

# Brief report

## *Cognitive behavioral group therapy for anxiety: recent developments*

Laure Wolgensinger, PsyM



*Anxiety disorders occur frequently, and can have a negative impact on the quality of people's lives. They often begin at an early age and can have some serious consequences. This article is an overview of the recent studies concerning group cognitive-behavioral interventions for anxiety disorders. In the last few years, anxiety disorder prevention for children and adolescents has become an important focus of research work. Group prevention programs are based on standard cognitive behavioral therapy (CBT) strategies and are aimed at preventing anxiety disorders as early as possible. Numerous cognitive behavioral group therapies for children as well as adults have been well studied. There are many CBT protocols that have been developed for treating specific anxiety disorders. Now, specialized CBT programs are available for individuals who suffer from different anxiety disorders, enabling them to be treated together in groups.*

© 2015, AICH – Servier Research Group

*Dialogues Clin Neurosci.* 2015;17:347-351.

**Keywords:** *cognitive-behavioral therapy; group therapy; anxiety; prevention program; treatment program*

### Anxiety and cognitive behavioral therapy

**A**nxiety disorders are currently one of the most common types of disorders in the general population.<sup>1-3</sup> They are classified into different disorders (eg, panic disorder with or without agoraphobia, social phobia, generalized anxiety disorder, obsessive-compulsive disorder, specific phobia, post-traumatic stress disorder), which share similar characteristics of fear and excessive anxiety, and lead to behavioral disturbances.<sup>1</sup> These disorders often have a substantial impact on peoples' daily lives.<sup>4-6</sup> Furthermore, anxiety disorders are characterized by high comorbidity along with other mental disorders (eg, mood, substance-abuse, or personality disorders).<sup>7</sup> Research has shown the effectiveness of cognitive behavioral therapy (CBT) in the treatment of anxiety disorders.<sup>8-12</sup> CBT is a practical and structured form of psychotherapy. Several different strategies and techniques are used to understand and manage the cognitive, behavioral, and physiological components of anxiety.<sup>13,14</sup> Each patient benefits from a thorough assessment that is systemically carried out at the beginning of his or her therapy, so that individualized treatment plans can be put into action and goals can be set.

**Author affiliations:** Pôle de Psychiatrie de l'Enfant et de l'Adolescent, Centre Hospitalier de Rouffach, France

**Address for correspondence:** Laure Wolgensinger, Psychologist, Centre Hospitalier de Rouffach, Pôle de Psychiatrie de l'Enfant et de l'Adolescent, 27 rue du 4ième RSM, 68250 Rouffach, France (e-mail: l.wolgensinger@ch-rouffach.fr)

# Brief report

Next, the therapist provides the patient with information on how to deal with anxiety by using psychoeducation. When the patient has a good understanding about his or her anxiety, he or she can start to learn new skills to manage the symptoms better. Different techniques such as strategies of relaxation, cognitive restructuring, and exposure can be used. Throughout the treatment there is a constant evaluation performed. The therapist can then adapt the therapy more effectively to the patient's needs, characteristics, and anxiety level. CBT interventions are based upon a collection of scientific research. They are often offered individually, but can also be offered in groups, which can have some real advantages. First, therapists can work with more people in one session than with individual treatments. Second, many participants find it helpful to meet others who live with similar difficulties; they can help each other and share their experiences. For individuals with social fears, group formats can provide social exposure opportunities.<sup>13</sup> Nevertheless, there can be some disadvantages to group models. When following a program with complete strangers, each patient must be willing to share personal experiences and fears, and be able to express him- or herself freely. Group interventions may also be less practical because of differing schedules, and therefore may not be convenient for everyone. Managing groups requires a certain know-how and organization. Therapists must keep in mind the characteristics of the participants, because these characteristics may affect the group atmosphere and cohesion. It is also important to have an interactive and lively group, rather than a classroom atmosphere.<sup>13</sup>

In general there exist two types of intervention groups: preventive and treatment. These have continued to develop, and have led to several different models.

## Group-based prevention programs

The impact of anxiety on the daily lives of children and adolescents is very high, and therefore research has been oriented towards developing anxiety prevention programs.<sup>15</sup> These programs are normally proposed at an early stage, while the symptoms are still at a subclinical stage, and before the onset of rigid response patterns. These programs can therefore have a significant impact on general incidence reduction of anxiety disorders.<sup>16,17</sup> The meta-analytic review carried out by Fisak et al in 2011<sup>15</sup> was aimed at providing a complete review

of child and adolescent group prevention programs and their effectiveness. The authors describe two types of preventive programs, "targeted programs" and "universal programs." These targeted programs were concentrated on individuals who were at high risk of having anxiety disorders and of children who had already presented anxiety symptoms but had not really fulfilled the criteria for a specific *DSM-IV* anxiety disorder. The universal prevention programs can be offered to the general population with or without specific risk factors, and can be integrated easily into the school system. The results of the meta-analytic review indicated that the anxiety prevention programs seem to be a promising strategy for reducing anxiety disorder incidence rates. For example, the FRIENDS program is a well-studied school-based universal prevention program using cognitive and behavioral strategies.<sup>18,19</sup> It can be used as a preventive or treatment program and is often used for children between approximately 8 and 11 years old.<sup>20,21</sup> It consists of 10 weekly sessions, two parents' sessions, and two optional booster sessions. Parent sessions consisted mainly of psychoeducation. Recent studies have evaluated the efficiency of this school-based program of children aged between 9 and 12 years old. The results indicate a significant reduction of anxiety symptoms up to 12 months after the intervention.<sup>22,23</sup>

## Group-based treatment programs

Several studies have evaluated the effectiveness of CBT group programs in the treatment of anxiety disorders.<sup>24-26</sup> Manual-based treatments proposed to individuals or groups have an equal effectiveness in the reduction of anxiety symptoms in children.<sup>21,27,28</sup> CBT group-based programs are extensively studied for several reasons. Group models may offer more positive peer modeling opportunities, reinforcement, and social support. They are also a convenient option with regard to the limited availability of child-focused CBT therapists.<sup>21,14</sup> Child and adolescent group programs are aimed at treating one specific, already existing anxiety disorder.<sup>29,30</sup> However, most of these programs were created to treat several disorders together in the same group. The Coping Cat program<sup>31</sup> has been the most evaluated CBT program for treating children. It is a 16-week program intended for children between 8 and 17 years old, and can be used as a group program.<sup>27</sup> The first eight sessions are centered around the basic CBT

concepts. During the following eight sessions, the child learns how to use new skills in different situations of anxiety. The FRIENDS program, mentioned earlier, is an Australian adaptation of the Coping Cat program. In 2005 Flannery-Schroeder et al conducted a study in a group of children aged between 8 and 14 years old. They concluded that the Coping Cat program had a positive effect, at least up to the 1-year follow-up.<sup>27</sup>

Concerning adult treatment, a number of cognitive-behavioral group therapies have been developed for specific anxiety disorders, such as social phobia,<sup>32</sup> obsessive-compulsive disorder,<sup>33</sup> panic disorder with agoraphobia,<sup>34</sup> and other disorders such as insomnia<sup>35</sup> and depression.<sup>36</sup> These specific group-based programs have proven their effectiveness, but it could be costly for mental health clinics to offer different specific treatments, or to obtain enough participants who suffer from the same anxiety disorders.<sup>37</sup> More recently, studies have focused on the high rate of comorbidity and the similarities between the anxiety disorders.<sup>37,38</sup> The majority of treatment programs have a lot of similarities (eg, psychological education, cognitive restructuring, graduated exposure).<sup>37,39</sup> There are certain authors who are specifically interested in the development of a unique protocol for treatment of all anxiety disorders combined. A general approach is used, and focuses on excessive fear of something rather than on specific fears that characterize specific anxiety diagnostics. In 2012, Norton published a transdiagnostic treatment manual for therapists who wanted to set up a CBT group.<sup>13</sup> His CBT protocol focused mainly on psychoeducation, cognitive restructuring, exposure, and relapse prevention. Before publishing the manual, Norton examined the effectiveness of the 12-week transdiagnostic therapy group.<sup>40,41</sup> The efficacy of the transdiagnostic treatment model for different multiple anxiety disorders was

confirmed. In 2007, Erickson et al performed a random clinical trial and evaluated the protocol's effects based on traditional CBT techniques in groups.<sup>37</sup> The participants presented different anxiety disorders. The results showed that the CBT transdiagnostic treatment had positive results. Currently, this unified approach is being extensively studied.<sup>42,43</sup> This type of group treatment may provide better access to evidence-based treatments accessible to a larger amount of individuals.<sup>13,37,44</sup> Treatment studies have also been carried out by using the transdiagnostic group approach for other types of disorders such as eating disorders.<sup>45</sup>

## Conclusion

Over the last few years, CBT group-based interventions have taken on an important role in the prevention and treatment of anxiety, in many different ways. These group models help give better access to evidence-based treatments and better clinical efficiency. These criteria are essential in providing easier access to an appropriate form of treatment.<sup>46</sup> Compared with individual CBT treatment formats, providers must be aware of several influential factors that must be taken into account in order to have positive and productive group sessions.<sup>47</sup> However, it is still important to continue studying these group models and to set new research goals. Currently, part of the research conducted is based on better understanding of the factors that will influence the evolution of anxious symptomatology during group-based programs.<sup>48</sup> Further studies should be done on the question of fidelity and adaptation in the creation of well-established CBT group programs.<sup>49</sup> □

**Acknowledgments:** The author thanks Jennifer Ilg and Dominique Sims for their help.

## REFERENCES

1. *Diagnostic and Statistical Manual of Mental Disorders*. 5<sup>th</sup> ed. Arlington, VA: American Psychiatric Association; 2013.
2. Costello EJ, Mustillo S, Erkanli A, Keeler G, Angold A. Prevalence and development of psychiatric disorders in childhood and adolescence. *Arch Gen Psychiatry*. 2003;60:837-844.
3. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Arch Gen Psychiatry*. 2005;62(6):617-627.
4. Andrews G, Henderson S, Hall W. Prevalence, comorbidity, disability and service utilization. Overview of the Australian National Mental Health Survey. *Br J Psychiatry*. 2001;178:145-153.
5. Barrera TL, Norton PJ. Quality of life impairment in generalized anxiety disorder, social phobia, and panic disorder. *J Anxiety Disord*. 2009;23:1086-1090.
6. Olatunji BO, Cisler JM, Tolin DF. Quality of life in the anxiety disorders: A meta-analytic review. *Clin Psychol Rev*. 2007;27:572-581.
7. Olatunji BO, Cisler JM, Tolin DF. A meta-analysis of the influence of comorbidity on treatment outcome in the anxiety disorders. *Clin Psychol Rev*. 2010;30:642-654.
8. Creswell C, Waite P, Cooper PJ. Assessment and management of anxiety disorders in children and adolescents. *Arch Dis Child*. 2014;99:674-678.
9. James AC, James G, Cowdrey FA, Soler A, Choke A. Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database Syst Rev*. 2013;6:CD004690.

# Brief report

## Terapia grupal cognitivo conductual de la ansiedad: desarrollos recientes

Los trastornos de ansiedad son de ocurrencia frecuente y pueden provocar un impacto negativo en la calidad de vida de las personas. Estos trastornos a menudo comienzan a edades tempranas y pueden determinar serias consecuencias. Este artículo entrega una panorámica de los estudios recientes relacionados con las intervenciones de grupo cognitivo conductuales para los trastornos de ansiedad. En los últimos años la prevención para el trastorno de ansiedad de niños y adolescentes ha sido un foco importante dentro de la investigación. Los programas grupales de prevención están basados en estrategias estándar de terapia cognitivo conductual (TCC) y tienen como objetivo la prevención de los trastornos ansiosos lo antes posible. Numerosas terapias grupales cognitivo conductuales para niños y también para adultos han sido bien estudiadas. Hay muchos protocolos de TCC que se han desarrollado para el tratamiento de trastornos de ansiedad específicos. Hoy se dispone de programas especializados de TCC para sujetos que sufren de diferentes trastornos de ansiedad, lo que les permite ser tratados en un mismo grupo.

## Interventions cognitivo-comportementales de groupe pour les troubles anxieux : acquisitions récentes

Les troubles anxieux font partie des troubles les plus fréquents en santé mentale et entraînent des altérations fonctionnelles significatives dans la vie quotidienne des personnes. Ils se développent souvent tôt et peuvent avoir de sérieuses conséquences. Cet article est une revue des études récentes concernant les interventions cognitives et comportementales de groupe pour les troubles anxieux. Ces dernières années, la prévention des troubles anxieux chez les enfants a pris une place importante dans les travaux des chercheurs. Les programmes de prévention en groupe se basent le plus souvent sur les stratégies cognitivo-comportementales habituelles et ont pour but la prévention des troubles anxieux aussi tôt que possible. De plus, beaucoup d'études ont porté leur intérêt sur les thérapies cognitivo-comportementales de groupe tant pour les enfants que pour les adultes. Beaucoup de protocoles cognitivo-comportementaux ont été développés pour traiter spécifiquement chaque trouble anxieux. Mais, il existe aujourd'hui également des protocoles uniques visant à traiter différents troubles anxieux au sein d'un même groupe.

10. Otte C. Cognitive behavioral therapy in anxiety disorders: current state of the evidence. *Dialogues Clin Neurosci*. 2011;13:413-421.  
11. Tolin DF. Is cognitive-behavioral therapy more effective than other therapies? *Clin Psychol Rev*. 2010;30:710-720.  
12. Waddell C, Godderis R, Hua J, McEwan K, Wong W. *Preventing and Treating Anxiety Disorders in Children and Youth. Children's Mental Health Policy Research Program*. Vancouver, Canada: Ministry of Children and Family Development; 2004.  
13. Norton PJ. *Group Cognitive-Behavioral Therapy of Anxiety: A Transdiagnostic Treatment Manual*. New York, NY: Guilford; 2012.  
14. Stallard P. *Anxiety: Cognitive Behaviour Therapy with Children and Young People*. New York, NY: Routledge; 2009.  
15. Fisk BJ, Richard D, Mann A. The prevention of child and adolescent anxiety: A meta-analytic review. *Prev Sci*. 2011;12:255-268.  
16. Chavira DA, Stein MB, Bailey K, Stein MT. Child anxiety in primary care: prevalent but untreated. *Depress Anxiety*. 2004;20:155-164.  
17. Dadds MR, Spence SH, Hollande DE, Barrett PM, Laurens KR. Prevention and early intervention for anxiety disorders: a controlled trial. *J Consult Clin Psychol*. 1997;65(4):627-635.  
18. Barrett P, Turner, C. Prevention of anxiety symptoms in primary school children: Preliminary results from a universal school-based trial. *Br J Clin Psychol*. 2001;40:399-410.  
19. Stallard P, Simpson N, Anderson S, Goddard M. The FRIENDS emotional health prevention program, 12 months follow-up of a universal UK school based trial. *Eur Child Adolesc Psychiatry*. 2008;17:283-289.  
20. Barrett P. Evaluation of cognitive-behavioral group treatments for childhood anxiety disorders. *J Clin Child Psychol*. 1998;27(4):459-468.  
21. Liber JM, Van Widenfelt BM, Utens EMJV, et al. No differences between group versus individual treatment of childhood anxiety disorders in a randomised clinical trial. *J Child Psychol Psychiatry*. 2008;49(8):886-893.

22. Essau CA, Conrard J, Sasagawa S, Ollendick TH. Prevention of anxiety symptoms in children: results from a universal school-based trial. *Behav Ther*. 2012;43:450-464.  
23. Stallard P, Simpson N, Anderson S, Goddard M. The FRIENDS emotional health prevention programme. 12 month follow-up of a universal UK school based trial. *Eur Child Adolesc Psychiatry*. 2008;17:283-289.  
24. Lau W, Kwok-Ying Chan C, Ching-hong Li J, Kit-Fong Au T. Effectiveness of group cognitive-behavioral treatment for childhood anxiety in community clinics. *Behav Res Ther*. 2010;48:1067-1077.  
25. Lumpkin PW, Silverman WK, Weems CF, Markham MR, Kurtines WM. Treating a heterogeneous set of anxiety disorders in youths with group cognitive behavioral therapy: a partially nonconcurrent multiple-baseline evaluation. *Behavior Therapy*. 2002;33:163-177.  
26. Muris P, Meesters C, van Melick M. Treatment of childhood anxiety disorders: a preliminary comparison between cognitive-behavioral group therapy and a psychological placebo intervention. *J Behav Ther Exp Psychiatry*. 2002;33:143-158.  
27. Flannery-Schroeder E, Choudhury MS, Kendall PC. Group and individual cognitive-behavioral treatments for youth with anxiety disorders: 1-year follow-up. *Cogn Ther Res*. 2005;29(2):253-259.  
28. Wergeland GJH, Fjermestad KW, Marin CE, et al. An effectiveness study of individual vs. group cognitive behavioral therapy for anxiety disorders in youth. *Behav Res Ther*. 2014;57:1-12.  
29. Donovan CL, Cobham V, Waters AM, Occhipinti, S. Intensive group-based CBT for child social phobia: a pilot study. *Behavior Therapy*. 2015;46:350-364.  
30. Himle JA, Fischer DJ, Van Etten, ML, Janeck, AS, Hanna, GL. Group behavioral therapy for adolescents with tic-related and non-tic-related obsessive-compulsive disorder. *Depress Anxiety*. 2003;17:73-77.  
31. Kendall PC, Hedtke, KA. *The Coping Cat Workbook*. 2nd ed. Ardmore, PA: Workbook Publishing; 2006.

32. Davis MA. Literature review on counseling groups for social phobia. *Grad Journ Counsel Psychol.* 2012;3(1):1-13.
33. Raffin AL, Fachel JM, Ferrao, YA, Pasquoto de Souza F, Cordioli AV. Predictors of response to group cognitive-behavioral therapy in the treatment of obsessive-compulsive disorder. *Eur Psychiatry.* 2009;24:297-306.
34. Galassi F, Quercioli S, Charismas D, Niccolai V, Barciulli E. Cognitive-behavioral group treatment for panic disorder with agoraphobia. *J Clin Psychol.* 2007;63(4):409-416.
35. Koffel EA, Koffel JB, Gehrman PR. A meta-analysis of group cognitive behavioral therapy for insomnia. *Sleep Med Rev.* 2015;19:6-16.
36. Okumura Y, Ichikura, K. Efficacy and acceptability of group cognitive behavioral therapy for depression: A systematic review and meta-analysis. *J Affect Disord.* 2014;164:155-164.
37. Erickson DH, Janeck AS, Tallman K. A cognitive-behavioral group for patients with various anxiety disorders. *Psychiatr Serv.* 2007;58:1205-1211.
38. Brown TA, Campbell LA, Lehman CL, Grisham JR, Mancill, RB. Current and lifetime comorbidity of the *dsm-iv* anxiety and mood disorders in a large clinical sample. *J Abnorm Psychol.* 2001;110(4):585-599.
39. Norton PJ, Barrera MA. Transdiagnostic versus diagnosis-specific CBT for anxiety disorders: A preliminary randomized controlled noninferiority trial. *Depress Anxiety.* 2012;29:874-882.
40. Norton PJ, Hope DA. Preliminary evaluation of a broad-spectrum cognitive-behavioral group therapy for anxiety. *J Behav Ther Exp Psychiatry.* 2005;36:79-97.
41. Norton PJ. An open trial of a transdiagnostic cognitive-behavioral group therapy for anxiety disorder. *Behavior Therapy.* 2008;39:242-250.
42. Ejeby K, Savitskij R, Öst L-G, et al. Randomized controlled trial of transdiagnostic group treatments for primary care patients with common mental disorders. *Fam Pract.* 2014;31(3):273-280.
43. Norton PJ. A randomized clinical trial of transdiagnostic cognitive-behavioral treatments for anxiety disorder by comparison to relaxation training. *Behav Ther.* 2012;43:506-517.
44. Craske, MG. Transdiagnostic treatment for anxiety and depression. *Depress Anxiety.* 2012;29:749-753.
45. Turner H, Marshall E, Stopa L, Waller G. Cognitive-behavioural therapy for outpatient with eating disorders: Effectiveness for a transdiagnostic group in a routine clinical setting. *Behav Res Ther.* 2015;68:70-75.
46. Harvey AG, Gumpert NB. Evidence-based psychological treatments for mental disorders: Modifiable barriers to access and possible solutions. *Behav Res Ther.* 2015;68:1-12.
47. Norton PJ, Hope DA. The "anxiety treatment protocol" a group case study demonstration of a transdiagnostic group cognitive-behavioral therapy for anxiety disorders. *Clinical Case Studies.* 2008;7(6):538-554.
48. Talkovsky AM, Norton PJ. Mediators of transdiagnostic group cognitive behavior therapy. *J Anxiety Disord.* 2014;28:919-924.
49. McHugh RK, Murray HW, Barlow DH. Balancing fidelity and adaptation in the dissemination of empirically supported treatments: The promise of transdiagnostic interventions. *Behav Res Ther.* 2009;47:946-953.