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Edited by Gillian Todd , Rhena Branch
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1 Introduction

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In 2015, it was estimated that in excess of 300 million people globally suffered with depression (WHO, 2017). Roughly the same number were estimated to suffer from a range of anxiety disorders. Considering that many people experience comorbidity, simply adding these figures together to arrive at a total for common mental health disorders is not sufficient. Depression was ranked as the single largest contributor to global disability (7.5% of all years lived with a disability in 2015) with anxiety disorders ranked sixth largest contributor (3.4% of all years lived with a disability in 2015).

Cognitive behavioral therapy (CBT) is a therapeutic tradition that also refers to a range of interventions sharing the basic premise that psychological and emotional distress are maintained by cognitive factors. Early pioneers Albert Ellis (Ellis, 1962) and Aaron Beck (Beck, 1970) posited that maladaptive cognitions including core beliefs (also referred to as 'schemas') about self, others, and the world/future, when triggered by particular conditions or situations, give rise to related negative automatic thoughts, associated negative emotions, and behaviors. In essence, CBT holds that interventions and strategies aimed at changing maladaptive cognitions ultimately lead to therapeutic change in both emotional distress and dysfunctional behavior.

Since the emergence of CBT, much research has been carried out demonstrating its efficacy with specific anxiety disorders and depression. A plethora of meta-analytic studies, considered to be the gold standard of research methodology, have examined the effectiveness of CBT for anxiety disorders and depression, quantified in terms of the effect size, that is, a quantitative measure of statistical significance of an observed specific treatment effect when compared with other treatments or with a control condition. The larger the effect size, the greater the difference is between two groups. Watts et al. (2015) conducted a meta-analysis of randomized controlled trials (RCTs) that compared CBT with treatment as usual (TAU) in the treatment of anxiety disorders and depression. The meta-analysis demonstrated a media effect size favouring CBT over TAU. Cuijpers et al. (2013) in their meta-analysis support the efficacy of CBT for depression.

The generalizability of delivering evidence-based treatment protocols derived from RCTs into healthcare settings is often questioned by clinicians in the setting

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itself. Researchers are often regarded as cherry picking participants for their studies, recruiting a stable of talented therapists who are rigorously trained and closely supervised; however, the evidence suggests otherwise. Otte (2011) conducted a meta-analysis of meta-analyses of CBT for anxiety disorders and concluded that both placebo-controlled trails and trials within a naturalistic setting supported the efficacy and effectiveness of CBT as a treatment intervention for anxiety disorders. Stewart and Chambless's (2009) meta-analysis of effectiveness studies in real-world circumstances found CBT to be effective.

In recent years, numerous disorder-specific protocols have been developed to address specific cognitive and behavioral elements which are key components of a disorder's maintenance. As such, disorder-specific protocols demonstrate some considerable differences in treatment techniques from those typically found in 'standard' CBT. Despite these differences in assessment and treatment focus, as well as the use of distinctive interventions, the core theory and general approach to treatment remains consistent.

The roll-out of the UK government initiative Improving Access to Psychological Therapies (IAPT) in 2008, based on the premise that CBT can be delivered effectively and economically (Layard and Clark, 2014), has increased the number of trainees learning from a protocol-based curriculum. However, initiatives to roll out CBT training to the masses, thereby affordably and speedily developing an army of therapists to provide evidence-based therapy, may have observable limitations. Brief, rapid-fire, protocol-based training means that most trainees will learn a maximum of two protocols per common disorder. The majority of these brief courses include little or no training on core theoretical and philosophical CBT principles. Moreover, lack of emphasis on basic transdiagnostic skill acquisition, coupled with a paucity of time to focus on developing and demonstrating overarching clinical competency, leaves newly trained clinicians dependent on dogged obedience to protocols. CBT theoretically consistent 'eclecticism', or deviation from protocol, is clinically justifiable and is expected among seasoned clinicians with adequate training. CBT clinicians taught only the bare minimum of protocols on an intensive course may, therefore, be likely to drift away from CBT altogether when a single protocol proves insufficient.

It has been observed that therapists easily slip into being eclectic in their therapeutic stance, offering a pick and mix approach to therapy, which has no empirical or theoretical basis. Not all patients who think they are having CBT actually receive the evidence-based version they rightfully expect.

Waller has extensively examined the issue of therapist drift (Waller, 2009). For a detailed analysis of factors leading to therapist drift, see Waller and Turner (2016).

In addition to disorder-specific protocols (i.e., obsessive-compulsive disorder [OCD], generalized anxiety disorder, panic disorder), CBT increasingly comprises a number of specific approaches for identified populations (i.e., older adults, people with intellectual disabilities) and 'third wave' approaches (i.e., mindfulness-based CBT, acceptance, and commitment therapy).

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The aim of this compendium is to provide a framework so clinicians can follow evidence-based CBT protocols for treating their patients with anxiety disorders and depression that have proven efficacy. Experts in their field from around the world have shared their protocols and wisdom to enable the reader to (1) develop a knowledge base of current research, (2) understand the phenomenology of psychological disorders, (3) learn idiosyncratic additions to the assessment process, (4) follow a step-by-step guide to treatment, (5) identify and overcome common problems in treatment, and (6) effectively evaluate treatment progress.

While anxiety, depression, and other common mental health disorders are the main focus of this compendium, some disorders such as OCD have more than one chapter devoted to them, with more than one model or protocol represented. More complex and nuanced disorders like OCD, as well as more newly understood disorders such as body dysmorphic disorder (BDD), require variation in focus with respect to assessment and treatment. Knowledge of more than one protocol and recent research findings will prove invaluable to the clinician.

Specialist approaches of CBT focus on the treatment of anxiety disorders and depression in distinct populations. Based on clinical presentation and need, adaptations to protocols need to be made and implemented flexibly. Leading authorities in their field have contributed chapters on adapting CBT for common mental health problems in diverse communities. Chapters on specialist applications of CBT for older adults and for youth are included. CBT for mental health problems in patients with neuro-cognitive-biological disorders, including autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and identity disorder (ID), is covered. And a chapter is included on cultural adaptations of CBT where the authors consider the need for an understanding of ethnicity and cultural variations.

The clinician will be enlightened in their understanding of the nuances observed in clinical presentations and will gain knowledge in how to work effectively with complex and highly comorbid clinical presentations.

A strength of this compendium is its international focus: chapters have been contributed from around the world, including the United Kingdom, United States, Canada, Australia, Singapore, Norway, and Romania.

All chapters are consistent with the American Psychiatric Association's *Diagnostic and statistical manual of mental disorders* (5th ed.) (DSM-5).

This compendium assumes a degree of reader knowledge and therefore suits an intended audience of qualified clinicians. However, it is also likely to be useful for post-graduate trainees and students.

Book Overview

This compendium is divided into six parts. The state of CBT today is explored and its historical and philosophical underpinnings are reviewed in Chapter 2, which examines how CBT has developed, transformed, and, to an extent, migrated from its early roots (Beck 1976; Ellis, 1962).

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Part I, includes seven chapters focusing on DSM-5 anxiety disorders, offering specific models as well as providing transdiagnostic interventions. There are two protocols offered for the treatment of social anxiety.

Part II is comprised of a chapter on the treatment of posttraumatic stress disorder (PTSD) by pioneer in the field Edna Foa and specialist Lily Brown.

Part III includes seven chapters dealing with OCD and related disorders, including BDD, trichotillomania, hoarding, and excoriation disorder.

Part IV features four comprehensive chapters on CBT for depressive disorders, including behavioral activation (BA) for moderate to severe depression, targeting depressive rumination, and chapters dealing with the treatment of persistent depression and depression within the perinatal population.

Part V hosts two chapters, the first dealing with case formulation of complex and comorbid cases and the second discussing the treatment of complexity and comorbidity.

Part VI consists of six chapters dealing with specialist CBT applications to distinct patient populations.

We hope readers will agree that the result of the editors' collaboration with internationally recognized expert clinicians, trainers, academics, and researchers is a comprehensive compendium that is highly relevant to all cognitive behavioral practitioners.

We would like to thank all our esteemed contributors for their hard work and cooperation.

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