



Treatment Program Abstract

Summary

THE COPING BEAR: Group and Individual Cognitive-Behavioral Therapy for Children with Anxiety Disorders and their Parents is a treatment intervention with parental involvement for children who meet criteria for DSM-IV, Axis I anxiety disorders. These include: social phobia, depression, simple phobia, panic disorder, generalized anxiety disorder, and separation anxiety disorder. This treatment program utilizes a group process problem-solving approach with the overall goals of: 1) teaching children to recognize their emotional distress, both physiologically and psychologically, and children learning and practicing new coping skills; and 2) facilitating the generalization of these coping skills by involving parents in the treatment process. The program can be implemented in both individual and group treatment settings and includes systematic desensitization techniques, reinforcement principles, approaches to oppositional or resistant behavior, aids to exposure to anxiety provoking situations, and relaxation techniques.

TWO DIFFERENT RANDOMIZED CLINICAL TRIALS HAVE EVALUATED THE THERAPEUTIC EFFICACY OF *THE COPING BEAR* program. In the first study conducted in 1999, participants were randomly assigned to a child therapy group only (no parental involvement), parent group only (no child involvement), or child and parent group (concurrent groups of children and separate groups for their parents), or a wait list control condition. Less anxiety and depression were reported post-treatment by all children, and children who were treated with their parents used more active coping strategies than children in the other treatment groups.

In the second study in 2002, participants were randomly assigned to either separate *THE COPING BEAR* individual therapy sessions for child and for parent, or concurrent child-only and parent-only *THE COPING BEAR* groups, with the same parental involvement treatment component incorporated into the program across modalities. Participants were 78 children, ages 8-12 years and their parents. Using an array of questionnaires filled out by the child, parent, clinician, and 3 independent clinician raters who rated children's global functioning pre- and post-treatment, results showed that regardless of treatment setting, children and mothers reported

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decreased anxiety and clinicians reported improved global functioning post treatment. In addition, children with high social anxiety had more improvement in an individual treatment setting than in a group setting. No differences were found in hyperactivity scores between types of treatment setting.

Treatment Participants

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

Treatment Length

Number of Sessions
12

Length of Session
90 minutes

Number of Weeks
12

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)
- Other: _____

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Original Intervention Sample

Age, N= 78 Age = 8-12 years
Gender Male= 54% Female= 46%
Race/
Ethnicity White=85% African American or Asian=15%

Original Intervention Components

- Adult/Family Involvement
- Individual Therapy
- Group Therapy
- Bibliotherapy
- Intersession Assignment (homework)
- Video
- Other: Relaxation audio, book (for parents), mood ring

Treatment Efficacy Level

The expert scientist panel rated *GCBT* as:

- Well-established treatment
- Probably efficacious
- Possibly efficacious
- Unsupported

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.

Both individual and group therapy sessions may be conducted by: Licensed therapists and clinical trainees under supervision licensed professionals. The same therapist for both child and parent. Individual sessions consisted of approximately 45 minutes with the child followed by approximately 45 minutes with the parent.

Two co-therapists conduct the group therapy, child and parent, for a total of 4 therapists. Parent and child groups were run concurrently with one experienced and one less experienced therapist (some of whom were psychiatry residents or psychology interns) in each group.

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 dark blue and light blue booklets, respectively). It also contains reference copies of the Notebook (homework) for children as well as individual and group Workbooks (in-session activities). Please refer to the red booklet for the Notebook, dark green booklet

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for the Individual Workbook, and light green booklet for the Group Workbook. Photocopy masters for these booklets are found in the red and green envelopes, respectively. Purchase of this replication kit grants permission to duplicate these program materials as needed for use in your setting.

In addition, *THE COPING BEAR* replication kit includes one of each of the following items:

- ◆ *Let Go: Relaxation for the Mind* CD,
- ◆ *1-2-3 Magic: Managing Difficult Behavior in Children 2-12* DVD,
- ◆ *Keys to Parenting Your Anxious Child* book, and
- ◆ Mood ring

You will need to provide one copy of the book to each parent group. You may also wish to provide copies of the relaxation CD to parents for inter-session with their child. Information on acquiring additional copies of these items can be found in the “Treatment Program” section of this User’s Guide, and in the introduction to the “Clinician Guidelines: Parent Version” (dark blue booklet).

In addition, the replication kit includes:

- ◆ reference copies of the available evaluation instruments used during the original study of *THE COPING BEAR* (see blue poly-string envelope);
- ◆ and a reference copy of the age-appropriate *PedsQL*[™] 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.) In addition, two versions of the *PedsQL*[™] have been included in the blue paper envelope: young child (ages 5-7) and child (ages 8-12).

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.

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Treatment Program Acquisition & Implementation Cost

The cost of this CEDETA program package includes one complete set of materials needed to implement this program, and the resources for evaluation , 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

Mendlowitz, S.L., Manassis, K., Bradley, S. Scapillato, D., Miezitis, S., & Shaw, B.F. (1999). Cognitive-behavioral group treatments in childhood anxiety disorders: The role of parental involvement. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(10), 1223-1229.

Manassis, K., Mendlowitz, S.L., Scapillato, D., Avery, D., Fiksenbaum, L., et al. (2002). Group and individual cognitive-behavioral therapy for childhood anxiety disorders: A randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*(12), 1423-1430.