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## Increasing access to evidence-based treatments in child and adolescent mental health services (CAMHS): A pilot evaluation of an extended learning programme in cognitive-behavioural therapy for youth anxiety problems

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2012

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### *Citation for published version (APA):*

Michelson, D., Bolton, D., Perrin, S., Leigh, E., Payne, S., & Day, C. (2012). *Increasing access to evidence-based treatments in child and adolescent mental health services (CAMHS): A pilot evaluation of an extended learning programme in cognitive-behavioural therapy for youth anxiety problems*. Abstract from First Nordic Conference on Childhood Anxiety Disorders, Copenhagen, Denmark. <http://ccap.psy.ku.dk/ChildAnxiety2012>

### *Total number of authors:*

6

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## Abstract registration

### First Nordic Conference on Childhood Anxiety Disorders

on June 1, 2012, at the University of Copenhagen,  
Faculty of Social Sciences, Denmark.

Fill out this abstract registration and forward it to Heidi Riiber on [heidi.riiber@psy.ku.dk](mailto:heidi.riiber@psy.ku.dk).

<b>Title:</b>	Increasing access to evidence-based treatments in child and adolescent mental health services (CAMHS): A pilot evaluation of an extended learning programme in cognitive-behavioural therapy for youth anxiety problems
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<b>Abstract text: (250 words)</b>	<b>BACKGROUND:</b> Cognitive-behavioural therapy (CBT) is the most efficacious psychological treatment for anxiety in children and adolescents, yet remains relatively underused in everyday clinical settings. Despite consensus about the need to increase CBT competences in the workforce, little evidence exists to guide the development and delivery of relevant staff training and supervision. <b>METHOD:</b> A six-month learning programme in CBT for youth anxiety problems was piloted with a diverse cohort of clinicians (N=28) working in community-based CAMHS. The programme comprised introductory workshops, a practice manual, monthly group/weekly email supervision, and submission of an assessed

	<p>practice portfolio. A repeated-measures cohort design was used to evaluate feasibility (trainee retention rates and their attainment of predetermined standards of competence); acceptability (trainees' satisfaction with teaching, supervision and accompanying materials); learning outcomes (trainees' acquisition of knowledge and skills); and implementation of learning (trainees' perceived barriers to routine use of CBT and actual use of CBT within clinical caseloads). RESULTS: Although the programme was viewed positively by trainees, just under half completed the minimum requirements. Programme completers demonstrated significantly improved CBT/anxiety knowledge and case formulation skills, and more extensive use of CBT techniques. The experience of supervised practice had relatively stronger effects on CBT competences than initial training workshops. Clinicians identified a number of barriers to sustained use of CBT at the conclusion of the programme. CONCLUSIONS: These results signal the challenges associated with developing and sustaining CBT capacity in routine CAMHS. Implications for future workforce development initiatives involving CBT are considered.</p>
<b>Key words:</b>	CBT, training, supervision
<b>Oral presentation:</b>	Yes
<b>Poster presentation:</b>	
<b>In English:</b>	Yes
<b>In Danish:</b>	

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