded by Sburlati and colleagues (2011) to account for the needs of children and adolescents. The competency categories and individual competencies included in the generic therapeutic competencies domain can be seen in Table 1.1. These competencies are discussed across Chapters 3 to 7 of this book.

Table 1.1 Generic therapeutic competencies.

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practicing professionally:</td>
<td>(a) knowledge of and ability to operate within professional, ethical, and legal codes of conduct relevant to working with children and adolescents, and their families (e.g., providing a duty of care);</td>
</tr>
<tr>
<td></td>
<td>(b) ability to actively participate in supervision;</td>
</tr>
<tr>
<td></td>
<td>(c) possession of an open attitude toward psychotherapy research, and the ability to access, critically evaluate and utilize this research to inform practice;</td>
</tr>
<tr>
<td></td>
<td>(d) ability to self assess current level of competence, and to seek relevant professional development.</td>
</tr>
<tr>
<td>2. Understanding relevant child and adolescent characteristics:</td>
<td>(a) knowledge of developmental issues including cognitive, social, and emotional maturation from childhood to adolescence and how these can impact on therapy;</td>
</tr>
<tr>
<td></td>
<td>(b) knowledge of child or adolescent relevant individual differences (e.g., learning disorders, familial culture) and how these can impact on therapy;</td>
</tr>
<tr>
<td></td>
<td>(c) knowledge of other environmental factors (e.g., socioeconomic status, family structure, education) and life events (e.g., bullying, trauma, health issues, life transitions) and how these can impact on therapy;</td>
</tr>
<tr>
<td></td>
<td>(d) knowledge of child and adolescent psychopathology and comorbid presentations and how these can impact on therapy.</td>
</tr>
<tr>
<td>3. Building a positive relationship:</td>
<td>(a) ability to engage the child or adolescent through age appropriate methods (e.g., games, activities, humour, technology, language), and appropriate session pacing;</td>
</tr>
<tr>
<td></td>
<td>(b) ability to foster and maintain a good therapeutic alliance with the child or adolescent;</td>
</tr>
<tr>
<td></td>
<td>(c) ability to foster and maintain a good therapeutic alliance with the parent;</td>
</tr>
<tr>
<td></td>
<td>(d) ability to instil hope, and optimism for change.</td>
</tr>
</tbody>
</table>

(Continued)
Table 1.1  (cont’d)

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual competencies</th>
</tr>
</thead>
</table>
| 4. Conducting a thorough assessment: | (a) ability to undertake an evidence-based, multi-method (e.g., self-report, observational), multi-informant (e.g., child, parent, teacher, allied health professional) psychological assessment of the disorder presentation;  
(b) ability to integrate assessment reports from both the child or adolescent, parent and other parties;  
(c) ability to determine clinical diagnoses with consideration of differential diagnosis;  
(d) ability to undertake a generic assessment of the child or adolescent’s current functioning, family functioning, peer relationships, developmental history and stage, and their suitability for the intervention;  
(e) ability to assess and manage risk of self-harm and suicide. |

Source: Sburlati, Schniering, Lyneham, and Rapee (2011, p. 94).

**CBT competencies**

CBT competencies are those competencies required to plan, administer, and flexibly tailor specific CBT techniques to the individual needs of the child or adolescent and his or her family (Sburlati et al. 2011). The CBT competencies domain in Sburlati and colleagues (2011) is not to be found in the Roth and Pilling (2008) model; it was derived from combining two separate Roth and Pilling (2008) competence domains – basic CBT competencies and metacompetencies. The competency categories and the individual competencies included in the CBT competencies domain can be seen in Table 1.2. These competencies are discussed across Chapters 8 to 11 of this book.

**Specific CBT techniques**

Specific CBT techniques are techniques that target the theoretical factors that maintain anxiety and depression and that are included within empirically supported cognitive behavioral treatments for child and adolescent anxiety and depressive disorders (Roth and Pilling 2008; Sburlati et al. 2011). The competency categories and the individual techniques included in the specific CBT techniques domain can be seen in Table 1.3. These competencies are discussed across Chapters 12 to 19 of this book.

### About This Book

**Aims**

The present book calls on the expertise of many leaders in the field to explore in detail each of the competencies in Sburlati and colleagues’ (2011) model. This book is aimed at two main audiences. First, it is aimed at clinical supervisors who are
### Table 1.2 CBT competencies.

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual competencies</th>
</tr>
</thead>
</table>
| 5. Understanding relevant CBT theory and research: | (a) knowledge of theoretical underpinnings of CBT, and the ability to implement CBT in line with these;  
(b) knowledge of cognitions relevant to the maintenance of anxiety disorders and depression;  
(c) knowledge of behaviors relevant to the maintenance of anxiety disorders and depression;  
(d) knowledge of family and other environment factors relevant to the maintenance of anxiety disorders and depression in children and adolescents. |
| 6. Devising, implementing, and revising a CBT case formulation and treatment plan: | (a) ability to devise and revise a CBT case formulation that appropriately accounts for child or adolescent disorder presentation, developmental level, individual differences, family factors, and the presence of comorbidity;  
(b) ability to devise, implement, and flexibly revise an evidence-based CBT treatment plan by selecting, sequencing, and applying the most appropriate specific CBT techniques, at the appropriate dosage, for the case formulation;  
(c) ability to communicate appropriate psychoeducation about the nature of the disorder, the case formulation, and the treatment plan to both the parent and the child or adolescent;  
(d) ability to collaboratively negotiate and agree on treatment goals;  
(e) ability to use measures and self-monitoring to guide therapy and to monitor outcome;  
(f) ability to manage obstacles to CBT;  
(g) ability to plan for the end of therapy and for long-term maintenance of gains after treatment. |
| 7. Collaboratively conducting CBT sessions: | (a) ability to collaboratively set and adhere to session goals/agenda;  
(b) ability to communicate rationale for each specific CBT technique;  
(c) ability to elicit and respond to feedback;  
(d) ability to implement specific CBT techniques flexibly for the client disorder presentation, needs or preferences, cultural background, and current mood;  
(e) ability to make use of experiential strategies to implement specific CBT techniques (e.g., role play, modeling, corrective feedback and reinforcement);  
(f) ability to conduct sessions with developmental sensitivity (e.g., using age-appropriate worksheets, instruction, play-based activities, token economies);  
(g) ability to facilitate an appropriate level of in session collaboration between child or adolescent, parent and therapist;  
(h) ability to facilitate parents to take an appropriate role between sessions (e.g., as coach);  
(i) ability to collaboratively set, plan and review personally meaningful homework;  
(j) ability to end sessions in a planned manner. |

Source: Sburlati, Schniering, Lynham, and Rapee (2011, p. 94).
mentoring therapists who will be (or are) treating children and adolescents with anxiety and depression, and at trainers who are developing and/or delivering training programs in university or college settings and continuing professional development programs. The book will assist this audience with the development of comprehensive and effective training curricula, will guide trainers and supervisors on relevant competencies that should be assessed throughout training, and can be used as a resource to support training or supervision programs leading to trainee therapists gaining a wide range of empirically based competencies. Second, given the current push for therapists to assess their own level of competence and to govern their own professional development (e.g., Bellande, Winicur, and Cox 2010), this book is

<table>
<thead>
<tr>
<th>Category</th>
<th>Individual techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Managing negative thoughts:</td>
<td>(a) cognitive restructuring; (b) behavioral experiments; (c) thought substitution/self-talk; (d) positive imagery; (e) thought stopping/interruption; (f) thought acceptance.</td>
</tr>
<tr>
<td>9. Changing maladaptive behaviors:</td>
<td>(a) interoceptive exposure; (b) <em>in vivo</em> exposure; (c) imaginal/narrative exposure; (d) response prevention; (e) behavioral activation; (f) pleasant events scheduling; (g) self-evaluation and self-rewards.</td>
</tr>
<tr>
<td>10. Managing maladaptive mood and arousal:</td>
<td>(a) emotion identification, expression, and regulation; (b) progressive muscle relaxation; (c) applied tension; (d) breathing retraining.</td>
</tr>
<tr>
<td>11. General skills training:</td>
<td>(a) problem-solving skills; (b) interpersonal engagement skills; (c) friendship skills; (d) communication and negotiation skills; (e) assertiveness skills; (f) dealing with bullying skills.</td>
</tr>
<tr>
<td>12. Modifying the family environment:</td>
<td>(a) family communication and conflict resolution; (b) parental expectations management; (c) parent intrusiveness and overprotection management; (d) parent contingency management; (e) parent emotion management; (f) parent modeling of adaptive behavior.</td>
</tr>
</tbody>
</table>

Source: Sburlati, Schniering, Lyneham, and Rapee (2011, p. 94).
aimed at therapists who wish to gain an understanding of the competencies they need to acquire in order to effectively work with the targeted population and to come to know what competent practice looks like for each individual competency; and the competency descriptions will provide a benchmark against which they can assess themselves. Third and finally, the aim of this book is to improve the quality of the treatment provided to children and adolescents as a result of the enhancement of individual therapists’ abilities.

**Book structure**

This book is divided into three parts that reflect the three-domain structure of the competencies model described earlier. Further, chapters within these three parts broadly map onto the competency categories of each domain. For example, Part I covers the generic therapeutic competencies domain of the model and includes five chapters that focus on the four competency categories within this domain, namely “Practicing Professionally,” (which is covered over two chapters) “Understanding Relevant Child and Adolescent Characteristics,” “Building a Positive Relationship,” and “Conducting a Thorough Assessment.”

**Chapter structure**

In order to ensure comprehensive coverage of each of the Sburlati and colleagues (2011) competencies as well as consistency throughout the volume, most chapters in this book contain a number of recurrent sections. The headings below give a general description of these sections; the exact wording may have been adapted within each chapter. Chapters 5, 8, and 9 do not follow this structure, as their content does not fit with this manner of organizing (e.g., the chapter is knowledge-based).

**Key features of competencies**

The first section of each chapter describes each competency in detail, highlighting the behavioral markers of each of the individual competencies. Illustrations or examples of the competent use of therapeutic techniques and processes are also included, so as to increase the clinical utility of the book.

**Competence in treating the anxiety disorders and depression**

Considerable differences exist among the different anxiety disorders (e.g., between panic disorder and social phobia) and also between anxiety disorders in general and depression. Therefore all chapters include a section focused on how the competencies covered in the chapter might be uniquely tailored when treating these different disorders.

**Competence in treating both children and adolescents**

Since this book spans competent practice across a large age range (from early childhood to late adolescence), the third section in each chapter highlights important developmental differences in treating children from different age groups. Specifically, unique competencies required for adapting evidence-based CBT for cognitive, emotional, and social maturation are considered.
Common obstacles to competent practice and methods to overcome them

Given that there are inevitably obstacles to the competent implementation of evidence-based CBT, the final section of each chapter covers typical obstacles to competent practice and provides strategies for overcoming them. These strategies come from the literature and clinical expertise.

Conclusion

It is the editors’ hope that this book will become the cornerstone of the development of a generation of therapists competent in treating children and adolescents with anxiety and depressive disorders. We believe that, by raising the standard of practice, the quality of the treatment provided to youth seeking a way out of these common and debilitating conditions in real-world RCP settings can be enhanced.

References


Effective Training Methods

Emily Jones and Katharina Manasssis

Introduction

Outcomes for cognitive behavioral therapy (CBT) and other evidence-based psychotherapies have been evaluated extensively, but the research literature on methods of training in these therapies and on disseminating them is relatively sparse. Recent changes in the mandates of governments, mental health agencies, and research associations have, however, sharpened the focus on knowledge translation and evidence-based practices. Therefore research has started to examine what constitutes effective training for CBT and how to best help trainees implement CBT in real-world conditions of practice when working with clients of various ages who suffer from internalizing disorders. This chapter examines training methods generally, then more specifically in relation to the treatment of anxiety disorders, depression, children and adolescents. It concludes with a review of obstacles to effective training.

Key Features of Training: Presenting Training Material Using Effective Strategies

Effective strategies for presenting training material have been derived from learning models. Three different but complementary models are reviewed and then linked to specific training methods. Beidas and Kendall (2010) seek to understand how training models affect the translation of evidence-based practices (EBP) through a systems-contextual perspective. Theirs is considered a broad, holistic approach that emphasizes that an individual works within a system and thus quality of training, organizational supports, therapist variables, and client variables interact to effectively...