



# *Treatment Program Abstract*

## *Summary*

The *GROUP COGNITIVE-BEHAVIORAL THERAPY FOR PHOBIC/ANXIOUS CHILDREN (GCBT)* program is a child-focused treatment intervention with parental involvement, for children who meet criteria for overanxious disorder, social phobia, and avoidant disorder. This treatment program emphasizes a transfer of control approach, which explicitly recognizes that internalizing disorders in children are complex, multifaceted, and multidetermined. Four basic, interrelated types of process—behavioral, cognitive, affective, and relational—are at the core of this approach. The transfer of control approach holds that effective long-term psychotherapeutic change in children involves a gradual transfer of control, in which the sequence is generally from therapist to parent to child. Exposure is the key therapeutic ingredient or change-producing procedure in this intervention. Exposure requires that the child confront anxious-phobic objects or events so that reductions in anxious-phobic symptomatology can occur. Contingency management and self-control training are important additional therapeutic strategies for helping the child tolerate exposure to the phobia/anxiety event.

In the group format, these strategies are generally sequenced between education and application, such that (1) the parent is trained in contingency management; (2) the parent applies contingency management to facilitate child's exposure; (3) the children are trained in self-control; (4) contingency management under parental control is gradually faded, to be replaced by (5) child application of self-control to facilitate child's exposure.

A randomized clinical trial conducted in 1999 evaluated the therapeutic efficacy of *GCBT* versus a wait-list control condition to treat anxiety disorders in 56 children. Participants were 56 children, ages 6 to 16 years, and their parents. Participants were randomly assigned to either *GCBT* or the control condition with an assignment ratio of 2 to 1 (treatment to control). Results from the study provide incremental evidence that cognitive behavioral therapy can be effective in a group format to reduce anxiety disorders in children, empirically establishing that *GCBT* meets the criteria established by APA's Task Force as a "probably efficacious" treatment procedure. Significant differences in primary diagnostic recovery rates were

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observed for the *GCBT* condition versus the control condition. Using the Anxiety Disorders Interview Schedule (ADIS)-Child and the ADIS-Parent, the study found that 64% of the children in *GCBT* were recovered at posttreatment (i.e., no longer met primary diagnoses) compared with 13% of the children in control condition; 82% (14/17) of the participants in *GCBT* showed clinically significant improvement at posttreatment compared with only 9% in the control condition.

An improvement was also observed for clinicians' ratings of disorder severity and for child- and parent-completed questionnaire measures. Support for the efficacy of *GCBT* relative to the control group also was garnered using normative comparisons from the Child Behavior Check List Internalizing subscale. With respect to diagnostic recovery rates, there was a consistent trend for treatment gains to continue at the 3-month follow-up. All participants who were recovered at 3 months continued to be recovered at the 6-month follow-up. Participants who were not recovered continued to show a pattern of clinical improvement in terms of severity and role functioning interference. The pattern of posttreatment improvement continued even at 12 months. The pattern for all of the child- and parent-completed measures similarly indicated a continued reduction in degree and severity of anxious symptoms from posttreatment to the 3-month follow-up, with improvement leveling off at that time but still being maintained at 6 and 12 months.

*Treatment  
Delivery*

- Individual
- Group
- Other

*Treatment  
Participants*

- Child
- Parent
- Child-parent dyad
- Family (minimum 3 family members including at least 1 parent)
- Teacher
- Other

*Treatment  
Length*

*Number of Sessions*  
8-12

*Length of Session*  
Approx. 55 minutes

*Number of Weeks*  
12

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*Treatment Provided by*

- Licensed Professionals
- Trainees (Graduate Student, Intern, Post-Doc)
- Others
- Unknown

*Age Group*

- 6-10 years
- 11-14 years
- 15-18 years

*Problem Area*

- Specific Phobia
- Social Phobia
- School Refusal
- Depression
- Suicidality or Suicidal Ideation
- Avoidant Disorder
- Over-Anxious Disorder
- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Obsessive-Compulsive Disorder
- Post Traumatic Stress Disorder (or symptoms)
- Sexual Abuse-Related Trauma (or symptoms)

*Original Intervention Sample*

Age, N= 56 Mean Age = 9.96 years  
Gender Male= 54% Female= 46%

Race/  
Ethnicity White=49% Hispanic=41% Other = 11%

*Original Intervention Components*

- Adult/Family Involvement
- Individual Therapy
- Group Therapy
- Bibliotherapy
- Intersession Assignment (homework)
- Video
- Other: \_\_\_\_\_

## *Treatment Program Abstract (continued)*

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### *Staffing Requirements/ Training*

*It is intended that this program be implemented by mental health professionals with appropriate education, training, credentialing, and experience treating the target population.*

All groups may be treated conjointly by a licensed psychologist and by doctoral-level psychology graduate students totaling three pairs of therapists for each child-parent group. For each pair, at least one therapist should be a licensed psychologist.

### *Treatment Program Materials*

This CEDETA program package contains a treatment manual for use with the parent(s) and a second treatment manual for use with the children (see blue and green booklets, respectively), all handouts (see green envelope), reference copies of the available evaluation instruments used during the original study of *GCBT* (see blue poly-string envelope), and a reference copy of the age-appropriate *PedsQL*<sup>™</sup> instruments (see blue paper envelope).

### *Notes about Evaluation*

The replication kit includes reference copies of the available evaluation instruments used in the original evaluation of the treatment program. Please refer to the "Instrument Packet" in the blue poly-string envelope. (Note that these instruments cannot be photocopied, and are not intended for use in individual or group assessments.) In addition, three versions of the *PedsQL*<sup>™</sup> have been included in the blue paper envelope: young child (ages 5-7), child (ages 8-12) and adolescent (ages 13-18).

These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Most program evaluations can benefit from expert help in designing and carrying out such an evaluation. Sociometrics can offer help in evaluating your implementation of this program for a fee. For further information, call Sociometrics staff at 1-800-846-3475.

### *Treatment Program Acquisition & Implementation Cost*

The cost of this CEDETA program package is \$215.00. This price includes one complete set of materials needed to implement this program, the resources for evaluation, and continuing education, all described above (call CEDETA staff; see below). Implementation costs depend on the number of clients, staff, and the nature and extent of the services you offer.

### *Contact Information*

Children's Emotional Disorders Effective Treatment Archive  
(CEDETA)

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### *Bibliography*

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