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# Treatment of childhood anxiety disorders: a preliminary comparison between cognitive-behavioral group therapy and a psychological placebo intervention

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## Abstract

The present study examined the efficacy of group cognitive-behavioral therapy (CBT) in the treatment of childhood anxiety disorders. Thirty high-anxious children (aged 9–12 years) were assigned to either (a) group CBT ( $n = 10$ ), (b) a psychological placebo intervention (i.e., emotional disclosure [ED];  $n = 10$ ), or (c) a no-treatment control condition ( $n = 10$ ). Therapy outcome measures (i.e., children's self-report of anxiety disorders symptoms, depression, and trait anxiety) were obtained three months before treatment, at pretreatment, and at posttreatment. Results showed that levels of psychopathological symptoms remained relatively stable during the three months preceding treatment. Most importantly, pretreatment–posttreatment comparisons indicated that CBT was superior to ED and the no-treatment control condition. That is, only in the CBT condition significant reductions of anxiety disorders symptoms, trait anxiety, and depression were observed. These findings can be taken as further evidence for the efficacy of CBT in the treatment of childhood anxiety disorders.

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*Keywords:* Group cognitive-behavioral therapy; Anxiety disorders; Children; Emotional disclosure

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## 1. Introduction

Anxiety disorders are among the most prevalent psychopathological problems in children and adolescents. Epidemiological studies have shown that between 8% and 12% of the youths suffer from some type of anxiety disorder that is sufficiently severe to interfere with daily functioning (see for a review, [Bernstein, Borchardt, & Perwien, 1996](#)). During the past decade, researchers and clinicians in the field of child psychopathology have reached consensus on the various types of anxiety disorders that may occur in children and adolescents ([American Academy of Child and Adolescent Psychiatry, 1997](#)). According to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; [American Psychiatric Association \[APA\], 2000](#)), the following anxiety disorders can be distinguished: separation anxiety disorder, generalized anxiety disorder, social phobia, panic disorder, agoraphobia, obsessive-compulsive disorder, specific phobia, acute and posttraumatic stress disorder, anxiety disorder due to a general medical condition, substance-induced anxiety disorder, and anxiety disorder not otherwise specified.

Treatment of childhood anxiety disorders is considered to be important for several reasons. To begin with, although many childhood anxiety disorders remit spontaneously within 3–4 years ([Last, Perrin, Hersen, & Kazdin, 1996](#)), a substantial proportion of these disorders have a chronic course and even persist into adulthood (e.g., [Keller, Lavori, Wunder, Beardslee, & Schwartz, 1992](#)). Further, anxiety disorders often interfere significantly with children and adolescents' adaptive functioning in a wide range of domains (e.g., [McGee & Stanton, 1990](#); [Strauss, Frame, & Forehand, 1987](#)). Finally, anxiety disorders have considerable potential to increase the risk for other disorders, in particular depression (e.g., [Cole, Peeke, Martin, Truglio, & Seroczynski, 1998](#)).

During the past decade, progress has been made with the psychological treatment of anxiety disorders in children and adolescents. In particular, cognitive-behavioral therapy (CBT) has received considerable research attention. During CBT, cognitive strategies are employed to assist the child to recognize anxious cognitions, to use awareness of these cognitions as cues for managing their anxiety, and to help them cope more effectively with anxiety-provoking situations. In addition, behavioral strategies such as modeling, in vivo exposure, role-play, relaxation training, and reinforced practice are used. In the first controlled outcome study ([Kendall, 1994](#)), 47 9- to 13-year-old children with anxiety disorders (i.e., generalized anxiety disorder, separation anxiety disorder, and social phobia) were assigned to either a CBT condition or a waiting-list control condition. Treatment outcome was evaluated using children's self-report, parent report, teacher report, and behavioral observations. Pretreatment–posttreatment comparisons showed significant improvements of the CBT treated children over the waiting-list control children on all measures. Most importantly, results indicated that many treated children did no longer fulfill criteria for an anxiety disorder at posttreatment and scored within the normal range on most anxiety measures. Highly similar results were obtained in a second randomized trial ([Kendall et al., 1997](#)) in which CBT was compared with a waiting-list control condition in a larger group of anxiety disordered children ( $N = 94$ ).

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