



## The Development of a Transdiagnostic, Cognitive Behavioral Group Intervention for Childhood Anxiety Disorders and Co-Occurring Depression Symptoms

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*Anxiety and depression are highly prevalent and frequently comorbid classes of disorder associated with significant impairment in youth. While current transdiagnostic protocols address a range of potential anxiety and depression symptoms among adult and adolescent populations, there are few similar treatment options for school-aged children with symptoms of these emotional disorders. Such a protocol could be of particular benefit to children experiencing emergent anxiety and depressive symptoms prior to adolescence, as these youth may be at risk for a more severe and protracted course of illness. For this reason, Emotion Detectives, a cognitive behavioral group treatment program, was developed as a downward extension of existent transdiagnostic protocols for emotional disorders in older populations (e.g., Barlow et al., 2010; Ehrenreich et al., 2008) for use with children ages 7 to 12 and their families. This paper will discuss the theoretical basis for Emotion Detectives and provide a description of its 15-session protocol, its unique and developmentally sensitive features, and case studies of 2 children enrolled in an ongoing open trial.*

YOUTH anxiety and depression are a growing public health concern. Estimates indicate that as many as 10% to 22% of youth experience clinical levels of anxiety, while the prevalence of depression among children and adolescents is between 2% and 6% (Costello, Erkanli, & Angold, 2006; Dadds, Spence, Holland, Barrett, & Laurens, 1997; Muris, Merckelbach, Mayer, & Prins, 2000). In addition to the high prevalence of these emotional disorders, anxiety and depression are frequently experienced together throughout the lifespan. The frequency of this comorbidity in youth may be as high as 70% (Axelson & Birmaher, 2001; Birmaher et al., 1996). While anxiety and depressive disorders cause impairment and distress individually, deleterious effects may be confounded when such disorders are experienced concurrently (Kessler et al., 1996; Wittchen, Zhao, Kessler, & Eaton, 1994). Moreover, the development of a treatment protocol that effectively addresses a range of internalizing disorders may be of benefit to children with emergent anxiety and depression symptoms prior to adolescence, as these youth may be at particular risk for a more severe and protracted course of illness (Franco, Saavedra, & Silverman,

2007; Masi, Favilla, Mucci, & Millepiedi, 2000; O'Neil, Podell, Benjamin, & Kendall, 2010).

Transdiagnostic or “unified” treatments are intervention protocols that enlist a core set of treatment principles to address a range of psychiatric disorders. Typically, a transdiagnostic intervention targets common factors that produce symptoms in related classes of disorder, such as anxiety and depression. The flexibility and convenience of being able to offer one treatment protocol to individuals experiencing a range of disorders, combined with the added benefits of concurrently addressing multiple concerns within an individual, make effective transdiagnostic treatment protocols attractive intervention options for both clinicians and researchers alike (Addis, Wade, & Hatgis, 1999; McEvoy, Nathan, & Norton, 2009).

While there is preliminary evidence demonstrating that transdiagnostic treatment protocols may be effective in addressing a range of emotional disorders in adults and adolescents, little research has examined the utility of extending transdiagnostic treatment approaches to children prior to adolescence. This paper will describe the theoretical basis for one such transdiagnostic, cognitive behavioral group protocol—Emotion Detectives—for the treatment of children experiencing anxiety disorders and co-occurring depression symptoms. The Emotion Detectives protocol is based on a preexisting intervention for individual adolescents with emotional disorders, The Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders in Youth (Ehrenreich et al., 2008) and the Unified Protocol for adults (Barlow et al., 2010).

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The effort to create and implement this protocol in a manner that is maximally responsive to the emotional and social development of children between the ages of 7 to 12 years and the initial application of Emotion Detectives with two cases will be discussed.

### **The Relationship Between Youth Anxiety and Depression**

The rationale for a transdiagnostic intervention targeting anxiety and co-occurring depressive symptoms in children is based upon the understanding that emotional disorders such as these not only co-occur, but also possess similar overarching features and may be a result of common clinical pathways including shared etiologic factors (Barlow, Allen, & Choate, 2004). For example, though anxiety and depression are more general terms, each encompassing a variety of specific emotional states, symptoms, and illnesses, several key similarities are apparent in the diagnostic criteria across both categories of disorder. According to the *DSM-IV-TR*, both generalized anxiety disorder and major depressive disorder share the following features: sleep disturbance, fatigue, irritability (in children), difficulty concentrating, rumination or worry, and restlessness (American Psychiatric Association, 2000). The proposed criteria for depressive disorders in the *DSM-5* appear to account for this diagnostic overlap directly, suggesting the use of a potential “anxiety severity dimension” across all mood disorders (Fawcett, 2009). Additionally, Stark, Kaslow, and Laurent (1993) found that children with anxiety and/or depression did not differ on several self-reported characteristics, including hopelessness and self-esteem. Both classes of disorder also are characterized by behavioral patterns of avoidance and withdrawal. Indeed, treatment research has suggested that behavioral activation and reduction of emotional avoidance may serve as mechanisms of change across both these populations (Barlow et al., 2004).

Krueger (1999) indicates that the co-occurrence of anxiety and depression may surface from underlying genetic processes and that these problem areas may be better understood as existing on a single biological continuum. Biological and longitudinal factors linking anxiety and depression have provided enough evidence for some researchers to conceptualize the experience of anxiety and mood disorder symptoms as part of one unified disorder, often referred to as a “general neurotic syndrome” (Andrews, 1990, 1996; Tyler, 1989). The existence of a general neurotic syndrome implies that individual symptom variations, such as the presence or absence of anhedonia, are simply one of many possible presentations of an overarching emotional disorder. Similarly, structural models have underscored negative affect as a common factor in the presence of mood and

anxiety disorders (Mineka, Watson, & Clark, 1998). Clark and Watson's (1991) tripartite model hinges on the notion that, while there are some notable differences in the higher-order factors for anxiety and depression (e.g., experience of positive affect), high levels of negative affect are common to both disorders and can be observed among youth ages 6 to 18 (Chorpita, 2002). Brown, Chorpita, and Barlow (1998) also observed that negative affect significantly influenced the expression of anxiety and depression, further supporting the presence of this higher order trait dimension in the co-occurrence of these emotional disorders.

In considering the relevance of this comorbidity in younger children, it is important to underscore that anxiety may act as a risk factor for depression (Beesdo et al., 2007; Brady & Kendall, 1992; Brown & Barlow, 2002), although depressive disorders occur less frequently in childhood than adolescence overall (approximately 2.8% vs. 5.6% prevalence, respectively; Costello, Erkanli, & Angold, 2006). The implication of this sequential development of anxiety and depression is that although anxiety disorders alone may be currently present in many school-aged children, such youth may be considered at heightened risk for developing depression or may presently have some symptoms of depression, although they may not yet meet criteria for a mood disorder. Therefore, effective intervention targeting a broad range of emotional disorder symptoms in childhood may also provide an opportunity for prevention of future disorder and impairment.

### **Impact of Co-occurring Anxiety and Depression on Treatment Outcomes**

Current evidence-based approaches to anxiety and depression in youth largely target either anxiety or depression, rather than their co-occurrence. This state of affairs is not problematic per se, with the exception of evidence suggesting that the presence of comorbid anxiety and depression in youth may complicate evidence-based treatment outcomes when utilizing a single-disorder protocol (e.g., Berman, Weems, Silverman, & Kurtines, 2000; Brent et al., 1998). Definitive analysis of the effect of comorbidity on treatment outcomes is somewhat limited by the fact that many of the seminal studies for childhood anxiety have either excluded or failed to report on those patients with depressive comorbidities (e.g., Kendall, 1994; Silverman, Pina, & Viswesvaran, 2008). Nonetheless, there is evidence indicating that youth with comorbid anxiety and depression may experience greater symptom severity, have lower global functioning and demonstrate a relatively poor response to exposure-based treatments for anxiety than nondepressed children (Berman et al., 2000; O'Neil et al., 2010). Berman and colleagues examined this influence of

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