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An Open Trial Investigation of a Transdiagnostic Group Treatment for Children With Anxiety and Depressive Symptoms

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The current study investigates the feasibility and preliminary outcomes associated with a transdiagnostic emotion-focused group protocol for the treatment of anxiety disorders and depressive symptoms in youth. Twenty-two children (ages 7 to 12; $M=9.79$) with a principal anxiety disorder and varying levels of comorbid depressive symptoms were enrolled in an open trial of the Emotion Detectives Treatment Protocol (EDTP; Ehrenreich-May & Bilek, 2009), an intervention adapted from existent unified protocols for the treatment of emotional disorders among adults and adolescents. Results indicate that participants experienced significant improvements in clinician-rated severity of principal anxiety disorder diagnoses ($d=1.38$), the sum of all anxiety and depressive disorder severity ratings ($d=1.07$), and child-reported anxiety ($d=0.47$) and parent-reported depressive symptoms ($d=0.54$) at the posttreatment assessment. EDTP had good retention rates and reports of high satisfaction. Thus, preliminary evidence suggests that EDTP is a feasible and potentially efficacious treatment of youth anxiety disorders and co-occurring depressive symptoms. Children experiencing a range of internalizing symptoms may benefit from this more generalized, emotion-focused treatment modality, as it offers flexibility to families and the mental health clinician, while maintaining a concurrent focus on the provision of cognitive-behavioral treatment skills vital to the amelioration of anxiety and depressive disorder symptoms in youth.

Keywords: transdiagnostic; cognitive behavior therapy; group treatment; anxiety disorders; children

ANXIETY DISORDERS ARE HIGHLY PREVALENT in youth populations and are often experienced concurrently with other emotional disorders and symptoms, particularly depression (Horn & Wuyek, 2010; Kroes et al., 2001). Emotional disorders cause significant impairment and poor outcomes when experienced individually (Kessler & Greenberg, 2002). This impairment and negative trajectory is compounded when such symptoms are experienced concurrently (Fichter, Quadflieg, Fischer, & Kohlboeck, 2010). Beyond just their simple co-occurrence, anxiety and depressive disorders share a host of risk factors (e.g., negative affect; Aldao, Nolen-Hoeksema, & Schweizer, 2010; Chorpita, Brown, & Barlow, 1998), diagnostic features, and a shared developmental pathway (Brozina & Abela, 2006; Snyder et al., 2009). For example, evidence suggests that childhood anxiety may be a causal risk factor for the development of additional depressive diagnoses in adolescence (Kraemer, Kazdin, Offord, & Kessler, 1997). Although efficacious pharmacologic treatments are available for both anxiety and depressive disorders in youth (Cheung, Emslie, & Mayes, 2006; Pine et al., 2001), it is unclear whether psychosocial treatment protocols adequately address this common comorbidity and shared trajectory (Berman, Weems, Silverman, & Kurtines, 2000; O'Neil & Kendall, 2012).

Anxiety-specific cognitive-behavioral treatments (CBT) for youth have enjoyed relatively strong support for their efficacy (e.g., Compton et al., 2010;

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Kendall, Chu, Pimentel, & Choudhury, 2000; Walkup et al., 2008). However, available psychotherapy treatments for depression in youth may lag behind treatments for other internalizing disorders in terms of outcome, effect size, and long-term maintenance of treatment gains (Treatment for Adolescents With Depression Study Team, 2004; Weisz, McCarty, & Valeri, 2006). For example, a multi-site, randomized controlled trial found that after 12 weeks of treatment, CBT was not significantly better than pill placebo in the treatment of adolescent depression (Treatment for Adolescents With Depression Study Team, 2004). In a meta-analysis of 35 studies examining a variety of psychosocial treatments for youth depression, Weisz and colleagues (2006) found that a year after completion, there was essentially no difference between individuals who had received treatment and those who had not.

With regard to the co-occurrence of anxiety and depressive symptoms in youth, Brent and colleagues (1998) found that depressed youth with comorbid anxiety disorders demonstrated a relatively weaker treatment response to depression-focused CBT than their nonanxious peers. Additionally, there is comparable evidence indicating that psychosocial treatment for anxiety is negatively impacted by the co-occurrence of depression or depressive symptoms (Berman et al., 2000; O'Neil & Kendall, 2012). A recent investigation of both child and family CBT for anxiety disorders found that youth (ages 7 to 14) who reported higher levels of depressive symptoms on dimensional measures at intake evidenced weaker outcomes at posttreatment than children with low levels of self-reported depression symptoms. Furthermore, maternal report of depressive symptoms on such measures was associated with poorer outcomes at a 12-month follow-up (O'Neil & Kendall).

These findings have led to recent interest in the development of transdiagnostic treatment protocols for anxiety and depressive disorders. Two such protocols, referred to as the Unified Protocols (Unified Protocol for the Treatment of Emotional Disorders [UP], Barlow et al., 2010; Unified Protocol for the Treatment of Emotional Disorders in Youth [UP-Y], Ehrenreich et al., 2008), were developed to treat emotional concerns in adults and adolescents, respectively. These protocols have demonstrated feasibility and/or preliminary efficacy in treating a range of emotional disorders (Ehrenreich-May & Remmes, 2010; Ehrenreich-May, Queen, Bilek, Remmes & Marciel, in press; Ellard, Fairholme, Boisseau, Farchione & Barlow, 2010). A recent study demonstrated that adults who received the UP experienced roughly equivalent positive change in severity of their principal diagnosis regardless of comorbidity status at intake (Davis, Barlow & Smith, 2010). Additionally, participants also evidenced significant improvements in the severity of these comorbid conditions after completing the UP (Davis et al., 2010). In a recent open trial of the UP-Y, adolescents experienced improvements in the clinical severity of principal disorders, secondary disorders, and subclinical symptoms (Laird, Buzzella, & Ehrenreich, 2009; Trosper, Buzzella, Bennett & Ehrenreich, 2009).

Drawing from this research, the Emotion Detectives Treatment Program (EDTP) was developed to provide group treatment for school-age children experiencing anxiety and depression. Like the Unified Protocols for adults and adolescents, EDTP draws heavily from research in emotion science, cognition, and behavior management principles (Barlow, Allen, & Choate, 2004). From this research base, all three protocols were created using core principles thought to be especially relevant in the treatment of emotional disorders (Allen, Ehrenreich, & Barlow, 2005; Barlow et al., 2004). The first core principle, *altering antecedent cognitive reappraisals*, refers to the evaluation and analysis of potentially problematic cognitions in the antecedent condition, or before the onset of an intense emotion. The second principle, *preventing emotional avoidance*, refers to effortful engagement in experiencing intense emotions. The final principle, *modifying behavioral action tendencies*, encourages youth to alter problematic behavioral patterns associated with their emotional disorder symptoms. EDTP infuses these core principles into a group treatment, developmentally tailored to maximize its relevance for a younger audience.

The current study proposed to extend transdiagnostic treatment research to children (ages 7 to 12) in a mental health clinic setting by establishing initial posttreatment outcomes associated with the use of EDTP (Ehrenreich-May & Bilek, 2009). Given the transdiagnostic nature of the current study, and the frequency of comorbid emotional disorders among our sample, we wanted to examine whether there was not only change in the severity of the principal disorder, but also change in all clinical disorders. As such, it was hypothesized that child participants would experience a reduction in principal anxiety disorder severity, as well as a reduction in the sum of all anxiety and depressive disorder severity ratings, following completion of EDTP. Additionally, it was hypothesized that participants would evidence a significant reduction in anxiety and depressive symptoms on self- and parent-report questionnaire measures at posttreatment as compared to pretreatment levels. Finally, it was hypothesized that those with higher levels of self- and parent-reported depressive symptoms at intake would have similar treatment outcomes to those with lower levels of depressive symptoms, as assessed by change in