

Chapter Two

Hypotheses

Primary Hypotheses

Primary Hypothesis 1: Mental health professionals will vary their treatment recommendations on the basis of underlying pathogenic processes.

Primary Hypothesis 1a: Mental health professionals will rate treatments differently when presented with information suggesting different underlying pathogenic processes.

Primary Hypothesis 1b: Mental health professionals will rate treatments differently when provided with information regarding pathogenic processes underlying children's depression than when presented with "presenting problem" and diagnostic information alone.

Primary Hypothesis 2: Mental health professionals will match cognitive-behavioral treatments to pathogenic processes on the basis of cognitive-behavioral theory and rationale.

Primary Hypothesis 2a: Cognitive-behavioral treatments specifically designed to treat cognitive errors and distortions (Cognitive Restructuring, Cognitive Modeling, and Cognitive Self-Instruction Training) will be rated higher for those vignettes describing cognitive distortions as the pathogenic process underlying the child's depression.

Primary Hypothesis 2b: Cognitive-behavioral treatments specifically designed to treat social anxiety and develop social and coping skills (Social Skills Training, Operant-based Self-control Skills Training, and Relaxation Skills Training) will be rated highest for those vignettes describing social skills deficits as the pathogenic process underlying the child's depression.

Primary Hypothesis 2c: Cognitive-behavioral treatments specifically designed to address environmental deficits (Parent Training, Activity Scheduling, and Enriched Reinforcement Settings) will be rated significantly higher for the treatment of depression related to environmental deficits.

Secondary Hypotheses

Secondary Hypothesis 1: Mental health professionals will vary their treatment recommendations on the basis of age of the child being treated, independent of pathogenic process.

Secondary Hypothesis 2: Mental health professionals will match cognitive-behavioral treatments to children of different ages on the basis of maturational and cognitive theories of development.

Secondary Hypothesis 2a: Environmental interventions (Parent Training, Activity Scheduling, Enriched Reinforcement Settings) will be rated most highly for the youngest children (6 year-olds).

Secondary Hypothesis 2b: Operant-based interventions (Social Skills Training, Operant-Based Self-Control Skills Training, and Relaxation Skills Training) will be rated most highly for children in middle childhood (10-year-olds).

Secondary Hypothesis 2c: Cognitive interventions (Cognitive Restructuring, Cognitive Modeling, and Cognitive Self-Instruction Training) will be rated most highly for the oldest children (14-year-olds).

