Working mechanisms in cognitive behaviour therapy for child anxiety disorders

No registrations found.

Ethical review	Not applicable
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28528

Source
NTR

Health condition

Anxiety disorders, cognitive behaviour therapy, children

Sponsors and support

Primary sponsor: University of Amsterdam
Source(s) of monetary or material Support: ZonMw

Intervention

Outcome measures

Primary outcome

To examine effectiveness, primary outcomes are:

1. Decrease in anxiety disorders (SCID junior)

2. Decrease in anxiety symptoms (SCARED-71)

To investigate whether feedback improves child therapist alliance, the primary outcome is:

3. Therapist child alliance (WAI, WAI-O)

Secondary outcome

1. Parents internalizing symptoms (ASR)

2. Child behavioural problems (Brief Problem Monitor)

Study description

Background summary

Rationale: Anxiety disorders are common youth psychiatric disorders, and cognitive behavioural

therapy (CBT) is the most efficacious treatment for anxiety disorders in children. Nevertheless, about

one third of the children is not anxiety free after treatment. This study aims to examine the working

mechanisms in child anxiety treatment. In particular, the influence of the therapist-child alliance on the

efficacy of child CBT will be examined. This study is an innovative study into the effects of therapist

feedback in child CBT.

Method: 130 Children and adolescents referred to mental health clinics are treated with a new

version of the CBT manual “Discussing + Doing = Daring”, incorporating cognitive therapy, behavioral

therapy, and mindfulness. Children are randomly assigned to either the ‘therapist feedback group’ or

the control group (without therapist feedback). At pre-, mid-, post-, and 10 weeks follow-up treatment,

children and parents complete a questionnaire measuring the child’s anxiety symptoms and

child-

therapist alliance. On a session-to- session basis, children and parents assess their treatment

satisfaction, child daily functioning, and child anxiety symptoms. Feedback on these last three topics

was provided to the therapists in the feedback group.

Implications: Data will be analyzed using innovative statistical techniques (i.e. multilevel modeling,

mediation models). Results will contribute to a better understanding of the working mechanisms in

child anxiety treatment. For example, if some factors have a positive or negative influence on

treatment efficacy, the treatment could be adapted to specific target groups or to specific elements.

Clinical implications will be discussed regarding the influence of the therapist-child alliance on CBT

and whether assessing and using therapist feedback on a session-to- session base is useful.

Study objective

The following working mechanisms are explored in this study:
1. Child factors (gender, age, comorbidity)

2. Parental factors (psychopathology, support, involvement)

3. Therapist factors (education, experience, alliance)

4. Therapy ingredients (feedback, CBT modules)

In addition, it will be examined which child needs basic or specialized mental health care (based on the Dutch system)

Study design

For all participants, four assessments are conducted: Pre intervention, Halfway intervention, Post intervention, Follow up (after 10 weeks).

Next to these four assessments, all participants fill out a short questionnaire after each

session.

Intervention

Cognitive behavioural therapy (CBT): modular version of individual CBT: Discussing + Doing = Daring (Bögels, 2008). Therapy consists of 8 modules and the therapist is free to choose which modules he or she will apply. An exception is made for the first session, this has to be psychoeducation, and the last session of therapy has to be a summary and prevention of relapse. Main ingredients of the modules are: psycho-education, cognitive restructuring, mindfulness, exposure, coping, behavior experiments, prevention of relapse, and parent guidance.

Feedback informed treatment

All children receive CBT as described above. When therapy starts, children are divided into two groups: feedback or non-feedback. In the feedback group, therapists receive feedback from the measures that parents and children fill out after every session: treatment satisfaction, daily functioning, and anxiety symptoms. Therapists are asked to discuss this feedback with the child in the next session.
Children in the non-feedback group also fill out these measures, but their answers are not send to the therapist.

Contacts

Public
Nieuwe Achtergracht 127

Liesbeth Telman
Amsterdam 1018 WS
The Netherlands
tel: 0031655402754
Scientific
Nieuwe Achtergracht 127

Liesbeth Telman
Amsterdam 1018 WS
The Netherlands
tel: 0031655402754

Eligibility criteria

Inclusion criteria

Children, aged 8-18, with anxiety problems and who are in need for treatment (all anxiety disorders are included)

Exclusion criteria

Children and parents who are not proficient in the Dutch language

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-12-2014
Enrollment:	130
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL5638
NTR-old	NTR5753
Other	: ZonMw 729101010

Study results

Summary results
Telman, L., Van Steensel, B., Maric, M., & Bögels, S. (2015). Denken, doen, durven. Kind & Adolescent Praktijk, 14(3), 39-41.