

Characteristics of Exposure Sessions as Predictors of Treatment Response in Anxious Youth

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Anxiety and Depression Conference
March 30, 2014



BACKGROUND

Exposures in Youth CBT

- **Avoidance** is a key characteristic of anxiety disorders in youth.
- **Exposure** to feared and avoided situations in a ranked hierarchy is considered a key component of CBT.



Antony & Swinson, 2000; Barlow, Gorman, Shear, & Woods, 2000; Bouchard, Mendlowitz, Coles, & Franklin, 2004; Kazdin & Weisz, 1998; Kendall, 2012; Rapee, Wignall, Hudson, & Schniering, 2000)

Exposures in Youth CBT

- Guidelines for conducting exposures with anxious youth:
 - **Pre-exposure preparation**
 - Coping skills
 - Cognitive restructuring
 - Role play
 - **Post-exposure processing**
 - Evaluation of the experience
 - Reflection on whether predicted events occurred
 - Rewards for effort
 - Out-of-session “homework” task

Behavioral and Cognitive Theories

- Repeated exposure tasks reduce fear via:
 - Counterconditioning
 - Habituation
- Cognitive representations of situation shift
 - Threat and avoidance → coping behavior and lessened anxiety

THE CURRENT STUDY

Aims and Hypotheses

- Is the quality of pre-exposure preparation and post-exposure processing associated with treatment outcome?
- Are specific features of exposure sessions associated with treatment outcome?
- **Primary Hypothesis:**
Better exposure preparation and post-exposure processing would be associated with better treatment outcomes for anxious youth receiving CBT.

Method

Participants: 61 anxiety-disordered youth and their parents

- 38 male (62.3%)
- Ages 7 to 13 years
- Principal diagnosis of GAD, Separation Anxiety Disorder (SAD), or Social Phobia (SP)
 - 65.5% with another anxiety disorder diagnosis
 - 6.5% ADHD
 - 4.9% depressive disorder
 - 10.3% other disorders

Method

Intervention: 16 weeks of individual or family CBT

- **Teaching skills** (8 weeks)
 - Recognizing anxious feelings and thoughts
 - Modifying anxious self-talk
 - Problem-solving
- **Practicing skills** (8 weeks)
 - Exposure tasks
 - Self-reward



Method

Dependent Measures:

- Diagnoses and severity: ADIS – C/P
- Self/parent-reported anxiety: MASC
- Parent/teacher-reported functioning: CBCL & TRF
- Clinician-rated functioning: CGAS

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Independent Measures:

- Exposure Session Rating Form (ESRF)
 - 3 exposure sessions coded: Low (10-11), Medium (12-13), High (14-15)
 - Presence or absence (yes/no) of features
 - Amount of time spent in introductory, preparatory, and processing activities
 - Qualitative ratings of level of preparation and post-task processing
 - 1 = *not at all* to 5 = *very much/extensive*

Exposure Features Coded

- **Introductory Activities**

- Rapport-building
- Review of homework

- **Preparatory Activities**

- Selection of exposure task
- Role-play
- Practice with therapist
- Imaginal exposure
- Review of relaxation
- Rationale/explanation
- Selection of reward

- **Processing/Closing Activities**

- Evaluate performance
- Discuss features
- Discuss SUDS
- Select next task
- Assign homework task
- Reward for effort

RESULTS

Primary Hypothesis: Quality of Preparation and Post-Task Processing

		Preparation		Processing	
<u>Outcome Measure</u>		β	f^2	β	f^2
Clinician	ADIS CSR	0.10	0.17	0.13*	0.25
	CGAS	-0.10	0.10	-0.08	0.07
Child	MASC Total	0.06	0.09	0.02	0.03
	MASC Harm Avoidance	0.03	0.10	0.01	0.05
Mother	CBCL Total	-0.19	0.09	-0.17	0.15
	CBCL Internalizing	-0.24	0.05	-0.22	0.26
Father	CBCL Total	0.29	0.29	0.04	0.32
	CBCL Internalizing	0.13	0.22	0.38	0.26
Teacher	TRF Total	-0.12	0.12	-0.10	0.04
	TRF Internalizing	-0.23	0.10	-0.17	0.08

Exploratory Aim: Features of Exposures and Treatment Response

- Treatment responders were significantly more likely than treatment non-responders to:
 - Get rewarded for completing the exposure task
 - $F(1,59) = 4.34, p < 0.05, \eta^2 = 0.26$
 - Have a “homework” exposure task assigned
 - $F(1,59) = 11.96, p < 0.01, \eta^2 = 0.41$

CONCLUSIONS

Conclusions

- Contrary to expectations, preparation for exposures was not related to treatment outcome.
- However, overall quality of **post-exposure processing** was associated with clinician-rated change in anxiety severity.
 - **Rewards** and assigning **homework** tasks, in particular, were associated with treatment response.

Conclusions

- Behavioral and cognitive theories of exposure
 - Habituation
 - Changes in anxious cognition
- Reductions in anxious self-talk mediate positive treatment gains
- Post-exposure processing involves reflecting on changes in avoidance behavior (**habituation**) and in **cognition** during the exposure task, possibly making these shifts more salient.

Conclusions

- **Rewards**
 - Positive reinforcement
 - Sense of mastery
- **Selecting a homework task**
 - Increase coping self-efficacy
 - May have completed more homework tasks

Conclusions

- **Limitations**
 - Informant disagreement
 - Correlational

Conclusions

- **Limitations**

- Informant disagreement
- Correlational

- **Future Directions**

- More nuanced change across treatment
- Maintenance of gains at follow-up
- Wider age range/developmental considerations
- Other exposure factors (type, location, parent-involvement)

Thank You!

- Past and present CAADC graduate students and research assistants
- Participating families



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Disclosures

- This research was supported in part by grants from the National Institute of Mental Health to Philip Kendall (MH59087; MH60653).
- Dr. Philip Kendall receives royalties from the sale of materials related to the treatment of anxiety in youth.