Child's Therapeutic Alliance in a Cognitive Behavioural Therapy for Anxiety Disorders: Does exposure make a difference?

Ana Isabel Pereira[1], Mónica Duarte[2], Margarida Perdigão[1], Ana Maria Pereira[1], Mariana Saraiva[1], Bruna Paulino[1], Daniela Cordeiro[2], Helena Moreira[3]

[1] CICPSI, Faculdade de Psicologia, Universidade de Lisboa, Alameda da Universidade, 1649-013 Lisboa, Portugal. Email:aipereira@psicologia.ulisboa.pt
[2] Faculdade de Psicologia da Universidade de Lisboa
[3] Center for Research in Neuropsychology and Cognitive-Behavioral Intervention, Faculty of Psychology and Educational Sciences, University of Coimbra
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Background

Exposure is an evidence-based strategy in the treatment of anxiety disorders in children [1]. Despite the empirical support for exposure, some data reports underuse of exposure due to practitioners' beliefs that exposure may have a negative impact on the client, including damaging the therapeutic alliance [2]. On the other hand, some claim that therapeutic alliance, seen as an essential factor for effective practice with significant associations with therapy outcomes [3], is not of central concern for CBT [4]. This study aims to a) characterize observed and perceived therapeutic alliance in a cognitive behavioural group intervention for anxiety disorders and b) examine the therapeutic alliance differences between non-exposure sessions and exposure sessions.

Method

Participants

The sample is composed of 43 children (M_{age}=9,44, *DP* =1,52 44% boys) with a primary diagnosis of anxiety disorder or clinically significant anxiety symptoms participating in a group intervention (*Coping Cat*; *Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders in Children – PU-C*).

Measures

Therapy Process Observational Coding System - Alliance Scale (TPOCS-A, [5]) (session by session). 9-item TPOCS-A rated by coders on a 6-point Likert-style scale ranging from 0 (not at all) to 5 (a great deal). The items assess the affective elements of the client–therapist relationship ("the client demonstrate positive affect toward the therapist") and degree of client participation in therapeutic activities ("the client does not comply with therapeutic tasks").

Therapeutic Alliance Scale for Children - Revised (TASC-r, [6]) (6th and 12/13th sessions). 12 items rated on a 4-point Likert scale ranging from 1 (*not at all*) to 4 (*very much*). The items assess the child's affect toward the therapist (e.g., "I like spending time with my therapist") and collaborative aspects of the therapeutic relation (e.g., "I work with my therapist on solving my problems").

Data Collection Procedures

Authorization for sample recruitment was obtained from the Ethics Committee of the Faculty of Psychology of the University of Lisbon. Participants were involved in two exploratory randomized controlled trials examining the efficacy of two versions of the UP-C (blended and child-centered). The clinical trials were registered at ClinicalTrials.gov (Study 1 identifier: NCT05747131, date assigned February 28, 2023; Study 2 identifier: NCT05798299, date assigned April 3, 2023).

Cognitive- Behavioural Intervention Conditions

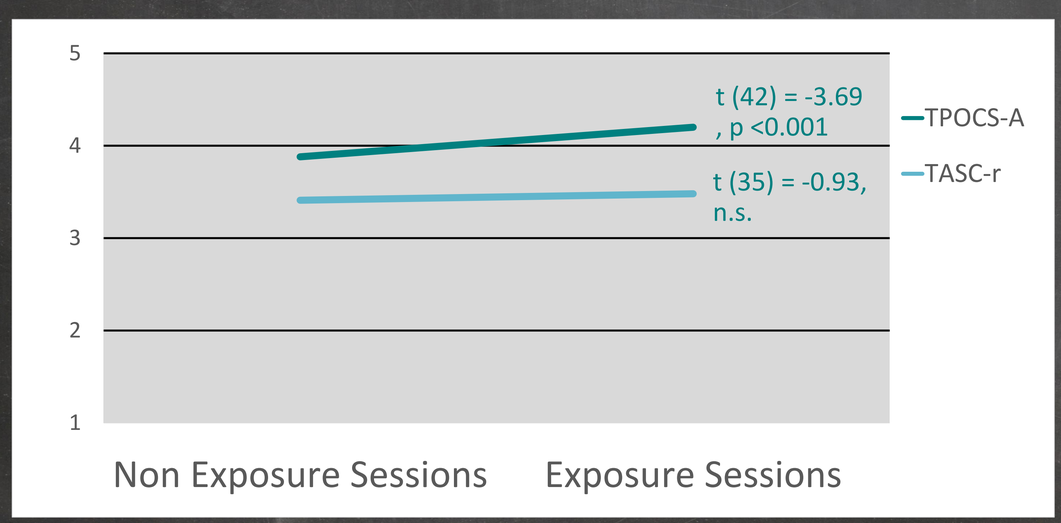
The participants were enrolled in one of two group intervention conditions (UP-C or Coping Cat, see [7] for a detailed description). The groups included four to seven children and were facilitated by a psychologist with a master's degree in clinical psychology and experience in child's cognitive behavioural therapy. All the sessions were observed by a master clinical psychology student who received training to use the TPOCS-A.

Results

Table 1. Perceived and Observed Therapeutic Alliance: Mean, Standard Deviation and Internal Consistency

Therapeutic Alliance	M	SD	α
Observed - TPOCS-A (*Interval from 0 to 5)*	4.04	0.56	0.79
Perceived - TASC-r (*Interval from 1 to 4)*	3.46	0.52	0.79

Fig 1. Differences inTherapeutic Alliance between the First and the Second Segment of the Intervention



Conclusions

The results indicate high levels of observed and perceived therapeutic alliance in children participating in a group cognitive behavioural intervention for anxiety disorders. When comparing the sessions of the first segment of the intervention with the exposure segment, results show no significant differences in Perceived Therapeutic Alliance but a significant difference in Observed Therapeutic Alliance. Children show a higher therapeutic alliance in the exposure sessions. Consistent with results from previous research [8], the current study suggests that exposure does not negatively impact a child's Therapeutic Alliance. This study can help address misinformation regarding the risks of exposure and prevent the underutilization of this treatment strategy, which constitutes a significant barrier for clients to access effective evidence-based treatment [9].

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