



## POSTER PRESENTATION

# Anxiety and depression: towards a CBT competencies model in children and adolescents

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### Abstract

**Introduction:** There is a myriad of evidence-based and empirically supported cognitive behavioral treatments for child and adolescent anxiety and depressive disorders. However, there is now substantial research indicating that such interventions might be less effective when applied to clinical populations or with more complex psychopathology. A model of cognitive behavioral therapy (CBT) specific competencies in this population is thus crucial for the integration of the best available research with clinical expertise.

**Objectives:** Summarize and review pros and cons of the current interventions and the mounting efforts in the development of a CBT competencies model, providing data for innovative clinical training and the integration and implementation of psychotherapy skills in daily practice.

**Methods:** Selective review of the evidence was conducted with a computerized search on PubMed (MEDLINE). Review of empirically supported manuals in the treatment of child and adolescent internalizing disorders.

**Results:** Although there is consistent positive data regarding the outcomes of CBT interventions in children and adolescents with anxiety and depressive disorders, there is still little evidence concerning their translation into clinical practice particularly in adapting treatment sessions flexibly for child

development and family factors. New approaches taking such aspects into account are growing, namely modular interventions and a set of generic, CBT, and of specific CBT therapeutic competencies model.

**Discussion:** The development of manualized CBT interventions allowed significant advances in the field of child and adolescent anxiety and depression study and treatment. However their weak dissemination potential, the substantial overlap between protocols and the encouragement of a categorical thinking of psychopathology dampen their consensual acceptance in clinical practice. A modular approach to treatment preserves the benefits of standardization inherent in manualized protocols while allowing flexibility through the use of a guiding algorithm for the application of individualized treatment techniques and might prove beneficial. The current development of a set of therapeutic competencies will probably overcome challenges while providing a solid training curriculum.

**Conclusions:** These integrative approaches will continue to provide a conceptual framework for operationalizing clinical competencies needed by therapists treating children and adolescents with internalizing disorders.

**Supplementary material:** Complete presentation available at <http://ijcnmh.arc-publishing.org>

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