



Cognitive behavioral and attachment based family therapy for anxious adolescents: Phase I and II studies

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Abstract

The goals of these two studies were to assess the acceptability and feasibility as well as to gather preliminary efficacy data on a modified combination cognitive behavioral (CBT) and attachment based family therapy (ABFT) for adolescents (ages 12–18), with the primary diagnosis of generalized (GAD), social phobia (SP), and separation (SAD) anxiety disorders. In Phase I, CBT was modified for an adolescent population and ABFT was modified for working with anxious adolescents in combination with CBT. Therapists were trained for both conditions and eight patients were treated as an open trial pilot of combined CBT-ABFT with positive results. In Phase II, 11 adolescents were randomly assigned to CBT alone or CBT and family based treatment (CBT-ABFT). Participants were evaluated at pre, post, and 6–9 months follow-up assessing diagnosis, psychiatric symptoms and family functioning. Results indicated significant decreases in anxiety and depressive symptoms by both clinical evaluator and self-reports with no significant differences by treatment. Sixty-seven percent of adolescents in CBT no longer met criteria for their primary diagnosis at post treatment as compared to 40% in CBT-ABFT with continued improvement of 100 and 80% at follow-up with no significant differences between treatments. Both CBT and CBT-

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ABFT appear to be promising treatments for anxious adolescents and more treatment development and evaluation is needed.

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1. Introduction

Anxiety disorders are among the most common diagnoses reported in childhood and adolescent epidemiological studies (Costello, 1989; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993; McGee, Feehan, Williams, & Partridge, 1990). Many children with anxiety disorders struggle with low self-esteem, social isolation and inadequate social skills, impairment in academic work, and physical problems (e.g., headaches and stomachaches) (Dweck & Wortman, 1982; Livingston, Taylor, & Crawford, 1988; Strauss, 1988). In addition, there is growing evidence that anxiety disorders and symptoms persist over time (Beidel, Fink, & Turner, 1996; Cantwell & Baker, 1989; Keller et al., 1992; Last, Perrin, Hersen, & Kazdin, 1996).

Fortunately, a number of well-controlled clinical trials have demonstrated that 10–16 weeks CBT treatments combined with in vivo exposure significantly reduce anxiety in 50–80% of treated children with generalized anxiety disorder, separation anxiety or social phobia (Barrett, Dadds, Rapee, & Ryan 1996a; Cobham, Dadds, & Spence, 1998; Kendall, 1994; Kendall et al., 1997; Last, Hansen, & Franco, 1998; Silverman et al., 1999a; Silverman et al., 1999b). However, since 20–50% of children in CBT treatment remain symptomatic after treatment, it is clear that psychosocial treatments could be improved. The last few years have also shown promising developments in pharmacological treatments for anxious adolescents (e.g., Pediatric Psychopharmacology Anxiety Study Group, 2001; Rynn, Siqueland, & Rickels, 2001; Birmaher et al., 2003), but more studies are needed before this approach can be considered first line treatment. There is limited to no information about the long term outcome and effect of psychopharmacological treatment.

Research on family factors has suggested that particular family characteristics and interactional patterns may have a role in the development and/or maintenance of childhood anxiety. Children with anxiety disorders describe their family environments as more controlling, less cohesive and supportive, and more conflictual than children of control families (Stark, Humphrey, Crook, & Lewis, 1990; Stark, Humphrey, Laurent, Livingston, & Christopher, 1993). Parental overcontrol, defined as intrusive parenting or limiting of autonomy (e.g. McClure, Brennan, Hammen, & Le Brocque, 2001) and overprotection (e.g., Merikangas, Avenevoli, Dierker, & Grillon, 1999) were found to be positively related to child anxiety. These self-report findings have been corroborated in the few studies available that employed direct observation of family interaction (Dumas,

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