

## CONTENTS

|  |           |
|--|-----------|
| Contributors   | xi        |
| <b>Introduction to Supervising and Consulting With Trainees and Clinicians in Cognitive Behavioral Therapies</b> | <b>3</b>  |
| Eric A. Storch, Jonathan S. Abramowitz, and Dean McKay   |           |
| <b>I. TECHNIQUES OF COGNITIVE BEHAVIOR THERAPY</b>   | <b>7</b>  |
| <b>1. Supervision of Exposure Therapy</b>  | <b>9</b>  |
| Jonathan S. Abramowitz, Eric A. Storch, and Dean McKay   |           |
| <b>2. Cognitive Therapy Supervision</b>  | <b>21</b> |
| Robert L. Leahy  |           |
| <b>3. Supervision and Training in Rational Emotive Behavior Therapy</b>  | <b>37</b> |
| Kristene A. Doyle, Michael Hickey, and Raymond DiGiuseppe  |           |
| <b>4. Training and Supervision in Acceptance and Commitment Therapy</b>  | <b>51</b> |
| Michael P. Twohig, Jennifer Krafft, Julie M. Petersen, and Carter H. Davis                                       |           |
| <b>5. Supervision in Dialectical Behavior Therapy</b>  | <b>65</b> |
| Elizabeth Raposa   |           |
| <b>6. Functional Analytic Psychotherapy: Supervision and Therapist Self-Development</b>                          | <b>83</b> |
| Mavis Tsai, Robert J. Kohlenberg, Emerson Hardebeck, Sarah Sullivan-Singh, and Mary Plummer Loudon               |           |

|  |            |
|--|------------|
| <b>7. Supervising the Delivery of Comprehensive Behavior Intervention for Tics</b>                           | <b>99</b>  |
| Christopher A. Flessner, Theresa R. Gladstone, and Emily P. Wilton   |            |
| <b>8. Supervision in Behavioral Activation</b>   | <b>113</b> |
| Stacey B. Daughters, Catherine E. Paquette, and Elizabeth D. Reese   |            |
| <b>9. Supervising Child Behavior Management</b>  | <b>129</b> |
| Deborah J. Jones, Rex Forehand, Nicholas Long, and Robert J. McMahon   |            |
| <b>II. SPECIAL SETTINGS AND POPULATIONS</b>  | <b>145</b> |
| <b>10. Supervising the Delivery of Cognitive Behavioral Therapy in Community Clinics</b>                     | <b>147</b> |
| Alison Salloum and Brian E. Bunnell  |            |
| <b>11. Supervising the Delivery of Cognitive Behavioral Therapy in College Counseling Centers</b>            | <b>161</b> |
| Michael Rogers and Jonathan Mitchell   |            |
| <b>12. Cognitive Behavior Therapy Consultation With Independent Practitioners</b>                            | <b>177</b> |
| Dean McKay   |            |
| <b>13. Supervising the Delivery of Cognitive Behavior Therapy in Medical Settings</b>                        | <b>189</b> |
| Livia Guadagnoli, Jason J. Washburn, and Zeeshan Butt  |            |
| <b>14. Supervising the Delivery of Cognitive Behavior Therapy in School Settings</b>                         | <b>207</b> |
| Kristin A. Gansle and George H. Noell  |            |
| <b>15. Cognitive Behavior Therapy Supervision of Multidisciplinary Teams in Intensive Levels of Care</b>     | <b>223</b> |
| Bradley C. Riemann, Nicholas R. Farrell, and Rachel C. Leonard   |            |
| <b>16. Supervising the Delivery of Cognitive Behavior Therapy for Children and Adolescents</b>               | <b>237</b> |
| Amanda Palo  |            |
| <b>17. Supervising the Delivery of Cognitive Behavior Therapy With Spiritual and Religious Patients</b>      | <b>253</b> |
| Moses Appel and David H. Rosmarin  |            |
| <b>18. Clinical Supervision in Delivering Cognitive Behavior Therapy Across Race, Ethnicity, and Culture</b> | <b>265</b> |
| Monnica T. Williams and Joseph La Torre  |            |
| <b>19. Supervision and Consultation in the Delivery of Cognitive Behavior Therapy to LGBTQ Individuals</b>   | <b>289</b> |
| Audrey Harkness and John E. Pachankis  |            |

|  |            |
|--|------------|
| <b>20. Training and Supervision of Cognitive Behavioral Couple Therapy</b>         | <b>305</b> |
| Danielle M. Weber and Donald H. Baucom   |            |
| <b>21. Supervision of Cognitive Behavioral Therapy for Substance Use Disorders</b> | <b>319</b> |
| Paige Morrison, Jessica Spofford, and Mercedes Carswell                            |            |
| Index  | 337        |
| About the Editors  | 357        |

# Introduction to Supervising and Consulting With Trainees and Clinicians in Cognitive Behavioral Therapies

Eric A. Storch, Jonathan S. Abramowitz, and Dean McKay

Supervision and consultation have been central components of ongoing professional training and practice in clinical psychology for decades, ranging from informal consultation in case conferences (Meehl, 1973) to individual and directed supervision (Loganbill et al., 1982) to small group discussions (Holloway & Johnston, 1985). Prevailing models of supervision and consultation have emphasized the process, in a manner resembling traditional direct therapeutic modalities based on psychodynamic theories (e.g., described in Frawley-O'Dea & Sarnat, 2001). While other psychotherapeutic modalities have emphasized processes in the conduct of supervision and consultation, there has been comparably less attention paid to the mechanics in cognitive behavior therapy (CBT). It is remarkable that this has not been the focus of greater attention. Most practitioners recognize CBT as a specialized approach to practice. For example, it has been represented as a specific specialization from the American Board of Professional Psychology for over 40 years. There are additional specialization credentials available within CBT (e.g., from the Academy for Cognitive Therapy).

Over the last half-century there has been a proliferation of CBT interventions for numerous types of psychological problems across the lifespan.

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These interventions have demonstrated robust efficacy ranging from more moderate yet clinically meaningful effects (e.g., attention-deficit/hyperactivity disorder; Cortese & Coghill, 2018) to dramatically impressive results (e.g., anxiety, van Dis et al., 2020; obsessive–compulsive disorder, McKay et al., 2015). As these interventions have been established, attention has shifted to actualizing dissemination and real-world implementation. One method of doing this has involved the increasing number of published manuals that are readily available to credentialed clinicians. Although helpful for detailing the elements of these interventions, as applied to specific *DSM* (*Diagnostic and Statistical Manual of Mental Disorders*) diagnostic categories, such one-size-fits-all treatment manuals often have shortcomings, one of which is that they typically do not address co-occurring problems and other clinical complexities, which tend to be the rule rather than the exception in clinical practice. Indeed, manuals often reinforce the misunderstanding that CBT is a single method of treatment. It is not. Rather, CBT is a highly diverse collection of evidence-based interventions whose efficacy is dependent on proper implementation with the appropriate goals (i.e., changing thinking and behavior) in mind.

To this end, clinical supervision and consultation form the cornerstone of training—at all levels—in how to implement efficacious interventions with high fidelity. In recognition of the rich diversity of interventions that CBT comprises, this book gathers experts on different approaches and describes methods of training, supervision, and consultation employing these treatment modalities. Although excellent training protocols exist, comprehensive texts that provide guidance on how to train and supervise clinicians in various approaches within the broader CBT theoretical context are few in number and scope. As many clinicians who are already experts in CBT are also frequently called upon to engage in consultation, this book serves as a valuable resource and contributes to the effective dissemination of CBT, as well as increasing the likelihood that the methods of this approach will be delivered with proper fidelity.

Divided into two broad parts, this book is notable in its scope and coverage. Part I, *Techniques of Cognitive Behavior Therapy*, focuses on several broad methods of interventions in CBT. Chapters written by leading scholars tackle supervisory aspects of exposure therapy, cognitive therapy, rational–emotive behavior therapy, acceptance and commitment therapy, dialectical behavior therapy, functional analytic psychotherapy, comprehensive behavior intervention for tics, behavioral activation, and parent management training. Part II covers special populations (i.e., CBT with underrepresented groups, behavioral activation for depression) and settings (i.e., community clinics, practitioners in independent practice). In this part, supervision of trainee clinicians in a variety of settings (e.g., community clinics, college counseling centers, private practice) and across various populations is addressed (e.g., children, religious patients, LGBTQ+ individuals). The division of this book into these two broad sections is in recognition of the highly specialized nature of CBT for its variety of approaches and applications to unique groups.

Across all chapters, the nuances of effective supervision are described in a structured framework that includes (a) an overview of the intervention, (b) key concepts for trainees to learn, (c) characteristics of training cases, (d) common trainee mistakes and how to address them, (e) ethical issues, and (f) overcoming common obstacles in supervision. It is our hope that this volume provides guidance on how to successfully supervise trainee clinicians, whether they are emerging professionals or experienced individuals developing a new skill set.

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