***Brief Behavioral Therapy for Anxiety and Depression: A Transdiagnostic Approach for Treating Internalizing Problems in Pediatric Settings***

**V. Robin Weersing, Ph.D., SDSU-UCSD JDP in Clinical Psychology**

This presentation describes a 15 year program of work to develop a transdiagnostic, brief behavioral therapy (BBT) protocol designed to efficiently target the mix of internalizing symptoms frequently seen in youths in healthcare settings such as pediatrics. Depression and anxiety in youth are prevalent and impairing conditions, with a high degree of current and lifetime comorbidity. Targeting the internalizing disorders as a unified problem area is in line with calls for new approaches to conceptualizing comorbidity and a focus on transdiagnostic processes. Furthermore, in an effort to speed the cycle of treatment development and dissemination, the treatment development studies and primary outcome trial for BBT have been sited within pediatric primary care, a clinical service setting well-suited for the treatment of mild to moderate internalizing comorbidity. The presentation details the (a) rationale for the development of BBT and focus on primary care as an intervention setting, (b) design and implementation of the two-city, eight practice randomized trial of BBT, and (c) results of the pediatrics-based BBT intervention on primary outcomes at follow-up (Week 16) compared to assisted referral to specialty mental health care (ARC.) Overall, BBT youth had significantly higher rates of clinical response than those in ARC (56.8% versus 28.2%), and these superior effects were replicated for anxiety-specific measures and functioning outcomes. In addition, results of planned moderator tests unpacked (a) the impact of depression severity and (b) the effect of ethnicity on BBT outcomes. In these analyses, neither youth nor parent levels of depression symptoms at baseline significantly moderated effects , suggesting the transdiagnostic protocol may be robust across a range of internalizing comorbidity. Ethnicity did significantly moderate response, and Latino/a youth responded particularly strongly to BBT (76.5% response rate) and poorly within the referral control (7.1% response rate) compared to non-Hispanic youth (52.1% BBT versus 33.9% ARC). Implications of the trial for research on transdiagnostic interventions for internalizing symptoms in youth, dissemination and implementation of programs in primary care, and reducing ethnic disparities in access to and quality of services will be discussed.