

**Cognitive Therapy with Children and Adolescents: A Casebook for Clinical Practice.**

Mark A. Reinecke, Frank M. Dattilio, and Arthur Freeman (Eds.). New York: Guilford Press ([www.guilford.com](http://www.guilford.com)). 2003, 476 pp., \$48.00 (hardcover).

For the most part, cognitive-behavioral treatments for youth have been downward extensions of similar treatments for adults. For that reason, treatments have not always addressed the unique cognitive and emotional strengths and weakness of youth, nor the particular challenges of treating moving developmental targets. The second edition of *Cognitive Therapy with Children and Adolescents: A Casebook for Clinical Practice* clearly reflects that the field of cognitive-behavior therapy for youth has matured. For example, there are several chapters focused on problems that are common to youth (e.g., academic skills problems) and not adults. Other chapters present problems common to both adults and youth (social anxiety and obsessive-compulsive disorder), but ground the conceptualization on a thorough understanding of normal child development as well as an appreciation of the many factors (genetics, family, social, cultural) that impact that development.

The book consists of sixteen chapters covering problems typically encountered by clinicians treating youth. Each chapter begins with an introduction to the problem, and a discussion of how the problem is conceptualized or formulated from a cognitive-behavioral perspective. The chapter then presents a case to illustrate how the problem is assessed and treated. The chapters are concise and practical. The index is well organized, and the references for each chapter are comprehensive and useful.

The editors introduce the series with a chapter titled, "What makes for an effective treatment?" in which they make the case that cognitive-behavior therapy with youth is similar in theory and practice to cognitive therapy with adults, but distinct in its emphasis on factors that influence a youth's developmental trajectory (cognitive, emotional, family, cultural, social) and thereby the expression of psychological problems. Several chapters are elaborations of cognitive-behavior therapy for problems about which much has been written. The chapters on attention-deficit/hyperactivity, social anxiety, and obsessive-compulsive disorders are excellent. Each chapter illustrates how skilled therapists can flexibly and creatively adapt standard protocols to a youth's developmental age so that interventions are engaging and effective.

I particularly enjoyed the chapters on cognitive-behavior therapy for youth with low self-esteem, academic problems, and autism spectrum disorders. Low self-esteem has not been a target for cognitive-behavior therapists, in part, because it has been viewed as a sequela of emotional or behavioral disorders rather than a problem itself. However, the authors point to emerging evidence that low self-esteem may be an important mediator in the expression of psychological disorders and thereby warrant unique formulations and treatment strategies. I found the cognitive-behavioral formulation of low self-esteem particularly helpful in rethinking how I might intervene with youth and their parents when, as is often the case, they express low self-esteem as the principle reason they have sought treatment.

Similarly, the chapter on treating youth with pervasive developmental disorders was interesting as many of the typical cognitive-behavioral interventions have been shown to be helpful in moderating the deficits of these individuals. For example, these individuals tend to exhibit restricted and stereotyped interests and behaviors. Scheduling activities to moderate this tendency, as well as to work toward more balanced and adaptive interests and behaviors is a useful adaptation of a standard cognitive-behavior therapy intervention. In addition, interventions that focus on assisting the youth and his or her caretakers to get ahead of the

emotion by identifying triggers and diffusing situations that contribute to the youth's emotional meltdowns can be helpful.

Last, the editors have not shied away from taking on controversial topics. The final chapter focuses on the issue of personality disorders in children. The authors present the arguments in favor of and against the idea of personality-disordered youth, as well as the various factors hypothesized to play a role in the development of personality disorders in youth. The authors come down squarely in the camp favoring the idea that personality disorders in youth exist and argue that dismissing this notion interferes with our ability to launch research efforts that could help us to understand and ultimately treat these conditions.

In summary, the editors have assembled an impressive cast of experts and an intriguing array of topics in the second edition of this work. Experienced cognitive-behavioral therapists will enjoy the chapters on treating problems not commonly covered in other texts on cognitive-behavior therapy for youth and for problems they frequently treat will likely add a few tricks to their bag from the skilled and thoughtful authors. Those clinicians new to cognitive-behavior therapy for youth will find the book a useful introduction to the adaptability and flexibility of cognitive-behavioral formulation and treatment of a wide variety of problems typically seen in routine clinical practice. Clearly, cognitive-behavior therapy with children and adolescents has come of age.

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