



Anxiety Disorders
19 (2005) 403–422

JOURNAL
OF
**Anxiety
Disorders**

Disclosure of distress among anxiety-disordered youth: Differences in treatment outcome[☆]

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Received 12 August 2003; received in revised form 5 April 2004; accepted 9 April 2004

Abstract

The present study evaluated treatment outcome differences in anxiety-disordered youth who differed in their disclosure of internal distress as measured in a structured diagnostic interview. One hundred and seventy-one clinic-referred, anxiety-disordered children served as participants. Participants' primary diagnoses were one of three anxiety disorders: separation anxiety, generalized anxiety/overanxious, or social phobia/avoidance. At a pretreatment assessment, children and their parents were interviewed separately using the Anxiety Disorders Interview Schedule (ADIS) to determine the child's diagnosis. The child's status as a discloser of high distress or discloser of low distress was determined by the parents' endorsement of an anxiety disorder and the child's endorsement or lack of endorsement of an anxiety disorder, respectively. Parents, teachers, and children also completed measures assessing the child's psychopathology (e.g., Revised Children's Manifest Anxiety Scale, Child Behavior Checklist). In general, findings indicated that the level of distress reported by the children moderated treatment outcome. Although both groups benefited from treatment, the

[☆]This research was supported by National Institute of Mental Health Grant MH 44042 awarded to Philip C. Kendall.

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children disclosing high distress experienced greater treatment gains than the children disclosing low distress.

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Keywords: Anxiety disorders; Cognitive-behavioral therapy; Self-disclosure; Treatment outcome; Child psychotherapy

Internalizing disorders in childhood may be difficult to recognize as they reflect the emotional states of the child, and are less readily identifiable in observations of overt behavior. Moreover, children with internalizing disorders exhibit a variety of patterns regarding sharing information about their distress. Although some children talk openly about their emotional states and internal concerns, others have difficulty sharing their distress. Children who are willing to talk openly about their emotions can be seen as disclosers of high distress, whereas those who have difficulty in this area can be seen as disclosers of low or no distress (hereafter, this type of child will be referred to as a discloser of low distress).

Disclosure in therapy is a topic that is almost exclusively discussed in the adult literature (see Kelly, 2000 for a review; see also Arkin & Hermann, 2000; Hill, Gelso, & Mohr, 2000; Mayo, 1968; McDaniel, Stiles, & McGaughey, 1981; Rippere, 1977; Stiles, Shuster, & Harrigan, 1992). Much of the research has focused on whether self-disclosure or openness (i.e., sharing personal information and reactions) in therapy is associated with more or less favorable outcomes. In a review of the adult psychotherapy literature, Kelly (2000) suggested that psychotherapy is a self-presentational process in which, over the course of therapy, clients learn to withhold personal information, thoughts, and reactions in therapy to present a more favorable impression to the therapist. Symptom reduction results from the concealment of negative information (i.e., reduction in sharing of symptoms), that in turn elicits positive responses from the therapist. Others support the opposite view and maintain that disclosure reduces psychological distress through catharsis and promotion of self-understanding (e.g., Jourard, 1964, 1971; Stiles, 1987; Stiles et al., 1992). Although the question of whether disclosure is associated with better or worse therapy outcome continues to be debated in the adult literature, the issue of self-disclosure among children remains largely ignored. Issues of disclosure in the childhood literature primarily focus on the disclosure of abuse or other upsetting/traumatic events in the child's life (e.g., DeVoe & Faller, 1999; Joyce, 1997). This type of self-disclosure involves the sharing of personal information, perhaps within a treatment context, but the role of disclosure has not been examined in relation to outcome of treatment. Given the developmental differences in cognition and psychosocial processes between children and adults, it would be inappropriate to generalize adult findings to children and adolescents.

The literature on parent–child agreement among anxiety-disordered children on ratings of child anxiety may well be relevant to disclosure as defined here.

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