

CBT with Children, Adolescents and Families**Depression: Cognitive Behaviour Therapy with Children and Young People**

Chrissie Verduyn, Julia Rogers and Alison Wood

New York: Routledge. pp. 208. £19.99 (pb). ISBN: 978-0-415-39978-4.

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This book provides readers with the key tools for using CBT with children and young people with depression. It is ideal for practitioners in primary care or CAMHS, or clinicians in training who are using CBT with supervision. It is a clearly signposted, well referenced treatment manual that, with the benefit of the authors' extensive clinical experience, gives plenty of helpful case examples to enrich this technical guide.

Early chapters describe the theoretical basis for the treatment targets and techniques outlined in the book. This focuses largely on Beck's cognitive model and Lewinsohn's behavioural model. The authors review the evidence base and acknowledge that it does not unequivocally support the superiority of CBT over other psychosocial and medical interventions for depression in children and adolescents. Usefully, they highlight the groups for which the greatest effects of CBT treatment have been shown, and reference other approaches that might be considered.

Practical chapters follow on assessment, formulation and treatment. The assessment chapter describes the process of beginning to formulate within a CBT framework, and covers practical issues such as family involvement and confidentiality. Consideration is given to assessing suitability for CBT, important treatment complications, and differences in presentation of depression in adults and children.

There is clear guidance regarding therapeutic style necessary for CBT, for example focusing on the here and now and coming from a point of genuine curiosity. The authors also highlight the value of the structure of CBT whilst acknowledging the importance of non-specific factors in treatment. The authors provide a comprehensive summary of techniques and give an example of a typical course of therapy. Importantly, they emphasize flexibility of application of techniques according to individual formulation.

Treatment chapters are easy to read and present the "how to" of using CBT for depression, including specific interventions and general skills for the clinician to develop. They also refer to common problems such as lack of motivation or engagement and give ideas about how to manage them clinically. These are clearly presented and concrete and there are plenty of suggestions about how well-practised techniques for adults might be made more developmentally appropriate for adolescents, including case examples. There are also at the end of the book some wonderfully useful clinician "prompt-sheets" and handouts to use with young people.

Behavioural and skills-based techniques such as problem-solving are detailed in a chapter referred to throughout the book as helpful for children who have difficulty accessing cognitions. Further chapters deal with ending therapy, systemic considerations, and issues special to depression (bullying, bereavement, trauma and suicidality). The final chapter deals with common problems in therapy and will be particularly useful for less experienced clinicians.

This book provides a clear framework for using CBT with adolescents with depression and is based on a manual used in treatment trials. If there were room for any more detail I would like to have read more about how to adapt techniques for younger children, especially

given the authors' clinical expertise. The authors advise using behavioural techniques for younger children or adolescents who have difficulty accessing or expressing cognitions. They recommend considering Piaget's cognitive developmental stages when assessing whether children will be able to access CBT. I would have liked to read more detail about eliciting or helping younger children to access or express cognitions from the author's own clinical experience. I would also have liked more about specific behavioural experiments that they have found effective with children and young people that might help them to challenge key cognitions, or experiment with new behavioural responses experientially.

All in all, this book is ideal for practitioners who are early in their CBT career. It is a good mix of practical guidance and reference to the theory and evidence base, capturing the benefits and limitations of the approach with depression in young people.

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Prolonged Exposure Therapy for Adolescents with PTSD: Emotional Processing of Traumatic Experiences (Therapist Guide)

Edna B. Foa, Kelly R. Chrestman and Eva Gilboa-Schechtman

New York: Oxford University Press, 2009. pp. 206. ISBN: 978-0-19-5333174-5.

Prolonged Exposure Therapy for Adolescents with PTSD (Teen Workbook)

Kelly R. Chrestman, Eva Gilboa-Schechtman and Edna B. Foa

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The Programs That Work series edited by David H. Barlow aims to disseminate evidence-based treatment manuals. These two volumes represent the first in the series to be devoted to PTSD in young people. Prolonged Exposure (PE) has a substantial evidence base for use as a treatment in adults with PTSD. There is also extensive evidence in support of the conditioning models that originally underpinned PE. However, the evidence base for PE in children and adolescents, while extremely promising, is less clear.

Therapeutic exposure (not necessarily the same as PE) to the trauma memory and trauma-related stimuli have been used alongside a variety of supportive (non-specific), behavioural (coping skills training and parenting strategies) and cognitive interventions in youth with PTSD symptoms arising from a range of traumatic events in more than 10 randomized and controlled trials (RCTs). Effect sizes for these multi-component CBT packages vary widely (~0.5–1.1). This range of effect sizes must also be viewed within the context that the majority of participants in these RCTs were recruited by advertisement and were not active treatment seekers; nor did the majority of participants meet diagnostic criteria for PTSD. To date, no published RCT of children or adolescents with a DSM-IV diagnosis of PTSD has evaluated the effect of PE applied in the rigorous manner described in these manuals. However, in the introduction to the Therapist Guide the authors cite their own ongoing open trial of 45 treatment-seeking adolescents with DSM-IV PTSD arising from a variety of traumas, all of whom completed a course of PE based on the current manuals and administered by community-based, child mental health therapists. After an average of 13 treatment sessions