



Ontario Centre of Excellence
for Child and Youth
Mental Health
Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents

*Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.*

Evidence In-Sight:

GROUP INTERVENTIONS FOR ANXIETY IN LATENCY AGE CHILDREN

Date:

June 2015

The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the following question(s):

- What are the most effective evidence-informed, group-based treatment programs for anxiety in children and youth?

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.

1. Overview of inquiry

This request came from a regional children’s centre that is looking at changing the group anxiety intervention they currently provide to be an evidence-informed treatment. The agency has an evidence-based practice committee that would like information on evidence-informed programs for children and youth ages 7 to 12 years. The agency typically works with children and youth with a range of complex challenges, such as complex trauma, but they have a particular group of young people who have specific challenges with anxiety. The agency is seeking a list of evidence-informed group anxiety treatment programs with information to support implementation, including cost of the programs, training, materials and if there are any assessment tools available to accompany them (e.g. any pre-/ post- outcome measures).

It is important to note that the current report incorporates findings from two previous reports developed by the Centre of Excellence addressing anxiety treatment programs. For more information on best practices for anxiety treatment in children, practice parameters or programs with a parent component only, please refer to these reports on the Centre’s Resource Hub:

- *Group interventions for anxiety in latency age children (2012)* –cites those with a parent component only
- *Selected evidence-based anxiety treatment programs (2011)* – cites individual *and* group programs

The current report cites evidence found from 2012 to 2015 with attention paid to the search strategies and the supporting evidence in these two previous reports.

2. Answer search strategy

- Search tools: Google Scholar, University of Ottawa library database (PsychInfo, PubMed & EBSCOhost), California Evidence-Based Clearinghouse (CEBC), SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP), Promising Practices Network
- Search terms: anxiety, childhood, youth, children, best practices, treatment, parent involvement, evidence-informed, evidence-based, measures, outcome, assessment

3. Summary of findings

- Manual-based programs are accessible and being adopted by mental health agencies, with some programs being internationally recognized and endorsed
- The following four evidence informed programs were identified in the search :
 - Coping Cat (for children) or the C.A.T. Program (for adolescents)
 - FRIENDS for Life program
 - Cool Kids
 - Social Effectiveness Training for Children (SET-C)

4. Findings

The following table describes evidence for four evidence informed programs for anxiety in children and youth between the ages of 7 to 12 years. The programs were identified through searches on three online databases of programs and practices (CEBC, NREPP and Promising Practices Network) and two online portals (Google Scholar, University of Ottawa

library database). Because there are two existing reports that address similar questions in 2011 and 2012, we limited the current search and highlight evidence to studies completed from 2012 to the current date.

Keep in mind that each database has their own way of assessing and classifying the efficacy of programs and practices based on the evidence. For example, the CEBC databases rates programs on a scale from one to five (*Well supported by the research evidence* to *Concerning practice*).

It is important to review their procedures to ensure a clear understanding of how they assess and classify programs. To review the procedures used by the selected databases, follow these links:

- CEBC Scientific Rating Scale (scale from one to five based on several criteria): <http://www.cebc4cw.org/ratings/scientific-rating-scale/>
- Promising Practices Network – How Programs are Considered (rated as a Promising Program or Proven Program based on six criteria): <http://www.promisingpractices.net/criteria.asp>
- NREPP Quality of Research (rate programs based on six criteria using a scale of 1.0-4.0, including an overall rating average rating across all criteria): <http://www.nrepp.samhsa.gov/ReviewQOR.aspx> .
NREPP also describe all measures used in the studies and assess the quality of the measures.
NREPP developed a two-page document titled *Questions to ask as you explore the possible use of an intervention* to help agencies make decisions when choosing a program:
http://nrepp.samhsa.gov/pdfs/Questions_To_Ask_Developers.pdf

Evidence-informed treatments programs for anxiety in children and youth

Coping Cat (for children) or the C.A.T. Program (for adolescents)	
Client Profile	Coping Cat is intended for children, ages 7-13; the C.A.T. Program is adapted for adolescents, ages 14-17. Presenting problem is “problematic anxiety.” It was not developed for clients with developmental delays, but has been tested in one study on this population.
Program overview	<p>Coping Cat has been implemented worldwide. This program is CBT based, manualized, and is recommended for groups of four-five participants with a recommended intensity of 50 minute sessions per week, for 16 weeks. There is also a computer-assisted version of this program (Camp Cope-A-Lot) that is 12 sessions in length. All versions of this program include homework, parental involvement and a family treatment session.</p> <p>This program is designed to help children and youth:</p> <ul style="list-style-type: none"> • recognize and understand emotional and physical reactions to anxiety • clarify thoughts and feelings in anxious situations • develop plans for effective coping • evaluate performance and give self-reinforcement. <p>Essential program components include: psychoeducation, exposure tasks, somatic management, cognitive restructuring and problem solving.</p>
Supporting evidence	<p><u>Coping Cat was identified in the following databases:</u></p> <ul style="list-style-type: none"> • CEBC rates Coping Cat a 1 for “Well supported by research evidence” (http://www.cebc4cw.org/program/coping-cat/detailed) <ul style="list-style-type: none"> ○ CEBC list two new outcome studies since 2012 supporting efficacy for the Coping Cat program. Both of these studies were drawn from a randomized control trial by Walkup and colleagues (2008) where 488 children and youth ages 7-17 were assigned to 1 of 4 interventions, with the intervention adapted to their age range (Coping CAT or C.A.T., medication, combination or pill placebo) (Crawley et al., 2014; Ginsburg et al., 2014). ○ One study assessed acute clinical improvement, overall functioning and treatment type on 288 of the original sample at 4-8 years follow-up and found that almost half were in remission after 6 years (Ginsburg et al., 2014) ○ The other study assessed somatic complaints and found positive results but no significant difference between outcomes for treatment types (Crawley et al., 2014). ○ Measures used in the Walkup et al. (2008) study included the <i>Anxiety Disorders Interview Schedule for DSM-IV-TR, Child Version, 20 (ADIS-IV-TR-C)</i>, <i>Clinical Global Impression–Improvement Scale (CGI)</i> and the <i>Pediatric Anxiety Rating Scale (PARS)</i>. • The Promising Practices Network last reviewed the research assessing Coping Cat in 2006 and

	<p>rates it as a “promising practice” http://www.promisingpractices.net/program.asp?programid=153)</p> <ul style="list-style-type: none"> • NREPP reviewed the quality of the research supporting this program in 2006 http://nrepp.samhsa.gov/ViewIntervention.aspx?id=91): <ul style="list-style-type: none"> ○ Studies are listed under five outcomes with the following overall ratings: anxiety diagnoses/disorders—3.5, anxiety symptoms (child report)—3.7, anxiety symptoms (parent report)—3.4, anxiety symptoms (teacher report)—3.3, anxiety symptoms (behavioural observation)—3.3. • One other study from 2012 and after was found on Google Scholar and University of Ottawa library database <ul style="list-style-type: none"> ○ Another randomized control trial compared CBT (Coping Cat) to ECBT (Emotion-focused CBT) for 30 children (9-13 years) diagnosed with separation anxiety disorder; several outcome measures are reported in detail – findings are positive but show no significant difference between treatment outcomes (Ashfari et al., 2014). <p><u>C.A.T. Project was identified in the following databases:</u></p> <ul style="list-style-type: none"> • CEBC rates the C.A.T. program a 3 for “Promising research evidence” http://www.cebc4cw.org/program/c-a-t-project/detailed) <ul style="list-style-type: none"> ○ It’s important to note that all studies listed on the CEBC database supporting efficacy for the C.A.T. program are also drawn from the Walkup et al. (2008) study, which does not differentiate clearly the findings between the Coping Cat and the C.A.T. ○ Several new studies since 2012 are listed assessing the influence of the therapeutic relationship (Cummings et al., 2013), parental anxiety (Gonzales et al., 2015), caregiver strain, severity, impairment and diagnosis (Compton et al., 2014) on treatment outcomes. Similar to Coping Cat, the study by Ginsburg et al. (2014) is cited which does not clearly differentiate outcomes between the two programs.
<p>Cost and Training</p>	<p>Manuals and workbooks can be ordered online from Workbook Publishing http://www.workbookpublishing.com/) or Amazon. Child workbooks are \$27 each and treatment manuals for therapists are \$24 each. The NREPP estimate that the cost to implement Coping Cat is \$45.95 per participant.</p> <p>Training can be obtained through DVDs and a computer based training program, or arranged through the program developer. The NREPP provide details for costs of DVD and CD session guides and the online training: http://nrepp.samhsa.gov/ViewIntervention.aspx?id=91.</p> <p>Workbook Publishing, Inc. or the developer can be contacted for further implementation or research information.</p>

	<p>Developer: Dr. Philip C. Kendall Temple University pkendall@temple.edu (215) 204-7165</p> <p>Publisher: Workbook Publishing, Inc. (610) 896-9797 info@workbookpublishing.com</p>
Staff and agency characteristics	<p>This program is appropriate in community agencies, residential facilities, group homes, and hospital settings. It is important that staff is grounded in the principles of Cognitive-Behavioural Therapy (CBT), but there are no minimum staff qualifications.</p>

FRIENDS for Life program	
Client Profile	This program is intended for children aged eight – 11. There are three other versions adapted to developmental levels for children, adolescents and older adolescents.
Program overview	This is a manualized program intended for school settings that consists of ten weekly group or individual sessions. The program is designed to help alleviate and prevent anxiety using a cognitive behavioural therapy approach. It targets self-esteem, problem-solving, self-expression, and strategies to deal with anxiety-inducing situations. Parent sessions are optional as part of this program.
Supporting evidence	<p>The FRIENDS for Life program was identified in the following databases:</p> <ul style="list-style-type: none"> • NREPP reviewed the quality of research supporting this program in 2012 (http://nrepp.samhsa.gov/ViewIntervention.aspx?id=334) <ul style="list-style-type: none"> ○ NREPP report that this program is in use in schools and clinics worldwide and is acknowledged by the World Health Organization. ○ NREPP grouped the studies found under four outcomes with the following overall ratings: anxiety—2.7, depression—2.7 coping—2.7 and social-emotional strength—2.8. • One study from 2012 and after was found on Google scholar and the University of Ottawa library database: <ul style="list-style-type: none"> ○ Essau and colleagues (2012) examined anxiety symptoms in 658 children (nine-12 years) from 14 schools in Germany after participating in either a control group or the FRIENDS program. Although the differences in outcomes between the two groups were not significant, anxiety symptoms were lower for those who received the intervention at 12 months follow-up. • Austin Resilience Development Inc. (http://friendsrt.com/austin-resilience-development-inc) is an organization based in Ottawa that promote the program’s implementation in Canada and provide training, information and support. <ul style="list-style-type: none"> ○ In their summary of the evidence, they state that findings demonstrate significant changes up to six years following treatment. They developed a list of abstracts from several countries of published peer-reviewed journal articles between 1996 and 2010 supporting the evidence-base for FRIENDS for Life and Fun FRIENDS: http://friendsrt.com/Content/Uploads/Documents/EvidenceBaseAbstract_2010.pdf.

Cost and Training	<p>The program is fully manualized. Program materials include an instructor manual (\$54.00) and workbooks for each student (\$16.00). The materials can be purchased from http://austin.mybisi.com/products/friends-for-life.</p> <p>Instructors are required to attend a one day training session (training is available in Ontario). The training is provided by Austin Resilience Development Inc. The main contact is Catherine Austin, catherineaustin@friendsrt.com.</p>
Staff and agency characteristics	<p>The FRIENDS for Life program can be delivered by school staff, such as teachers in classroom settings, and social service professionals in clinic or community settings. A one day training session is mandatory (Visit http://austin.mybisi.com/products/training-courses or http://www.friendsrt.com/how-to-obtain-FRIENDS-training).</p>
For more information	<p>For a review of the evidence base reported by Austin Resilience Development Inc. see http://friendsrt.com/evidence-base</p>

Cool Kids	
Client Profile	Children and adolescents, ages 7-17, diagnosed with any anxiety disorder or exhibiting symptoms of anxiety. There are developmentally appropriate versions for children and adolescents. There are also versions for children with comorbid autism and adolescents with comorbid depression.
Program overview	<p>Cool Kids (and Cool Kids Chilled for adolescents) are CBT-based treatments. It can be run for individuals or groups of 6-8 participants. It does not have a parent/care giver component, but there is skill instruction for parents and they also attend some of the sessions. Recommended duration is 12 weeks. Individual participants have eight hour-long sessions followed by two hour-long biweekly sessions. Groups have eight two-hour long sessions followed by two two-hour long sessions. There are also parent information sessions. There is a homework component for participants and parents practice skills in the home.</p> <p>Program goals are to reduce the symptoms and amount of life interference the anxiety causes by working with children and their parents to better manage the child's anxiety. Essential components include psychoeducation, cognitive restructuring, parent skills, in-vivo exposure, social skills, and improved coping strategies.</p> <p>Cool Kids is an Australian adaptation of Coping Cat, but it has been implemented in Canada.</p>
Supporting evidence	<ul style="list-style-type: none"> • CEBC rates Cool Kids a 3 for “Promising research evidence” (http://www.cebc4cw.org/program/cool-kids/detailed) <ul style="list-style-type: none"> ○ The CEBC database cites three randomized controlled trials and two pre-test/post-test control group designs. Outcome measures are listed for all studies. ○ A recent study compared the efficacy of Cool Kids alone to Cools Kids including a brief parental anxiety management (BPAM) program in treating childhood anxiety. They found that post-treatment and at follow-up (6 months) there was no significant difference in improvements (Hudson et al., 2014); but children without parents with anxiety had a higher chance of being diagnosis free. • NREPP reviewed the quality of the research supporting this program in 2012 (http://nrepp.samhsa.gov/ViewIntervention.aspx?id=327): <ul style="list-style-type: none"> ○ NREPP group the studies found under four outcomes with the following overall ratings: anxiety disorder diagnosis—3.3, anxiety disorder severity—3.1, anxiety symptoms—3.4, internalizing symptoms—3.0.
Cost and Training	The program is fully manualized. Therapist manuals are \$36 and workbooks are \$32. Program materials can be purchased from: http://centreforemotionalthhealth.com.au/pages/products-coolkids.aspx . Training is available from the developers and takes place in Sydney, Australia; however, the CEBC states that very similar training workshops in a similar program are available in the US through the Reach Institute in New York: http://www.thereachinstitute.org/ .

	<p>Australian contact (program leader/creator): Ronald M. Rapee, PhD Centre for Emotional Health, Macquarie University www.emotionalhealthclinic.com.au Ron.Rapee@mq.edu.au</p>
Staff and agency characteristics	<p>Cool Kids is appropriate for community agencies. A school version is also available for children three to six years. While there are no set minimum therapist qualifications, it is preferable that therapists have a degree in clinical psychology (ideally PhD) and are grounded in a CBT approach.</p>

Social Effectiveness Training for Children (SET-C)	
Client Profile	This program is intended for children and adolescents ages 7-17 years with social phobia. It is not designed for children with developmental delays.
Program overview	<p>SET-C is a behavioral treatment program that combines social skills training, peer generalization sessions and individual exposure therapy sessions. It is specifically for social phobia. The goal is to help children become more comfortable in social situations by educating them about their fears, providing social skills training and exposing them to feared social situations.</p> <p>Recommended intensity is once per week group social skills training (60 minutes) plus peer generalization (90 minutes) following the group sessions. There is also a weekly 60 minute individual session. Total duration is 12 weeks (24 sessions in total). There are also weekly homework components and a brief parent education component.</p> <p>SET-C was designed to be delivered in a group of 6 participants and 2 therapists. The peer generalization sessions require that therapists arrange to have typically developing peers available in naturalistic settings for a 90 minute activity.</p>
Supporting evidence	<ul style="list-style-type: none"> • The CEBC rates SET-C a 3 for “Promising research evidence” (http://www.cebc4cw.org/program/social-effectiveness-therapy-for-children/detailed) <ul style="list-style-type: none"> ○ CEBC lists randomized controlled trials and within-group follow-up studies. ○ Outcome measures are reported for all studies listed, such as the <i>State-Trait Anxiety Inventory for Children (STAI-C)</i>, the <i>Social Phobia and Anxiety Inventory for Children (SPAI-C)</i> and the <i>Anxiety Disorders Interview Schedule for Children/Parents (ADIS-C/P)</i>. • No studies were found beyond 2007 as listed in the CEBC database and searches in all other databases.
Cost and Training	<p>A therapist’s manual is available (\$60.00). A Group Reorder Kit (\$107.00) and a kit including a package of required materials (\$193.00) are also available. Materials can be purchased at http://www.mhs.com/product.aspx?gr=edu&prod=setc&id=overview. Training is available through the lead contact:</p> <p>Deborah C. Beidel, PhD, ABPP University of Central Florida anxietyclinic.cos.ucf.edu dbeidel@mail.ucf.edu (407) 823-3254</p>
Staff and agency characteristics	<p>This program is appropriate in outpatient settings and schools.</p> <p>Minimum provider qualification is a Master’s degree and thorough training in behaviour therapy procedures such as social skills training and exposure. Agencies will also need to be able to successfully recruit and use peers of the children in treatment to act as confederates in the 90-minute exposure sessions.</p>

5. Next steps and other resources

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design and it needs to be implemented using supportive “drivers” related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

<http://www.excellenceforchildandyouth.ca/what-we-do> or check out the Centre’s resource hub at <http://www.excellenceforchildandyouth.ca/resource-hub>.

For general mental health information, including links to resources for families:

<http://www.ementalhealth.ca>

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