

perspective of consumers is integrated throughout several chapters. The chapter on CFT is co-authored by a therapist and an individual who went through a course of CFT when struggling with distressing voices and paranoia. The chapter on mindfulness for psychosis integrates quotes from consumers throughout. And in her chapter in the third section of the book, Rachel Waddingham integrates a thoughtful critique of third wave approaches (and CBTp more broadly) with her own personal experiences.

One area not addressed in this book is the significant barrier to access to services. Although CBTp is recommended in both the US and the UK as an evidence-based treatment for psychosis, the US lags far behind the UK in terms of access to care.<sup>7,8</sup> A significant cause of this is the lack of appropriate training for providers in the US. A survey of training directors of clinical psychology programs found that only 45% of programs provide any training at all on CBTp, and among those programs that do provide training, the average length is a mere 4 hours of didactics, 21 hours of treatment, and 12 hours of supervision, far below what would be required for a clinician to adequately provide this intervention.<sup>9</sup> This book makes a strong argument that integration of process-based approaches into CBTp has the potential to further reduce distress and to enhance recovery for individuals living with psychosis. However, the effectiveness of these interventions is meaningless to the consumer who is not able to access care with a skilled provider who is trained to competence. Increasing access to care, and improving training for workers providing front-line treatment, should be included as an essential component of any discussion of CBTp.

The authors of this book skillfully distill and emphasize the importance that adopting a process opposed to content-based stance may have in CBTp. They present case examples of how “third-wave” approaches might work in real life, and the book breathes new life into CBTp’s long-held focus on functional outcomes. This is a worthwhile addition to the bookshelf of anyone involved in psychosis treatment and, more specifically, those who utilize CBTp and want to integrate more process-oriented techniques.

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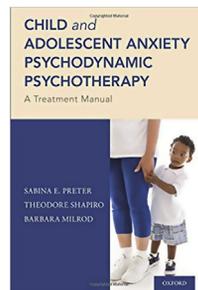
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## REFERENCES

- Hayes SC, Hofmann SG. The third wave of cognitive behavioral therapy and the rise of process-based care. *World Psychiatry*. 2017;16:245-246.
- Isvoranu AM, Van Borkulo CD, Boyette LL, et al. A network approach to psychosis: pathways between childhood trauma and psychotic symptoms. *Schizophr Bull*. 2017;43:187-196.
- Cupitt C. *CBT for Psychosis: Process Oriented Therapies and the Third Wave* (1st Ed.). (Cuppitt C, ed). New York: Routledge; 2019.
- Chapman AL. Dialectical behavior therapy: current indications and unique elements. *Psychiatry (Edgmont)*. 2006;3:62-68.
- Neacsiu AD, Eberle JW, Kramer R, Wiesmann T, Linehan MM. Dialectical behavior therapy skills for transdiagnostic emotion dysregulation: a pilot randomized controlled trial. *Behav Res Ther*. 2014;59:40-51.
- Brabban A, Byrne R, Longden E, Morrison AP. Psychosis Psychological, Social and Integrative Approaches: the importance of human relationships, ethics and recovery-orientated values in the delivery of CBT for people with psychosis. *Psychosis: Psychological, Social and Integrative Approaches*. 2017;9:157-166.
- Kreyenbuhl J, Buchanan RW, Dickerson FB, Dixon LB. The schizophrenia patient outcomes research team (PORT): Updated treatment recommendations 2009. *Schizophr Bull*. 2010;36:94-103.
- National Institute for Health and Care Excellence (NICE). *Psychosis and schizophrenia in adults: treatment and management*. 2014. Available at: <https://www.nice.org.uk/guidance/cg178>. Accessed August 27, 2019.
- Kimhy D, Tarrier N, Essock S, Malaspina D, Cabannis D, Beck AT. Cognitive behavioral therapy for psychosis—training practices and dissemination in the United States. *Psychosis*. 2013;5:296-305.



## Child and Adolescent Anxiety Psychodynamic Psychotherapy: A Treatment Manual

By Sabina E. Preter, Theodore Shapiro and Barbara Milrod, eds. New York: Oxford University Press; 2018.

“...in my own attempt to figure out how to live, something is going wrong.”

—Jonathan Lear<sup>1</sup>

**B**en, a 6-year-old, bright-eyed, small-statured boy, was brought to our clinic by his parents for difficulty regulating his emotions. His parents shared with us that Ben had been hypersensitive to many sensory phenomena. Tastes grossed him out, textures were irritating, and many sounds annoyed him. So Ben had a limited diet, and parties and restaurants were a no-go. Meanwhile his sensitivity, combined with gross motor delays and small stature, drained Ben of confidence when it came to sports and other physical activities. I was a first-year child psychiatry fellow at the time, and so after meeting with Ben and completing an initial assessment, I discussed the case with my supervising attending. We agreed that this young man met criteria for generalized anxiety disorder, and my attending recommended that I provide cognitive-behavioral therapy (CBT), as this is an established first-line, evidence-based treatment for what seemed to be underlying Ben’s challenging behavior. I was so excited to use our

clinic's copy of a popular CBT treatment manual, and to put into practice those things that our program's CBT expert had suggested. I felt confident that Ben, with his high intelligence, would be a great person to work with.

Over the next year, I saw Ben for about 20 sessions. Looking back on my first year, I felt our work was mixed. Glancing at my notes from early sessions, I realized I had been rushed in attempts to define specific goals for treatment, to go over chapters of the workbook during our sessions, and to build a reward menu to increase his motivation to do homework. These interventions seemed like a failure. Ben would often leave the room, change the subject, or sing over me. He seemed to enjoy our meetings much more when I let him take the lead. He would play with the dollhouse and the puppets or sometimes draw comics and pictures of his favorite Pokémon characters. I began to notice some repeating themes, redundancies, times of destructive aggression, and some representational narratives. Slowly I began to share some interpretations with Ben. Unlike my attempts to elicit goals or to provide instructions about homework, Ben listened to this batch of ideas that I floated to him. It seemed that the two of us were engaged in a much richer way. I gathered that spontaneity was a key component of our work: something that I needed to protect. There was, however, a part of me that felt bothered by the lack of structure and by the amount of time that we would have together. Would I be able to help Ben before I graduated?

It was around this time that I came across *Child and Adolescent Anxiety Psychodynamic Psychotherapy: A Treatment Manual*. The book, even by appearance, conveys the message: "I have arrived to soothe your anxiety as a therapist." It is not a thick book, but is light to the touch with reading similarly inviting. The introductory chapter nicely summarizes the background on time-limited psychodynamic therapies and how Child and Adolescent Anxiety Psychodynamic Psychotherapy (CAPP) is a developmentally modified version of the Panic-Focused Psychodynamic Psychotherapy for adults, an intervention that has shown promise in adults.<sup>2,3</sup>

The chapters that follow contain a well-structured summary of psychoanalytic theories, developmental stages through a psychodynamic lens, and offer a clear psychodynamic overview of pediatric anxiety disorders. This is followed by a detailed description of the three phases of treatment (opening, middle, and termination) and multiple case examples. A chapter is dedicated to the role that parents play in treatment of children and adolescents. Finally, the authors review each type of anxiety disorder in a separate chapter focusing on specific symptoms, signs, and diagnostic considerations, as well and relevant psychodynamic

factors and conflicts. The authors distill psychodynamic concepts, demonstrating their relevance to pediatric anxiety disorders, and masterfully incorporate short case examples throughout the book that highlights the developmental considerations.

Over the next year, I enthusiastically read through chapters of the book, while seeing Ben for weekly therapy. Soon, Ben and I were able to identify core conflicts underlying his anxiety and, together, to examine some of his defenses. Ben's conflicted wish to outshine others academically was mixed with shame and self-punishment, and manifested through destructive aggression toward the dolls in his play. I began to see how his desire for autonomy competing with fear of abandonment were emerging as difficulty tolerating angry feelings toward parents, while holding terrifying perceptions of them. This pattern also emerged repeatedly as transference in our work. We explored his fantasies of grand power, and, when anger emerged in the room between us, I encouraged Ben to express his various feelings—verbally—and to sit with them. The session that followed the week in which Ben had talked about his aggressive feelings toward me, he broke his routine. Rather than racing to the doll house to knock out the dolls, he instead confidently took out his Pokémon cards and began to teach me the rules of the game he wanted me to play with him. Around this time, Ben's parents noticed that he was becoming more flexible with others and more confident in himself.

Reading *Child and Adolescent Anxiety Psychodynamic Psychotherapy: A Treatment Manual* gave me an inner sense of direction in my work with Ben and other patients that I have since seen. It gave me the confidence to trust my judgement when I encountered limitations of using more tightly regimented manuals with some patients. I now know that the conflicts and struggles I experienced working with Ben are not unique to me or to other new career psychotherapists. Through my first year as an attending child and adolescent psychiatrist and in meeting with colleagues at AACAP, I have discovered that many people realize that if there were a single form of treatment that worked for everyone (patients and practitioners), we would all be doing it. This is not the case. So we struggle and, hopefully, enough texts like *Child and Adolescent Anxiety Psychodynamic Psychotherapy: A Treatment Manual* come our way.

Although the therapy that Preter, Shapiro, and Milrod outline in this text has not been tested in randomized control trials, it is based on a structure and set of techniques have been empirically validated through work with adults.<sup>2,3</sup> This book is an inviting, clear read. It is a great resource for a wide group of clinicians—especially child psychiatry fellow

trainees—who are looking to enhance their psychodynamic psychotherapy knowledge and skills within a structured format. Because pediatric anxiety disorders are the most common childhood psychiatric diagnoses, one can practice this technique of therapy on a number of patients within a short time period (during fellowship training, for example). In addition, elements of CAPP can be used during psychiatric evaluations of young children, in play therapy and in combination with CBT modalities. Finally, the relational approach in working with families that this book outlines can serve as a helpful guide for clinicians working with children and families, regardless of the psychotherapy framework's name brand.

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## REFERENCES

1. Lear J. Freud. Abingdon, UK: Routledge; 2005:10.
2. Busch FN, Milrod BL, Sandberg LS. A study demonstrating efficacy of a psychoanalytic psychotherapy for panic disorder: implications for psychoanalytic research, theory, and practice. *J Am Psychoanal Assoc.* 2009;57:131-148.
3. Sandberg L, Busch F, Schneier F, Gerber A, Caligor E, Milrod B. Panic-focused psychodynamic psychotherapy in a woman with panic disorder and generalized anxiety disorder. *Harvard Rev Psychiatry.* 2012;20:268-276.

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