

## Development and Preliminary Evaluation of a One-Week Summer Treatment Program for Separation Anxiety Disorder

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*Numerous clinical trials have demonstrated the efficacy of cognitive behavior therapy (CBT) for the treatment of childhood Separation Anxiety Disorder (SAD) and other anxiety disorders yet additional research may still be needed to better access and engage anxious youth. In this study, we investigated the acceptability and preliminary utility of a group cognitive-behavioral intervention for school-aged girls with SAD provided within an intensive, 1-week setting. The development of the proposed treatment strategy, a 1-week summer treatment program, was predicated on evidence supporting the need for childhood treatments that are developmentally sensitive, allow for creative application of intervention components, incorporate a child's social context, and ultimately establish new pathways for dissemination to the community. The summer treatment program for SAD was pilot-tested using a case-series design with 5 female children, aged 8 to 11, each with a principal diagnosis of SAD. For 4 of the 5 participants, treatment gains were evidenced by changes in diagnostic status, significant reductions in measures of avoidance, and improvements on self- and parent-report measures of anxiety symptomatology. Specifically, severity of SAD symptoms decreased substantially at posttreatment for each participant and, 2 months following treatment, none of the participants met diagnostic criteria for the disorder. A fifth participant experienced substantive improvement in diagnostic status prior to the onset of treatment and, though she evidenced continued improvements following treatment, the role of the intervention in such improvements is less clear.*

SEPARATION Anxiety Disorder (SAD) is the most prominent and impairing childhood anxiety disorder, accounting for one half of the referrals for mental health treatment of anxiety disorders (Bell-Dolan, 1995; Cartwright-Hatton, McNicol, & Doubleday, 2006). Epidemiological research suggests that 4.1% of children show a clinical level of separation anxiety, and that approximately one third of these childhood cases (36.1%) persist into adulthood (Shear, Jin, Ruscio, Walters, & Kessler, 2006). SAD has also been associated with a heightened risk for the development of additional anxiety and depressive disorders, such as panic disorder, in adolescence and adulthood (Biederman et al., 2005; Lease & Strauss, 1993).

Research supports the efficacy of cognitive-behavioral treatment (CBT) procedures with anxious youth (see Velting, Setzer, & Albano, 2004), including those with SAD. Treatment outcome has been repeatedly evaluated

through randomized clinical trials and, given the existent body of empirical support (for a review, see Cartwright-Hatton, Roberts, Chitsabesan, Fothergill, & Harrington, 2004), CBT may now be considered a “probably efficacious” treatment for SAD, Generalized Anxiety Disorder, and Social Phobia among school-aged children and young adolescents (Society of Clinical Child and Adolescent Psychology & the Network on Youth Mental Health, n.d.). Other cognitive-behavioral protocols tailored specifically for SAD have been proposed based on the specific needs of this population. Admittedly, these SAD-specific treatments are relatively few in number and/or earlier in their research development. For instance, Parent-Child Interaction Therapy adapted for young children with SAD (Pincus, Santucci, Ehrenreich, & Eyberg, 2008) is currently being evaluated through a randomized controlled trial (RCT). Despite empirical support, however, additional research is still needed to further develop and better disseminate cognitive-behavioral treatments for anxious youth (Kendall et al., 2006; Weisz, Jensen, & McLeod, 2005). Along these lines, a recent meta-analysis using 20 RCTs of CBT for anxiety disorders in youth found a mean

effect size of  $d=0.61$  when comparing CBT to control groups (Ishikawa, Okajima, & Matsuoka, & Sakano, 2007). While representing a moderate proportion of all RCTs of CBT for child anxiety, these results indicate that CBT is a beneficial intervention for children with anxiety disorders. Debate certainly exists about the clinical utility of such RCTs and their importance to community clinicians relative to “usual care” (e.g., Westen, Novotny, & Thompson-Brenner, 2004). Regardless, one can safely interpret this effect size as suggestive of some room for enhancement, modification, or adaptation of evidence-based treatments for childhood anxiety.

The current study investigated the acceptability and preliminary utility of a cognitive-behavioral intervention for school-aged girls with SAD that was provided within a 1-week, intensive group setting. This alternative treatment strategy was predicated on evidence supporting the need for childhood treatments that allow for creative and developmentally sensitive application of intervention components, incorporate a child's social context, target relevant parenting variables, and may be ultimately disseminable to the community. The summer treatment program was referred to as “Camp CARD (Center for Anxiety and Related Disorders)” in communications with and among its participants, although it was conducted in a traditional research clinic environment. Moreover, the aim of this summer treatment program was not to replace traditional CBT for anxious youth, but to package an intervention with known, potentially efficacious elements in a novel way, in the hope of reaching even more children with separation anxiety. At this early stage of treatment development—the first in a process of adaptation and testing to eventually maximize impact within real-life practice settings—we endeavored to establish the program's preliminary feasibility and acceptability at our site. This initial step is consistent with the deployment-focused model of intervention development and testing (Weisz et al., 2005), whereby it is appropriate to first develop, refine, and pilot novel treatments before conducting an initial efficacy trial under controlled conditions. Following an initial efficacy trial, Weisz et al. suggest that it is advisable to progress to effectiveness and implementation testing in community settings.

Researchers have previously suggested that CBT should be modified to better meet the specific developmental needs of the children receiving such services (Kingery et al., 2006). Yet, it may not be sufficient for these developmental adaptations to be based on age alone; a child's cognitive, social, and emotional development should also be considered. Toward this goal, creative strategies and enjoyable activities may be invoked to effectively engage children in treatment, as many children may not be motivated to receive such help (Piacentini & Bergman, 2001). For instance, Friedberg and McClure (2002) recommend

incorporating into treatment developmentally appropriate tasks that are active, enjoyable, and integrate a child's preferred activities wherever possible.

A potential benefit of an intensive group approach to the treatment of anxiety is the incorporation of children's social context. Research indicates that CBT interventions for childhood anxiety disorders can be effectively delivered in a group format, and the effects of group versus individual treatments for child anxiety have been shown to be largely equivocal in terms of posttreatment outcome (Barrett, 1998; Flannery-Schroeder, Choudhury, & Kendall, 2005; Silverman et al., 1999). Nonetheless, a group atmosphere may be particularly advantageous for certain children, as this environment may bring with it opportunities for social interaction with peers, a potential decrease of stigma, and avenues for modeling the approach to feared situations and stimuli (Kazdin, 1994). Given the avoidance of activities involving other peers often demonstrated by children with SAD (e.g., play-dates, sleepovers, camp, extracurricular activities), the authors theorize that a group format might be of particular benefit to this population due to the peer interaction and social activity it encourages. In addition, the group setting may provide unique opportunities for exposure not easily replicated in the individual treatment context. While most studies have indicated that this advantage makes the group setting particularly helpful for the conduct of social phobia exposures (Beidel & Turner, 2007), this setting also allows for more naturalistic exposure possibilities regarding typical separation situations, such as those inherent in group field trips, day camps, and sleepovers. This potential benefit has also been suggested by Masia-Warner et al. (2005), who found that a school-based, group intervention for social anxiety disorder enabled participants to conduct exposures in realistic contexts. Moreover, Moos (1984) found that participants are more strongly affected by groups that are intensive, committed, and socially integrated. Research also suggests that the effectiveness of group treatment is related to the cohesiveness of its members, defined by a sense of bonding, identification, and effort toward common goals (Marziali, Munroe-Blum, & McCleary, 1997). Based on these findings, it is possible that groups with a high degree of commonality (i.e., similar in age, gender, primary diagnosis, etc.) might maximize cohesiveness among its members. Thus, group treatment delivery in an intensive setting that encourages participation in enjoyable activities with peers who share a number of common factors may have the potential to facilitate symptom improvement while engaging children in necessary and difficult-to-arrange separation exposures (Barrett, 1998; Flannery-Schroeder et al., 2005).

When considering treatment development issues for a particular disorder such as SAD, it is also vital to attend

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