Treating Anxious Children in a Private Clinical Setting: Effectiveness of a Manualized Resilience-Based Group Therapy Program for Social Competence

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Disclosure

None
Social deficits are prevalent in childhood anxiety disorders (Weeks et al., 2009)

Impaired social skills

  e.g. initiating interactions with others (Ginsburg, La Greca, & Silverman, 1998)
Group psychotherapy may be helpful for addressing the social deficits in anxious youth.

- Provides opportunities to practice social interactions, modeling, reinforcement, feedback.

Group CBT equivalent to individual CBT for anxious youth (Flannery-Schroeder & Kendall, 2000; Liber et al., 2008; Muris et al., 2011)
Effectiveness of group CBT in clinical service settings?

Sim et al. (2006):
- Improved social skills and decreased aggression after 12-session group social skills CBT for children with anxiety & ADHD

Tobon et al. (2011):
- Reduced anxiety symptoms after 12-session group CBT for anxious children
Enables individuals to effectively adjust to and cope with life’s challenges (Alvord & Grados, 2005; Masten & Wright, 2009)

Includes skills related to
- self-regulation of emotion and behavior
- ability to solve problems in proactive and adaptive manner
- establishing connections with others

Resilient children have better mental health outcomes, greater academic success, and better peer relations (Cohn et al., 2009; Wiener, 2003)

Limitations: no studies of resilience-based treatments that target youth with psychopathology or social deficits
State of Research

- Limited knowledge if group therapy for anxious youth is effective in clinical service settings.
- Unknown if resilience-based therapy is appropriate for anxious youth.
- Will improve traditional group CBT for social deficits.
Examine the effectiveness of a resilience-based group CBT, the Resilience Builder Program® (RBP), at improving anxious children’s social, emotional, and behavioral functioning in a clinical service setting.
All children participated in the Resilience Builder Program® (RBP), a manualized group therapy

12 weekly, 60 minute sessions

4-6 youth per group, same gender and age

Each session includes:

- Interactive didactic component
- Free Play/Games
- Relaxation & Self-Regulation
- Generalization (homework activities)
- Parent Component (weekly letters, join sessions 1x/mo.)

Resilience components:

- Adaptability/flexibility, self-regulation, being proactive, forming connections, problem-solving, empathy
Youth 7-12 years old with psychosocial deficits
- no Autism Spectrum Disorders, no Conduct Disorder

Informed of study during intake assessment, given letter with consent/assent forms

Calls made by RAs: review details of study, determine interest
Signed consent/assent at 1st session

76% of eligible youth enrolled in study
82% of those who provided pre-therapy data also provided post-therapy data
Participants

- 22 children
- mean age = 9.93 years
- 64% male
- 77% Caucasian
- All had anxiety disorders (parent report)
  - 23% had 2+ anxiety disorders
  - 82% had GAD
  - 13% had social phobia
  - Average number of diagnoses = 2.5
  - 68% had comorbid ADHD
- 82% were currently taking medication
Outcome Measures

- Parent, child, and teacher report on standard psychological questionnaires:
    - Child’s functioning in multiple internalizing and externalizing domains
  - Social Skills Improvement System (SSIS) (Elliott et al. 2008)
    - Child’s social functioning: social skills, empathy, communication, self-control, and problem behaviors
Outcome Measures

- **How I Feel (HIF)** (Walden et al., 2003)
  - Child report
  - Measures positive and negative emotions, emotional control

- **Demographic Questionnaire**
  - Parent report
  - Child’s age, sex, ethnicity, family composition, SES, clinical information (current/prior diagnoses, current/prior treatment)
Data Collection

- **Pre-therapy (pre-tx) data:**
  - Up to 2 weeks before therapy began, up to 2 weeks after therapy began

- **Post-therapy (post-tx) data:**
  - Up to 2 weeks after therapy ended
Series of paired-sample t-tests to compare pre-therapy to post-therapy scores

Limitations:
- Small sample
- No comparison group
- Diagnoses based on parent report
Results: Internalizing Symptoms

- Depression-Parent (BASC): p = .03
- Internalizing Problems-Teacher (BASC): p = .02
- Internalizing Behaviors-Teacher (SSIS): p = .03
- Somatic Problems-Teacher (BASC): p = .02
Results: Emotional Functioning

![Chart showing emotional functioning](chart.png)

- Positive Emotions-Child (HIF): p = .04
- Negative Emotions-Child (HIF): p = .01
- Emotional Control-Child (HIF): p = .02
Results: Externalizing Symptoms

- Problem Behaviors - Parent (SSIS)
  - PRE-TX: 118
  - POST-TX: 110
  - $p = 0.03$

- Problem Behaviors - Teacher (SSIS)
  - PRE-TX: 119
  - POST-TX: 106
  - $p = 0.03$
Results: Social Functioning

- Resilience - Teacher (BASC): p = .02
- Social and Communication Problems - Teacher (BASC): p = .01
- Atypical Behaviors - Teacher (BASC): p = .01
- Social Oddities - Teacher (SSIS): p = .04
Preliminary effectiveness of the Resilience Builder Program® for improving functioning in anxious youth

Multi-informant, multi-environment

Emotional
- Parents & Teachers: internalizing
- Parents: depression
- Teachers: somatic symptoms
- Children: more positive & less negative emotionality, emotion control

Behavioral
- Parents & Teachers: behavior problems

Social
- Teachers: resilience, social/communication, odd social behaviors
Summary

Non-significant change in anxiety symptoms
- RBP therapy targets
- Sample: GAD
- Outcome measures

Parents & children non-significant change in social functioning

Teachers reported most of the significant improvements
- Generalization of skills
Thanks!

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