

## EFFECTIVENESS OF COGNITIVE-BEHAVIORAL ANXIETY TREATMENTS FOR CHILDREN AND ADOLESCENTS

**K. Fjermestad<sup>1,2</sup>**

<sup>1</sup>Frambu Centre for Rare Disorders, Siggerud, <sup>2</sup>Anxiety Disorders Research Network, Haukeland University Hospital, Bergen, Norway

There is substantial evidence that cognitive behavioral therapy (CBT) works for child anxiety disorders, but this evidence-base mainly rests on efficacy trials with rigorous scientific control conducted in University-clinics. Are results transferable to ordinary clinics? To a large extent, the answer seems to be yes. This presentation will review the state-of-the-art of effectiveness trials for child anxiety disorders. Additionally, data will be presented from a large ongoing randomized controlled trial (RCT) for child anxiety disorders conducted in community child and adolescent mental health clinics in Norway. This is the child part of the Assessment and Treatment - Anxiety in Children and Adults (ATACA) trial, PI's Heiervang and Havik. Children aged 8 to 15 years (N = 182) with a primary diagnosis of separation anxiety disorder, social phobia, or generalized anxiety disorder were included and randomized to group CBT (GCBT), individual CBT (ICBT) or a waitlist condition (WLC). The treatment program was Barrett's Friends for life manual. CBT outperformed WLC, with no major difference between GCBT and ICBT. Although overall symptom reduction was comparable to previous effectiveness trials, the full remission rates were somewhat lower than in previous trials. The possible reasons behind this will be discussed, and there will be an emphasis on how process factors such as pretreatment motivation, perceived treatment credibility, and the therapeutic alliance, which were all assessed in the RCT, may play a part to influence treatment results.