Results: Data collection will be completed by mid-2012. It is expected that both groups will show significant improvement after receiving CBT. However, anxious children with faster pretreatment extinction of a learned fear response will show greater reductions in anxiety symptom severity and in the likelihood of meeting diagnostic criteria for anxiety disorders at post-treatment assessment, in comparison with anxious children who showed slower pretreatment extinction. Conclusions: The clinical implications of these findings will be discussed.

Measuring Competence Following Cognitive Behavioural Training: Implications for Professional Accreditation

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Cognitive behavioural therapy (CBT) is both widely used by practitioners and applied to a wide range of disorders. Currently, CBT training or the qualifications required to practice CBT is not formally regulated in Australia. Ethical concerns have been raised about the ability of both long and short training courses to provide individuals with the necessary knowledge and skills to practice CBT competently. Indeed, the evidence that CBT training enhances practitioners' competence is mixed. Problematic to measuring competence is the lack of consensus on how CBT competence is conceptualised, defined and measured. Data is presented from a small scale study of post-graduate students, which examined a method by which competence following CBT training was measured. The study found that students reported increased levels of competence on specific CBT skills as a result of postgraduate training. The findings are discussed in the light of how competence in CBT might be reliably measured following training, with a view to determining levels of competence and how they might be defined, evaluated and accredited.

Advances in the Understanding and Treatment of Childhood Anxiety Disorders (Part I)


Research Aims: There is now substantial evidence to demonstrate the efficacy of online, cognitive-behavioural therapy (CBT) for the treatment of youth anxiety disorders. However, our research demonstrates that approximately 30% of youth will retain their anxiety diagnosis at 12-months following treatment. There has been some suggestion that online therapy may not be suitable for more complex diagnostic presentations, however, to date, there has been no empirical examination of potential predictors of outcome for youth receiving online CBT. The aim of this study was to determine whether the diagnostic profile (severity, comorbidity, and type of diagnosis) predicted response to online CBT for youth anxiety.

Methodology: Participants were 154 youth aged from 7 to 18 years diagnosed with a principal anxiety disorder (and their parents) who participated in online cognitive-behaviour therapy (BRAVE-ONLINE) as part of two randomized controlled trials. Measures included diagnostic interviews as well as a number of self-report measures of anxiety. Youth receiving online CBT were assessed prior to treatment, at 12 weeks following baseline assessment, at 6- and 12-month follow-up. Diagnostic profile at baseline will be described by a number of predictors including type of principal anxiety diagnosis, severity of anxiety, and presence of comorbid conditions.

Results and Conclusions: Results are pending and will be presented for 6 and 12 month follow-up points. The findings of this study will potentially identify the types of patients for whom online CBT may be most appropriate and the circumstances under which it should not be offered as first line of treatment.


Research Aims: Among the most prevalent of the anxiety disorders is Generalized Anxiety Disorder (GAD), central to which is worry. Previously, the cognitive constructs involved in worry have been investigated with adults and, to a lesser extent with adolescents.