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Evidence-Based Psychotherapies for Children and Adolescents.
Alan Kazdin & John Weisz (Eds.). New York: Guilford Press (www.guildford.com). 2003, 476pp., $52.00 (hardcover).

Two of the most notable pioneers on the "frontier" of evidence-based treatments for youth, Alan Kazdin and John Weisz, have gathered a bountiful harvest of chapters in their edited volume, *Evidence-Based Psychotherapies for Children and Adolescents.* Reading the contributions to this volume makes clear just how much hard work has been done on this frontier over the last two decades; and the structure of each chapter with its balanced emphasis on both evidence and treatment description make this domain welcoming to new settlers. Indeed, this book provides a clear survey of evidence-based therapies for children and adolescents that will be useful to researchers and practitioners alike.

What makes a particular psychotherapy evidence based? As the editors note (p. xiii), most simply, "the term refers to those interventions that have evidence on their behalf." Although one would surmise that most therapies for youth have some type of evidence, the existence of over 500 named therapies for children and adolescents (Kazdin, 2000) suggest that the "evidence" may vary widely. Evidence, as it is conceived in this context, goes well beyond allegiance to an intellectually satisfying treatment model or the consensus of experienced experts. Instead, evidence derives from rigorous tests of therapy performance evaluated in well-controlled experiments that can be replicated. Although there are exceptions, such as time series analyses, the "gold standard" of proof is superior performance in a randomized controlled trial. The therapies presented in this volume meet this standard to varying degrees.

For readers of this journal it should come as no surprise that most of the evidence-based treatments are grounded in behavioral or cognitive-behavioral concepts and methods. These treatments have received far more attention in the empirical literature, and have faired better, than some of the traditional approaches to child therapy. There are some exceptions such as interpersonal therapy for adolescent depression and strategic family therapy for disruptive problems in Hispanic youth, but it is noteworthy that all treatments in this volume involve an active therapist with a problem-solving focus, characteristics typical of cognitive therapists. Further, many of the interventions involve cognitive components such as cognitive restructuring, coping skills training, social problem solving, and self-monitoring. But two caveats should be noted. First, most of the therapies involve multiple components and the relative impact of cognitive versus behavioral interventions such as relaxation training, behavioral activation, and contingency management is not yet clear. Second, although many of the treatments involve cognitive techniques that should be familiar to most cognitive therapists, most of the chapters make it clear that important, developmentally informed modifications of technique are necessary with children and adolescents. Cognitive therapists will find much that is familiar in many of these chapters, but also will be alerted to discontinuities in the treatment of children, adolescents, and adults.

The volume is remarkable for the breadth of conditions and disorders that are covered. Problems on the internalizing (e.g., anxiety and depression) and externalizing spectrum (AD/HD, conduct disorder, juvenile delinquency), as well as other problems such as autism, enuresis, pediatric obesity, and anorexia nervosa, are reviewed. And in contrast to research reports and many edited volumes, ample space is allocated to detailed descriptions of the treatments. Each chapter includes a characterization of treatment that details patient selection, the organization and content of therapy, and often some of the boundary conditions for efficacy. To be sure, the

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volume is not a collection of treatment manuals, and the interested practitioner will not learn enough from the chapters to effectively implement these treatments, but the chapters do direct the reader to more information, including how to get the specific manuals. Of course, mastering the skills necessary to deliver these interventions requires much more than familiarity with a treatment manual.

A recurring theme across chapters, often mentioned as a target for future research, involves the potential for transferring treatments from clinical trials to clinical practice. In fact, much of the evidence for the therapies in this volume comes from controlled trials aimed at optimizing internal validity and maximizing treatment effects. Some have suggested that such evidence is not adequate for guiding clinical practice in the real world. To be sure, there are important differences between research clinics and service clinics, but many of the chapters in this volume will dispel some of the "myths" about treatment research. Among the most prominent is the idea that youth treated in clinical trials present with single problems that pale in comparison to referred youth. There is evidence that recruited and referred youth differ along some important dimensions, e.g., economic status, ethnicity, and abuse history, however many of the treatments evaluated in this volume include referred youngsters with real world problems such as life-threatening anorexia, profound family dysfunction, and serious multiple juvenile offenses. Certainly we have yet to discover the types of treatment modifications that will be necessary for implementation in everyday practice, nor do we know how much modification is possible without the loss of potency, but the chapters in this volume provide the foundation for such considerations. Interestingly, it is possible that fewer modifications will be needed for youth that are seen in private practice settings than in community clinics.

After reading this collection of well-developed interventions an important question lingers, regardless of setting, how does a practicing clinician master both the basics and the nuances of these diverse treatments? Clearly there are shared components across many of the therapies, and the best solution might be to distill these common components for training and implementation. Alternatively, it simply may be the case that we are about to enter a new frontier of clinical practice. The days of the generalist child therapist may be fading, and the general outpatient clinic that treats the full spectrum of childhood disorders might not be optimal for the delivery of many evidence-based therapies. In fact, a growing recognition of the complexity and multi-determined nature of most child psychopathology suggests that successful treatments may require specialized therapists and specialty clinics or programs. Perhaps one of the last vestiges of the uniformity myth of psychotherapy is that therapists and clinics are equally adept at treating all disorders. Yet, the chapters in this volume suggest that significant treatment effects demand well-trained therapists who follow a well-developed protocol, get feedback on their delivery, and work in an environment that supports their method and values outcomes. If such conditions are needed for treatment effectiveness, they entail serious implications for the training of therapists and for the design of community clinics. As the chapters in this volume show, the frontier has been opened, but as our pioneering editors note, there is still much work to be done.

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