

A Stay at *Camp Cope-a-Lot* for Anxious Kids

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Philip C. Kendall was recognized by the Society for a Science of Clinical Psychology with the 2014 Distinguished Science Award.

It's easy to assume anxious kids are just going through a phase and will naturally “come out of their shells” or learn to cope over time. Evidence suggests otherwise, says APS Fellow Philip C. Kendall of Temple University, who accepted the Distinguished Scientist Award from the Society for a Science of Clinical Psychology at the 2014 APS Annual Convention. Even healthy children experience anxiety, Kendall said in his award address, but an inability to manage anxiety-related distress predicts mood disorders and substance abuse in adulthood.

Cognitive factors, behavioral responses to stress, and parenting styles can all contribute to anxiety in youth, and psychological scientists continue to experiment with interventions that address all of anxiety's facets. Researchers recognize cognitive behavioral therapy (CBT) as a leading treatment for anxiety. By helping patients understand their emotional discomfort, frame problems realistically, and face their fears through exposure, CBT can effectively reduce symptoms of childhood anxiety for 81% of young patients when combined with medication, according to Kendall's own research. Even without medication, 60% of young patients with anxiety in the same study responded to CBT, compared to 55% of patients who responded to medication alone and 24% of patients who responded to a placebo.

Despite the promise of CBT, a shortage of trained practitioners prevents many patients from receiving the treatment. Kendall sees computer-assisted interventions as a tool that could help CBT reach more children: Such programs reduce therapy hours, can be delivered in diverse settings, and balance privacy concerns with more efficient record-keeping for practitioners.

With his collaborator Muniya Khanna of the University of Pennsylvania, Kendall has developed [Camp](#)

[Cope-a-Lot](#), a 12-session interactive treatment program for 7- to 13-year-olds. Young patients complete “interactivities” and engage in interpersonal events at the camp, as well as learn to manage stressful situations with Charley, an anxious personified cat who is a camper at the sleep-over camp.

Designing Camp Cope-a-Lot required collaboration, careful planning, and effort. Originally, Kendall and Khanna planned to set their program in a virtual shopping mall. After tests with focus groups, they realized that parents were wary of that environment: “Parents don’t want kids going to the mall,” Kendall acknowledged in his address. “The kind of exposure that comes to mind at the mall is not the kind we want.” Consulting graduate students and other collaborators helped them choose the more appropriate sleep-over camp setting where new kids, new foods, and new activities can be expected in a favorable light.

Kendall also advised those interested in designing computer-based treatment programs that hiring a software company ensured better results than relying on university programming departments. In his experience, professional developers are most capable of creating design elements and characters that people connect with. Working with the developers, Kendall’s team populated *Camp Cope-a-Lot* with a realistic cast of characters, representing diversity without relying on stereotypes and modeling both healthy and less adaptive behavior among the campers.

In the final product, each *Camp Cope-a-Lot* session lasts 35 minutes. Independently, patients complete the first six sessions, which present interactivities and interpersonal activities to help communicate information about anxiety and its consequences. The last six sessions require assistance from a therapist or “coach” because they introduce exposure to uncomfortable situations, a key in the treatment process that anxious patients are prone to avoid if they don’t have professional guidance.

“Coaches are needed to get kids to do the exposures,” Kendall told his audience. “It’s computer *assisted* ... The coach is the adult or the mental health professional who is involved heavily in the second half to guarantee the exposure tasks take place.”

At one point, for example, Charley must decide how to retrieve a flag that is stuck in a tree. Faced with the options of climbing the tree to get the flag down or finding a camp counselor to help, anxious children might opt for the counselor’s help rather than leaving their comfort zones to climb the tree. Assistance from a coach, along with video of other anxious children undergoing exposure, helps *Camp Cope-a-Lot* users understand that sometimes they need to do things that make them anxious.

The hard work that went into designing *Camp Cope-a-Lot* seems to have paid off: In a study, 81% of study participants who completed the program — even without medication — no longer met the diagnostic criteria for the anxiety disorders that originally prompted them to seek treatment. That figure was 70% for participants who received traditional (noncomputer assisted) CBT and 19% for participants who received computer activities but not CBT from a therapist.

While Kendall is proud of the results he has achieved through *Camp Cope-a-Lot*, he acknowledges that treating anxiety in youth will probably never be as simple as distributing one computer game to the children who need it. But in a world where some children don’t have access to empirical treatments for mood disorders,² computer-based tools are a useful supplement — one that may protect anxious children from experiencing serious health problems later in life.