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**AN INVESTIGATIVE STUDY OF A COGNITIVE-BEHAVIOURAL AND A  
BEHAVIOURAL TREATMENT FOR CHILDHOOD ANXIETY DISORDERS**

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**Caryl Ann Huzziff**

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## ABSTRACT

Cognitive-behavioural treatment (CBT) approaches have been designed to provide strategies for children to reduce unwanted anxiety to more normal and manageable levels. A meta-analytic review of overseas outcome studies done as a precursor to the main studies of this thesis (Huzziff et al., 2004) indicates a CBT-based treatment programme (Kendall, Chansky, Kane, Kim, Kortlander, Ronan, Sessa, & Siqueland, 1992; Ronan & Deane, 1998) to be effective for children diagnosed with an anxiety disorder. The present study used a multiple baseline across participants design and addressed the need for increased knowledge of two primary CBT components (cognitive plus behavioural and behavioural alone). Two primary objectives of the study were: (1) to replicate previous research findings for this CBT programme within a New Zealand sample and (2) to investigate the effects of the behavioural components of the CBT programme. The final, and more exploratory aspect of the study was to compare the immediate and long-term treatment effects of the CBT programme with the behavioural treatment (BT) components alone. It was hypothesised that the CBT and the BT programmes would be effective for New Zealand children. Furthermore, it was hypothesised that children, regardless of treatment allocation, would benefit similarly from treatment. In this study, a manualised, 16-session CBT programme and a manualised, eight-session BT programme were used with six children each (total N = 12), aged 6 to 12 years, with anxiety disorders. A single-case research design was used. Children were randomly allocated to condition, using a yoked methodology to allow for selected group comparisons. Diagnoses, parent and teacher reports, and child self-reports were used to assess child treatment outcome. Additional measures assessed whether the programmes designed for children were capable of producing change in anxiety (and depression) for parents. Overall, the results replicated previous outcome findings for CBT studies. The results showed that the majority of participants, regardless of treatment allocation, (a) no longer met diagnostic criteria for an anxiety disorder, (b) had an increased ability to cope and decreased anxiety related problems, and (c) maintained treatment gains across 3-, 6-, and 12-month follow-up. Overall, the BT condition produced more initial changes in targeted areas of functioning than the first half of CBT and more than CBT as a whole. However, at 12-month follow-up, the CBT condition appeared to show greater effectiveness. Also, for parents with elevated distress scores at pre-treatment, positive change across condition was found. The

findings are discussed and considered with reference to the role of cognitive and behavioural treatment components, potential benefits for parent functioning, research limitations, and possible avenues for future research. The present study's results have implications for informing future research regarding therapist choice of treatment modality and tailoring therapy to individual clients.

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