

The Child & Adolescent Anxiety

S I G Newsletter

Advancing the Science and Practice of Youth Anxiety

July 2017

Dear CASIG Members,

I hope that you enjoy our July Newsletter! Inside, you'll find an interview with Dr. Melanie Wadkins about applying EBTs in ways that are mindful of multicultural and diverse identities. You'll also find a collection of exposure stories compiled by Michelle Clementi.

We've finalized our Annual Pre-Conference (11/16/17) and Annual Meeting (11/17/17) line-up for San Diego this year. I'm excited to hear and meet with our speakers and presenters. Please see page 14 for details. The preconference is tentatively scheduled for 1:00 to 5:00 p.m. on Thursday, 11/16/17. The annual meeting will take place on Friday afternoon (11/17/2017). Exact times will be announced once ABCT assigns spaces and times. We're also going to have a happy hour Thursday evening of ABCT. We'd love for everyone to attend, and we encourage you all to come out to be a part of the great pre-conference meeting on Thursday. Please arrange your travel plans to be there on Thursday if you can.

Clark R. Goldstein, Ph.D.
SIG Leader

If you have questions or comments about the newsletter, or would like to contribute an article, please contact one of our newsletter co-editors:

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Happy
Summer! In
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Helping Clinicians-in-Training Apply Evidence-Based Interventions for Youth in a Way that is Mindful of Issues Related to Multicultural Identity and Diversity: An Interview with Melanie Wadkins, Ph.D.

Interview Conducted by Rachel Terry, Psy.D.

Melanie Wadkins, Ph.D. is an Associate Professor of Psychology at Yeshiva University's Ferkauf Graduate School of Psychology in the Combined Clinical Child Psychology and School Psychology Psy.D. Program. Dr. Wadkins has focused her career on both researching and treating youth anxiety disorders. In addition to leading the Ferkauf Anxiety Research (FAR) Lab, Dr. Wadkins is one of the clinical instructors of the CBT Practicum for Youth at the graduate school's clinic, The Parnes Clinic. Dr. Wadkins helped establish the CBT Practicum for Youth at The Parnes Clinic approximately five years ago, working in close collaboration with her colleagues Greta Doctoroff, Ph.D. and Sarah Kate Bearman, Ph.D. Together, they established an extensive program to help students receive didactic and clinical training in evidence-based interventions (EBIs) for youth.

*The Parnes Clinic currently stands as one of the largest university-based clinics staffed by graduate students in the country, and one of a handful of clinics in the Bronx that provides sliding scale CBT services for youth. Clients at the clinic come from a diverse range of backgrounds with regard to socioeconomic status, race, ethnicity, religion, gender identity, sexual identity, and family composition. Given the theme of ABCT's upcoming convention, *Applying CBT in Diverse Contexts*, I sat down with Dr. Wadkins to learn more about her experiences training doctoral students to utilize EBIs for youth anxiety disorders—and EBIs in general—in a way that is mindful of multicultural identity and diversity.*

Q: In your experience, what are some of the challenges that come along with supervising students as they first learn to apply EBIs for youth anxiety disorders, and EBIs in general?

I think that one of the most important parts of what I do when I get new students is to empower them and help them feel confident. Often times students get their first case and feel like they don't know what to do. I tell them, "You know exactly what to do. You just haven't done it yet." I provide scaffolding and ask them to tell me what they would do, using their knowledge of evidence-based interventions. You know what to do when someone comes in with a phobia—what is that? Right, it's exposure therapy—you know *what* it is, so now let's talk about *how* to do it. So that's really the first hurdle, building confidence. The students have a strong academic background in EBIs, so it's important to help them go into the sessions with the confidence of, "I know what to do. I'm figuring out how to do it. It's okay if I don't know how to do it immediately, because I'm trying different things."...So I really love taking people from here's the manual, what you do, to now let's figure out how you do it using your resources and being creative to tailor it to each specific client.

Q: How do you help students learn to apply CBT in a way that accounts for each client's identity, background, and personal values?

At the beginning of every year in the practicum, we have all of our students read the article *Flexibility within Fidelity* (Hamilton, Kendall, Gosch, Furr, & Sood, 2008)*. It's our starting point for the practicum each year and encapsulates the idea that we want students to provide good CBT with fidelity to the treatments as they are intended to be delivered, and at the same time we also know that flexibility is important.

We're dealing with a very unique population in the Bronx—we have diversity of every kind you can think of. Many students in the practicum

*Hamilton, J. D., Kendall, P. C., Gosch, E., Furr, J. M., & Sood, E. (2008). Flexibility within fidelity. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(9), 987-993.

come into contact with clients they haven't had experience with during other clinical training experiences, and often times the practicum is one of their first experiences providing therapy. So many of our students, really for the first time, are starting to encounter clients one-on-one who might be very different from them. We also have experiences where students encounter clients who are very much like them. And that has been interesting to watch too because they almost have to work harder to not make assumptions about their clients that might be easy to make.

In the Fall semester we focus on orienting our students to using CBT with children and families. By the Spring semester we ask that when students conduct case presentations they also find an article to present to the class about something specific related to the client's identity. We really encourage students to highlight an aspect of multicultural identity that seems to be impacting the treatment, so the students are specifically searching in the literature for how to tailor treatment. A great example from this semester is a student who is working with a young man with an incarcerated parent and found a great article on working with children of incarcerated parents. I learned so much reading that article—it was not something I was familiar with in terms of the research base. I feel like I'm constantly learning from our students. Students go out and find important articles that really help us examine where there is evidence and where there isn't. Then, we can really critique the research base and see where the holes are right now...It's an addition to our training that encourages them to be independent learners and experts, to come in and present not just the work they're doing in the case, but also how it connects to the literature. And it's not as simple as you want to believe, people are complex, but I love having the element of, okay so we're all very well versed in the treatment for anxiety, how can we now customize it in an idiographic way for each patient.

Q: What are some ways therapists in training can address issues related to multicultural identity during initial meetings with clients?

This is something I, as a supervisor and instructor, have learned to pay more attention to: the idea of just asking. It seems so obvious and simple, however the idea is really a bit controversial to some people because in our society we're not always open to asking questions about identity. I think we get a lot of training as clinicians on how to ask hard questions about sensitive topics, such as suicide and drug use, but there hasn't always been a focus on how to ask people about how they identify and how aspects of their identity might be impacting their day-to-day life, mental health, and well-being. During student intake presentations I try to ask a lot of questions about their clients to see where the students' "I don't know" are. Instead of students feeling sheepish about the "I don't know" related to their clients, which is not what I want, I take the opportunity to help them figure out how to ask important questions about identity. I want my students to eventually say, "Okay this is what I have to start asking every time I do an intake because this is important information." It's really important just to get comfortable with developing your style of how you're going to gather this type of information. I think that a stance of genuine curiosity, cultural humility, and not being ashamed to say, "I don't know about this, but I want to know about it" can be helpful. It can also help shift some of that power dynamic in the therapy relationship back to the client.

Q: How do you help students integrate issues of multicultural identity into case conceptualization and treatment planning?

In the practicum we spend a lot of time on case conceptualization because it's so important in terms of building the roadmap for treatment. We spend a lot of time working on what a case conceptualization should look like and emphasizing that it's a living document that will constantly change during treatment. Through progress monitoring, close supervision, and group consultation we're constantly updating what we're thinking about our clients and our understanding of what's contributing to their issues. So as things come up, as you learn more about the client's identity, you're always thinking: how is this new information changing the way we see what led to their problems and what's keeping their problems going right now? Or their

identity is changing in some way and we think, okay, how does this update what we know about the client?

I love to keep talking to students about their case conceptualizations as we go through treatment. Each time a student does a case presentation over the course of the year we ask them to present their case conceptualization. You can see that sometimes students think, “Here’s the straightforward thing I already told you before: it was on my intake report and I just have to spit it back out to you.” And I try to help them see, “Oh wait, it should be different this time.” There should be something new in the case conceptualization, because you’ve worked with the client for three more months. After three months, it would be unusual if your conceptualization hadn’t changed or you had hadn’t learned something that at least highlights a current maintaining factor. Maybe you had a good handle on etiology and how it started, but now you’ve added to what’s maintaining the problem.

Q: In terms of tailoring the treatments to each individual client, how do you encourage the students you’re working with to connect to the communities of their clients?

As much as possible, we encourage students to be out in the relevant environments with their clients. Our students have a lot of contact with schools, and we really encourage that. As part of our progress monitoring we get teacher reports, so that helps establish the relationships with schools from the beginning. Some teachers are more or less overwhelmed and accessible than others, but it’s a really important part of our work. We want our families to know that we will go and be out there for them.

We do get some roadblocks. Being in New York City, the schools have very strict rules about who is able to push in and help with services. We have a case right now where the student has been working very hard, and the school has not been very open to letting us into that environment, so we’ve had to

adapt. The therapist goes to pick-up time after school, so she's on school grounds and it's okay for her to be there and they do exposures in that way, instead of being able to come in during the school day. So I think we really work creatively to try to help clients generalize their skills to important environments. We use our local community and neighborhood for exposures, using resources in the community.

Q: In your experiences teaching and supervising students, have you noticed any challenges specific to helping marginalized or underserved individuals with anxiety disorders?

I think in general, in the neighborhoods where we draw most of our clients, kids are living in really stressful and dangerous situations. We get referrals for kids who have been exposed to domestic violence or violence in their neighborhood or building. So we have this population that's been exposed to violence, and we have referrals for kids who are experiencing post-traumatic stress, or have developed fears of going outside, being in certain places in the neighborhood. We also then have protective parents who recognize that they're raising their children in dangerous environments, or are having difficulty giving their kids independence that we might associate with a particular developmental age or stage. So I think that we have to be very sensitive to those issues. If you really did see someone get shot at the neighborhood park, you are going to be very afraid of that park. And even if it's a very rarely occurring threat, it's not an impossible threat anymore. It's very different than the child who has never experienced that kind of scenario being afraid of going to the park. Our population is exposed to stressful and dangerous living conditions, and we have the unique opportunity to work that into our training with evidence-based interventions.

Q: In your experiences as a clinical instructor, have you come across any areas that you believe could benefit from additional clinical resources and/or research?

Most recently, because of the diverse population we work with in the Bronx, we often have families where the parents of the clients don't speak English, and that can present a challenge for most of the traditional CBT materials that we have. While we can work with the child in English, we often have to pull the parent portion of the therapy from other resources. We've had great students and supervisors help us locate more of those resources, but it can be challenging to find materials in other languages. For example, right now we're working with one family where the mother is from a South Asian country and she speaks enough English to meet and work with the therapist who is providing Parent Management Training. However, we would love to be able to provide her with materials in her native language. So that's one area that can be challenging, and I now try to collect CBT-related resources in other languages.

Related to that, I have been more mindful of collecting resources for parents and children with limited cognitive abilities. For example, we have one case where the mother is very dedicated to her child and really soaking in a lot of the skills but doesn't have the reading level or ability to use most of the handouts that currently exist. Thankfully, great students and supervisors are adapting existing materials, but I would love to see evidence-based, validated protocols that are specifically written for people of different cognitive abilities to get these skills. You can't necessarily use child materials for a parent—it doesn't feel right—so having parent materials that are easier to digest would be ideal. Those are two practical gaps in what we're doing that have been on my mind recently. That's my current mission—to help parents of diverse backgrounds become involved in their children's lives and treatment experiences. I'm sure someone is doing great work on this, but we need to get these materials that work for lots of different people more widely disseminated.

Chicken Soup for the Anxiety Clinician's Soul: Part II

Compiled by Michelle Clementi, M.A.¹

Following the success of the compilation of humorous and unusual exposure stories presented in the September 2016 SIG newsletter, we are providing Part II for your enjoyment. The following stories were submitted by real clinicians. Thank you to those who contributed stories highlighting what can sometimes be an amusing part of our jobs.

A Medical Surprise

“I was working with a patient who was very fearful of trying new foods because he was afraid of having an allergic reaction and getting sick (despite no history of allergies). We built a hierarchy that involved trying new foods, and went all around the city to different fruit carts, food trucks and restaurants to do samplings. Mango was one of the fruits highest on his hierarchy. While doing the exposure to mango, we both enjoyed eating it together, and my patient was excited about tackling this task. Shortly after eating it, my arms started getting blotchy, red, and itchy. I started to scratch my arms (I tried to do it discretely). My patient noticed and asked me if I was doing it to ramp up his anxiety for the exposure. But I wasn't; it turned out that I was having an allergic reaction to the mango! I decided to be honest with my patient about my experience (and couldn't really hide it because I was wearing short sleeves!). Fortunately, my patient handled it very well. He got to see that even though I did have an allergic reaction, it wasn't catastrophic. It was actually a helpful experience for him to be able to see an anxiety provoking situation being modeled calmly. We were able to laugh about the experience together later.”

The Bug Collector

“I worked with a teenager who was terrified of the ‘stinkbugs’ that had invaded the area I was working in at that time. I had to get really good at catching them in my apartment (where there were many) and transporting them into the office for exposures. A lot of Ziploc baggies and disposable Tupperware were used. Stinkbugs are actually quite stupid and slow, so catching them was not very difficult. Things got more challenging, however,

as we moved up the hierarchy from dead stinkbug to live stinkbug exposures, because I had to figure out how to keep them alive long enough for our sessions!”

The Celebrity Guest

“I was working with a teenage male patient struggling with OCD and perfectionism related to his appearance. With aspirations to be a model, he had worries about whether he would be spotted by a celebrity when he wasn’t looking his best. We set up an exposure to walk around the city with our hair totally out of place. We both ‘messed up’ our hair, making it as messy as it could possibly look, and set out together to walk through the designer shops near my office. After walking through several stores together, I spotted my favorite TV personality—Savannah Guthrie from the Today show! I have always wanted to meet her, and I couldn’t hold myself back. I yelled out, ‘Hi Savannah!’ and she waved and said hi to both me and my patient. As we walked away, my patient and I walked away laughing at the ridiculous experience. He turned to me at the end and said, ‘Savannah Guthrie just saw me looking like this and I don’t even care!’ The exposure could not have gone better—we couldn’t believe that a celebrity actually saw us with our hair ‘messed up!’”

An Unexpected Exposure Assistant

“In completing a planned exposure at a coffee stand with a 17-year-old with social anxiety disorder, I ordered a coffee and the patient ordered a container of strawberries. As we waited for my coffee to be prepared, I remarked that he had not yet received his strawberries, and wondered if the server had forgotten them. When asked what he would do about it, the patient replied (of course), ‘nothing.’ We took a sidebar and discussed how he had paid for the strawberries and could not leave without getting them. The patient practiced asking for the forgotten strawberries, and was able to do so when, in fact, my coffee was delivered without the ordered strawberries. When the patient reminded the server, she went over the top in her apology. She made a big, loud fuss in the small and crowded area and asked the patient repeatedly if he wanted anything else ‘on the house.’ He politely refused several times – and then accused me of setting the whole thing up to make the practice especially hard! I wish I had...”

¹University of Houston and Texas Children’s Hospital, Houston, TX

CAASIG Poster Expo & Student Travel Award

*We are currently accepting submissions for the SIG Poster Expo and CAA SIG Student Travel Award. All submissions are due on **Friday, August 18, 2017**. E-mails with entries sent after that date will not be considered.*

Please see details about applying for the Poster Expo and the Student Travel Award below:

Annual ABCT SIG Poster Expo

We invite student and professional Child and Adolescent Anxiety SIG members to submit posters for the annual SIG Poster Expo at the ABCT Conference in San Diego, CA. All submissions should consist of empirical studies related to child and adolescent anxiety treatment and/or research, or reviews of topics of interest to the SIG membership. **Posters first-authored by students will be considered for The Child and Adolescent Anxiety SIG Presentation Award for excellence in child and adolescent anxiety research, with a \$75 check and certificate to be awarded to the winner. Deadline for submission is August 18, 2017.**

Requirements: All submissions should include: (a) An abstract (about 200 words) describing the objectives, brief rationale, methods, and preliminary results/plan for analyses of the ongoing/completed study and (b) An author's page, containing the title of the poster and authors in order, followed by their affiliation. Please email all submissions to dr.clark.goldstein@growthpsychology.net

Child & Adolescent Anxiety SIG Student Travel Award

The SIG Student Travel Award will recognize excellence in student research in the field of child and adolescent anxiety disorders. Any graduate student or postdoctoral fellow who has completed an empirical study related to the assessment, treatment, or phenomenology of youth anxiety disorders are eligible for the award. **The award winner will receive a \$250 award and will present the winning research project at the Annual CAA SIG**

meeting held at the ABCT conference in San Diego, CA (November 16-19). Deadline for submission is August 18, 2017.

Requirements: ABCT membership as a graduate or postdoctoral student. To apply, please submit your curriculum vitae and a 1-2 page (single-spaced) description of your study, including brief intro, methods, and results. Submissions without any results included will likely be less competitive. Please email all submissions to dr.clark.goldstein@growthpsychology.net

SAVE THE DATE!!

ABCT Convention 2017

Thursday, November 16-
Sunday, November 19, 2017



**San Diego Hilton Bayfront Hotel
San Diego, California**

CAASIG ABCT Line Up!

Please read about our exciting events that will be taking place at the ABCT conference:

At the THURSDAY (11/16/17) Pre-Conference Meeting:

- **Steven Kurtz, Ph.D.**, of Kurtz Psychology Consulting, P.C., and **Richard Gallagher, Ph.D.**, of the NYU Child Study Center, will each be presenting on the Treatment of Selective Mutism
- **Anne Marie Albano, Ph.D.**, of Columbia University, will be presenting on the new and improved Child and Parent Anxiety Disorders Interview Schedule (ADIS)
- **Michelle Craske, Ph.D.**, of UCLA, **John Walkup, M.D.**, of Cornell Hospital, and **Jonathan Comer, Ph.D.**, of Florida International University, will form a panel to discuss issues in the treatment of anxiety
- A **Thursday evening happy hour** location will be announced in the next few months.

At the FRIDAY (11/17/17) Annual Meeting

- **Bruce Chorpita, Ph.D.**, of UCLA and incoming ABCT President, will be presenting on a child anxiety topic TBA.

... We can't wait to see you all there!

Renewing Your Child Anxiety SIG Membership

Do you need to renew your child anxiety SIG membership? If so, please follow the below instructions to pay your annual dues for the new academic year. If you have any questions about your current status, please contact Kendra Read at Kendra.read@gmail.com

- 1) Visit the SIG website: www.childanxietysig.com
- 2) Click on the "JOIN" link.
- 3) Complete the membership renewal form if your affiliation or contact information has changed.
- 4) Follow the dues payment instructions below:
Please send a check or money order in US funds, payable to Child and Adolescent Anxiety SIG, to:

Anthony Puliafico Ph.D.
155 White Plains Road, Suite 200
Tarrytown, NY 10591

OR Use **Paypal** in 5 easy steps:

1. Go to www.paypal.com. To complete the following steps, you must be a registered PayPal member. If you aren't registered already, follow their directions to "Sign Up," then continue with the following steps:
2. Login to your account.
3. Click on the "Send Money" tab.
4. Enter childanxietysig@yahoo.com as the recipient's email address.
5. Enter the amount (\$10 for Students and \$20 for Professionals) and currency type, then hit "Continue."
6. Enter credit card information, review, and hit "Send Money."