

Treatment of Child and Adolescent Anxiety Disorders

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OVERVIEW of fear and anxiety

Evolutionarily **ADAPTIVE**

No **ACUTE** onset (except PTSD)

There are early **RISK FACTORS**

Presentation **VARIES** with age

SP, SAD, GAD, OCD, SoP, AgPan

when
is anxiety
normal?

Normal Fears: Preschool

Imaginary things

Objects, situations, unexpected noises

Normal Fears: grade school

Health and harm issues

Scrutiny and competency issues

Normal Fears: adolescence

Social evaluation, adequacy

Physical appearance

Performance/competency in a variety of domains

when

is anxiety
a

disorder?

when
fears
are...

Excessive,

Beyond voluntary control,

Cannot be reasoned with,

Are not age specific,

Persist over time

when
fears
result in...

Avoidance/escape,

Interference,

Significant distress,

Duration

Questions to ask...

INTENSITY

within expected limits? * out of proportion?

FREQUENCY

fixed? * increasing? * reinsurance helps?

Questions to ask...

CONTENT

harmless situation or event?

TRIGGER

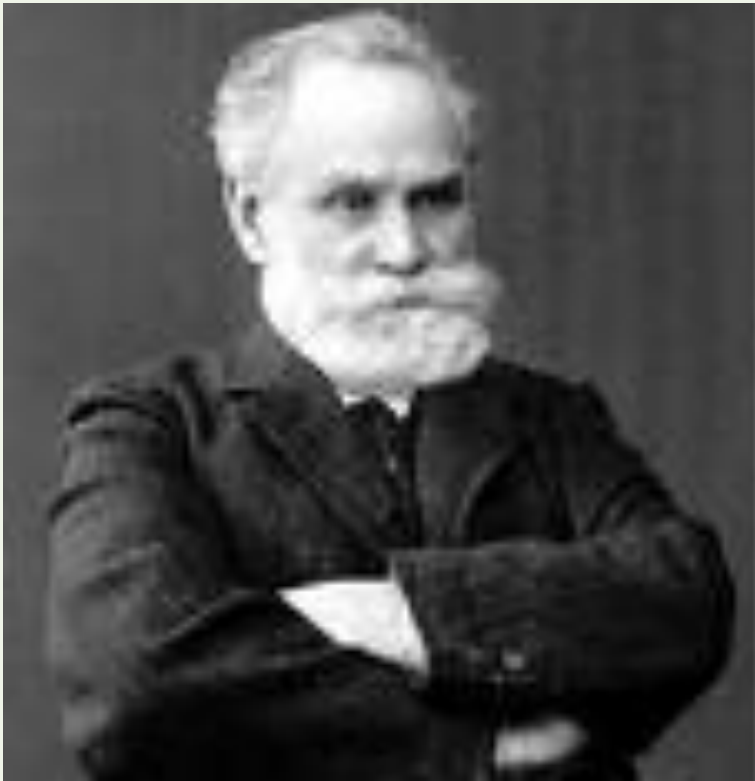
fear reaction occurs spontaneously?

How does **problematic**
anxiety begin?

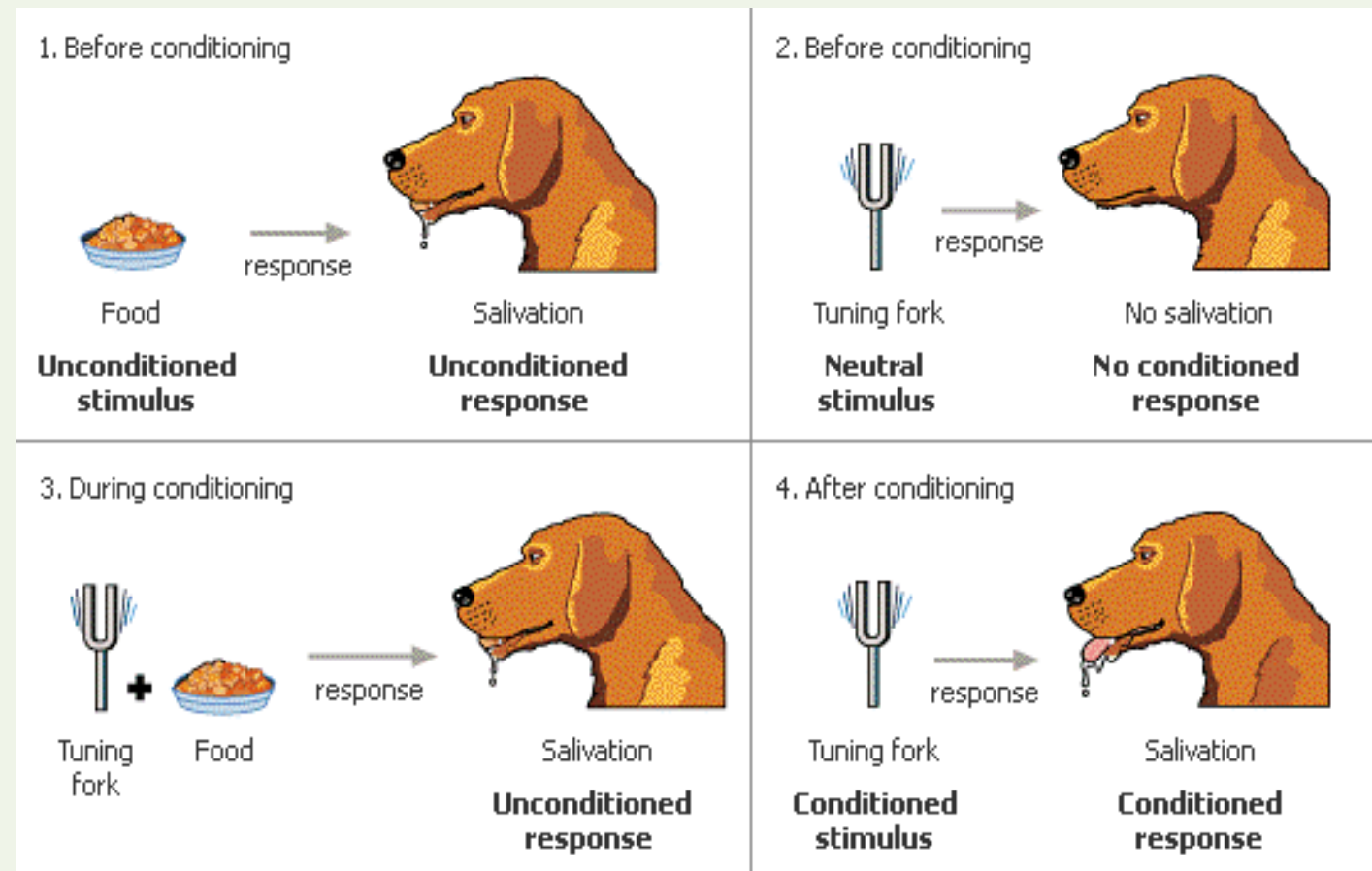
F ◆ Created
O
C ◆ Exacerbated
U
S ◆ Maintained

CREATED by classical conditioning

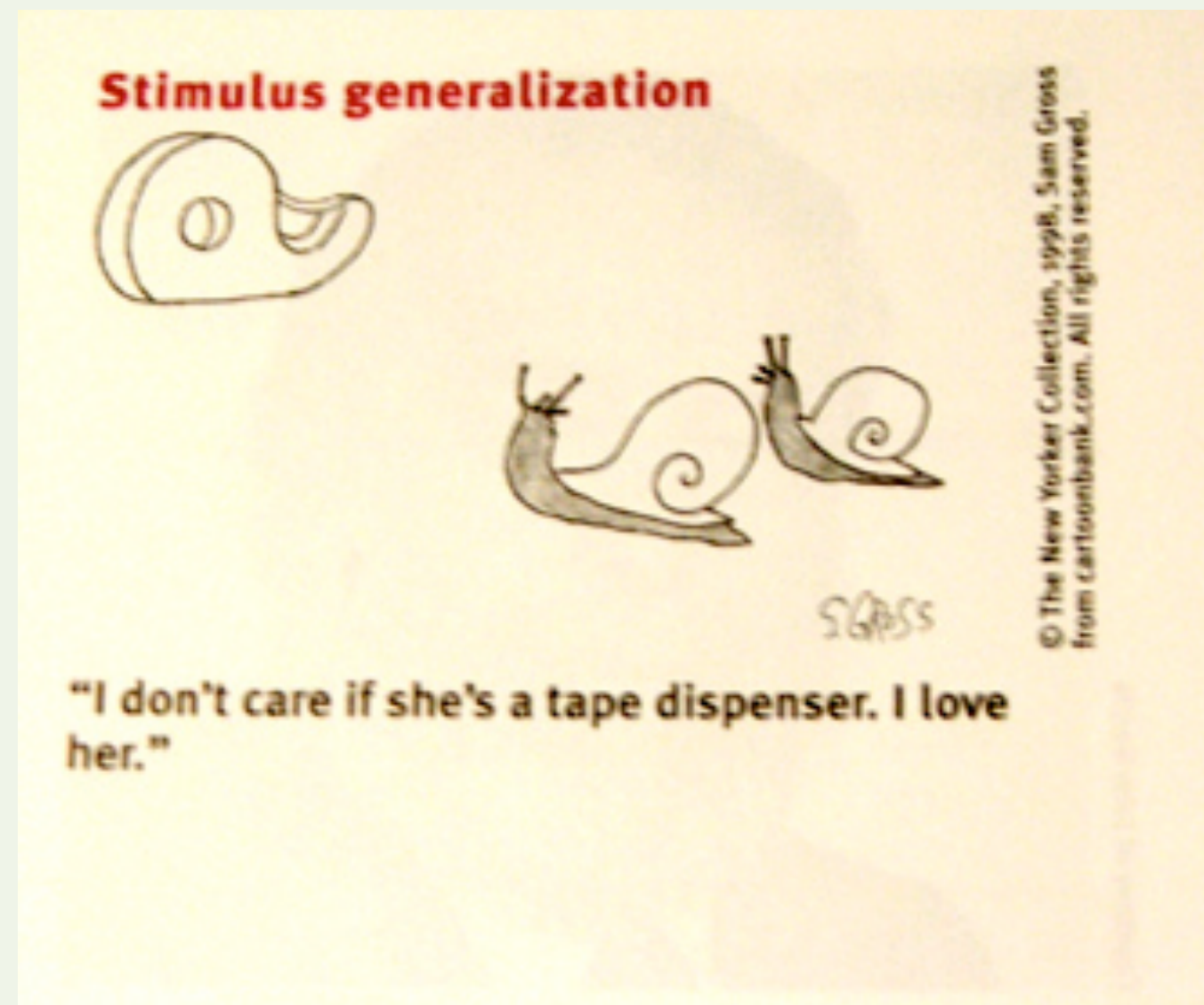
$$UCS + CS = CR$$



Who's this cranky guy?



EXACERBATED by stimulus generalization



...tendency of stimuli similar to a conditioned stimulus to evoke similar, conditioned responses...

MAINTAINED by negative reinforcement

An increase in the probability of a behavior through the **REMOVAL** of an aversive stimulus

How negative reinforcement **WORKS**

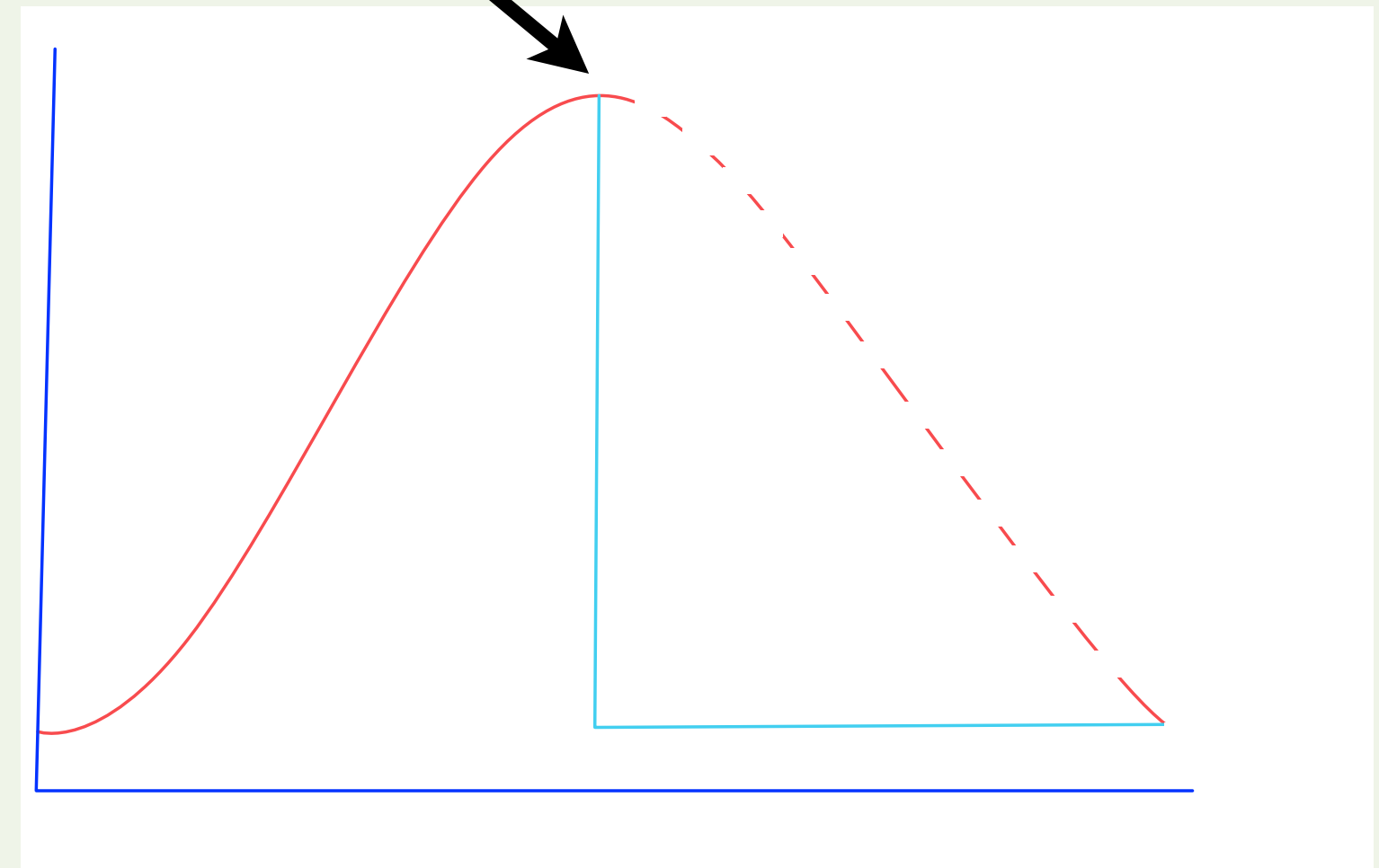
Child doesn't want to go to school

At the height of a tantrum, the finally parent gives in... **"OK, you can stay home from school today, just stop that crazy crying!"**

How negative reinforcement **WORKS**

- Prevents habituation
- Escape reinforced
- No experience of mastery

Rescue



Treatments

**for
anxiety**

Current evidence base

Between 1980 - 2010

98 published RCTs * 53 psychosocial * 45 medication

Broad conclusion

both CBT and SSRI medications are effective

Child/Adolescent Anxiety Multimodal Study

CAMS

2nd largest study to date

NIH funded * 6 site RCT * 488 children and adolescents

Targeted population

SAD, SoP, GAD

Child/Adolescent Anxiety Multimodal Study

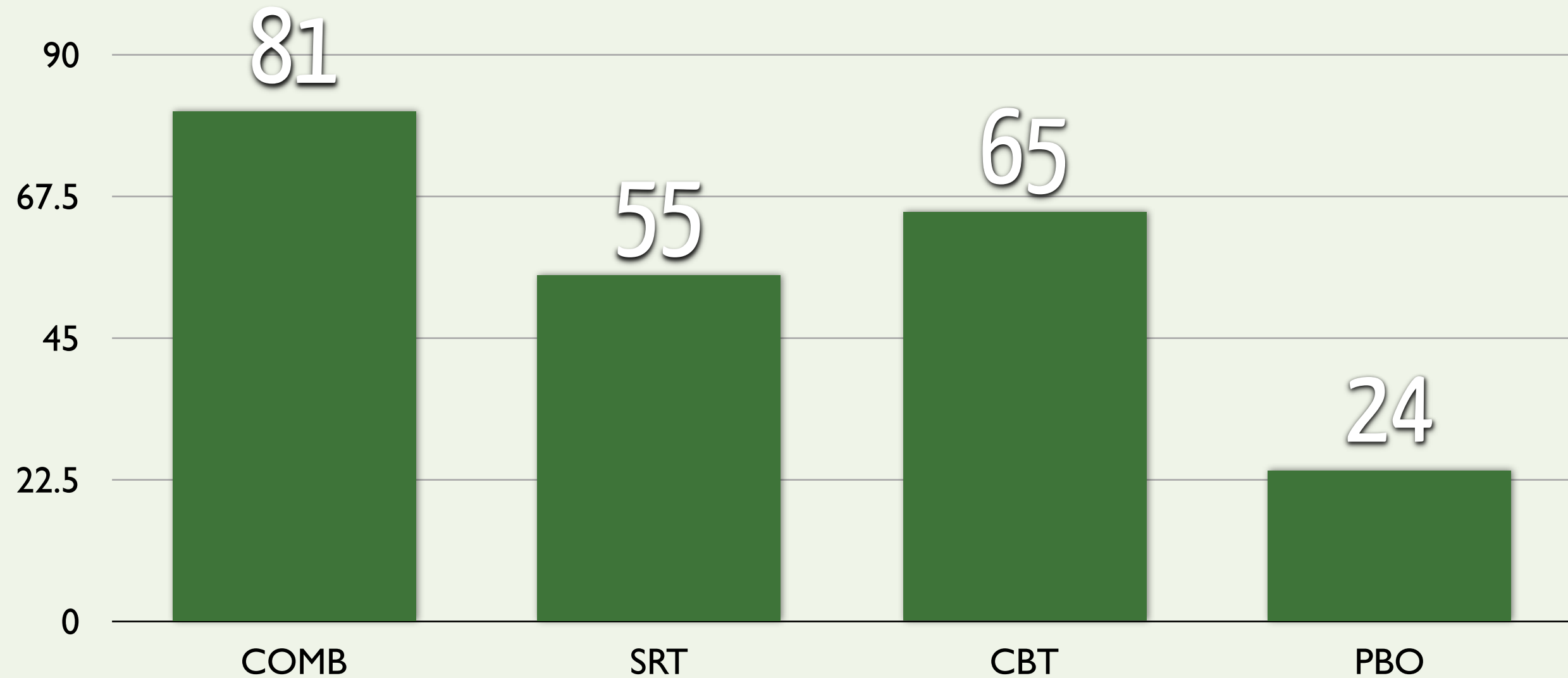
CAMS

4 treatments

CBT * Medication * Combination * PBO

12 weeks of intensive treatment, 6 month
follow-up

CAMS response rates at week 12



CAMS ordering of treatment **effect**

COMB > SRT = CBT > PBO

NB: across multiple outcomes

CBT for anxiety

Coping Cat

Phil Kendall, PhD

**Center for Child and Adolescent
Anxiety Disorders**

Temple University



CBT for anxiety includes...

General psychoeducation about anxiety

Awareness of bodily reactions when anxious

Identifying maladaptive anxious thinking

CBT for anxiety includes...

Relaxation training

Graduated exposures (imaginal & in vivo)

Focus on extinguishing **avoidance behaviors**

CBT for anxiety includes...

Practice to solidify gains and promote generalization

Extensive use of role-play and modeling

Contingent rewards

Beginning of therapy **CONTENT**

- Orientation
- Rapport building
- Psychoeducation
- 3 component model
- Construct fear hierarchy
- Introduce and assign STIC tasks

Beginning of therapy MATERIALS

- Notebook and workbook
- Un-game
- Feelings thermometer
- Magazine for faces of people
- Scissors, glue, and paper

Early sessions **CONTENT**

- Review homework
- Review goals
- Discuss and identify somatic reactions to anxiety
- Teach the “F” step
- Introduce idea of muscle tensions
- Relaxation exercises
- Practice and role-pays
- Assign STIC tasks

Psychoeducation

Normalize anxiety

Identify triggers

3 component model

What I think * What I feel * What I do

Psychoeducation

Why me?

Genes and temperament * Experiences in the world *
Development of “thinking traps” * Avoidance is the big
problem

Somatic Management

Breathing

Progressive muscle relaxation

Cue controlled relaxation

Parent sessions **CONTENT**

- Review treatment rationale
- Give opportunity to discuss concerns
- Learn more about child's anxiety
- Give ways parents can be involved

Middle sessions **CONTENT**

- Review STIC tasks
- Teach “E” step
- Introduce self-talk in anxious and non-anxious situations
- Thought thinking traps
- Assign STIC tasks

Middle sessions MATERIALS

- Stickers
- Thought bubble cartoons
- Thinking traps handout
- Feelings thermometer



Cognitive restructuring

Provide corrective information about threat

Identify automatic thoughts

hypotheses vs. fact * dispute with evidence * develop
rational responses * NOT just positive thinking

Middle sessions **CONTENT**

- Review STIC tasks
- Review relaxation training
- Teach “A” step
- Introduce problem-solving in increasingly anxious situations
- Teach “R” step
- Assign STIC tasks

Middle sessions MATERIALS

- Stickers
- Problem-solving handout
- Feelings thermometer
- White board, use it a lot



Teach a helpful coaching style

Focus on Effort, not outcome

Help to evaluate situation realistically

Role-play: “how I handle situations like this”

Reward/praise all efforts, even small ones

Mild exposures **CONTENT**

- Review STIC
- Generate fear hierarchy
- Imaginal exposure
- In vivo exposure
- Feelings thermometer
- Reward child for exposures
- Assign practice STIC tasks

Mild exposures MATERIALS

- Stopwatch
- Feelings thermometer
- Stickers
- Rewards
- SUDS rating sheet



Graduated Behavioral exposures

Clearly define situation and goals

Generate ATs, challenge, counter with rationale responses

Conduct 10 minute exposure, track SUDS

Processing After Exposures

Review goals, determine attainment

Review ATs and rationale responses

Review coping skills

Examine SUDS and relationship to ATs

Parent session #2

- Provide information about exposures
- Review FEAR plan
- Give opportunity to discuss concerns
- Problem-solve in vivo exposures
- Examine maintaining variables
- Explain how exposures invoke more anxiety
- Discuss ways parents can be involved (“coaches”)

Moderate exposures **CONTENT**

- Review STIC tasks
- Imaginal exposure
- In vivo exposure
- Reward child for exposures
- Plan exposures for next session
- Assign practice STIC tasks

Moderate exposures MATERIALS

- Stopwatch
- Feelings thermometer
- Stickers
- Rewards
- SUDS rating sheet



High exposures **CONTENT**

- Review STIC tasks
- Imaginal exposure
- In vivo exposure
- Reward child for exposures
- Plan exposures for next session
- Discuss and plan commercial
- Assign STIC tasks

High exposures MATERIALS

- Stopwatch
- Feelings thermometer
- Stickers
- Rewards
- SUDS rating sheet



End of Treatment CONTENT

- Review STIC tasks
- Review treatment progress
- Reward child for participation
- Perform commercial
- Termination and plan for follow-up care, if needed

End of Treatment MATERIALS

- Rewards
- Portable video camera
- Certificate of achievement

Examples of Coping Cat

The End