

Evaluation of therapist-supported parent-implemented CBT for anxiety disorders in rural children

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Abstract

Supplementing bibliotherapy with therapist-client communication has been shown to be an effective way of providing services to under-resourced and isolated communities. The current study examined the efficacy of supplementing bibliotherapy for child anxiety disorders with therapist-initiated telephone or email sessions, or with client-initiated contact in a randomised trial using a waitlist control. Participants were 100 anxiety-disordered children and their parents from rural and remote communities. All treatment conditions resulted in improvement on self-report measures and clinician rated severity. Telephone sessions produced superior outcomes with 79% of children being anxiety disorder free post-treatment compared with 33% of email and 31% of client-initiated participants. The results suggest that therapist supplemented bibliotherapy could provide an efficacious treatment option for families isolated from traditional treatment services.

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Introduction

Having established the efficacy of manualised cognitive behavioural therapy (CBT) for the treatment of anxiety disorders in children, focus is now moving to effective dissemination of these treatments from research settings to community settings and to increasing the number of families who can access treatment by looking at alternate methods of implementation (Kendall & Choudhury, 2003). Access to treatment in rural and remote communities has been a concern for many years with service availability being limited by geographic isolation and poor distribution of qualified professionals (National Rural Health Policy Sub-Committee & National Rural Health Alliance, 2002). Current treatments for child anxiety which rely on face-to-face contact between a family and therapist are impractical for rural communities, necessitating the development of treatment alternatives that do not require therapist-client proximity.

Attempts to disseminate effective therapies to a wider audience have tended to start with bibliotherapy, where a program is implemented solely through the use of written or computerised materials with little or no

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therapist contact. While several studies have shown the utility of this approach in adult populations (Newman, Erickson, Przeworski, & Dzus, 2003), a recently completed study from our laboratory applied this framework to the treatment of child anxiety disorders (Rapee, Abbott, & Lyneham, 2005). In this study the outcome of bibliotherapy in children aged 7–12 years was compared with a proven group program and a waitlist control. The bibliotherapy program was implemented by parents with the aid of written materials. Group manuals were converted into a text for parents, outlining the anxiety management skills, and a children's workbook that was designed for children to use with their parent's guidance.

In the Rapee et al. study, a significant difficulty noted was the number of bibliotherapy families who did not complete treatment. Two reasons were commonly given by families who did not complete the program. First implementation of the program was stopped when children resisted being involved or when implementing the skills was difficult. Second some families did not start the program because of difficulty finding "time". Bibliotherapy appeared to be most successful for children with highly motivated, psychologically minded parents or where the implementation of the program was simple so that families did not face early difficulties. These experiences were consistent with findings from bibliotherapy studies of anxiety disorders in other populations where predictors of positive treatment outcome have included participant's motivation for treatment, compliance with program materials and less complex/severe initial presentations (Newman et al., 2003). In a rural population it is possible that more families would complete the program because no other treatment options exist, however, without some other form of therapeutic contact it is unlikely that "challenge" or "motivation" issues would be overcome.

Among the treatment research literature for other disorders and age groups, alternative methods of therapist-client contact which supplement bibliotherapy have been examined. Findings from these studies consistently indicate that facilitating therapist client contact produces more positive outcomes for a greater number of clients (Elgar & McGrath, 2003; Newman et al., 2003). One particularly promising approach has been the use of telephone sessions. For example, the Positive Parenting Program for oppositional pre-school children has been successfully implemented in a rural setting using written materials supplemented with regular telephone sessions with a parent (Connell, Sanders, & Markie-Dadds, 1997). In this study parents worked through a structured 10-week workbook that taught skills and encouraged their application in day-to-day parent-child interactions. The telephone sessions were used to help the parent implement skills and evaluate their own progress. Results showed that oppositional symptoms were significantly reduced and 67% of children were no longer identified as oppositional on completion of the program. General client feedback on telephone sessions indicates that quality rapport and therapeutic alliance can be established despite the loss of visual cues and the sessions are regarded by clients and therapists as valuable (Ball, McLaren, Summerfield, Lipsedge, & Watson, 1995).

As technology has advanced, several studies have investigated the use of computer mediated therapist contact as a supplement to bibliotherapy. For example, positive outcomes using an internet package supplemented with regular emailed interactions between the client and therapist have been shown for adult panic disorder (Carlbring, Westling, Ljungstrand, Ekselius, & Andersson, 2001). No studies to date have investigated the application of bibliotherapy with computer based therapist support for child problems of any kind. While email interactions may not support the same level of rapport or therapeutic alliance between the client and therapist, they are preferred by some clients because of their convenience and anonymity (Carlbring et al., 2001). Supplemented bibliotherapy approaches have shown successful outcomes when either therapists or clients initiate the contact (e.g. Carlbring et al., 2001; Connell et al., 1997).

Given that materials already exist that provide a bibliotherapy framework for the treatment of child anxiety, this study sought to examine the success of the method within a rural population, and to further examine ways of supplementing bibliotherapy to improve outcomes. Telephone and email delivery of treatment services stand out as feasible and potentially efficacious possibilities, which could be used either on a scheduled or needs basis. The current study was designed to examine the efficacy of bibliotherapy in a rural population and to investigate the impact of facilitating therapist-family contact using scheduled telephone sessions, scheduled emails or as-needed client initiated contact. It was expected that any form of supplemented bibliotherapy would be superior to a no treatment control. Additionally, based on the expectation that scheduled telephone sessions would mimic most closely a normal client-therapist interaction, the telephone condition was expected to produce superior outcomes to scheduled emails and client-initiated contact.

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