

EVIDENCE-BASED TREATMENT FOR ANXIETY AND DEPRESSION IN CHILDREN AND TEENS

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RECOGNIZED THERAPIES

- Cognitive-Behavioral Therapy (CBT)
- Exposure Therapy
- Interpersonal Therapy (IPT)
- Acceptance and Commitment Therapy (ACT)
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)

COGNITIVE-BEHAVIORAL THERAPY (CBT)

Why this treatment?

- Anxiety resides in the thought process, so we want to address the thought process (not only the emotional process)
- The cognitive part of treatment addresses how one thinks about situations/relationships, which then influences how one experiences them.
- The behavioral part of treatment includes learning relaxation strategies, as well as practicing both cognitive and relaxation strategies between sessions.

COGNITIVE COMPONENT:

Basic Concepts

- Become aware of situations that trigger anxious & depressive feelings (e.g., situations involving conflict, social judgment, need for self-advocacy)
- Identify thoughts behind the feeling
- Become aware of ineffective thought patterns
- Learn to modify thoughts so they are more realistic and effective

EXAMPLE OF THOUGHT-CHANGE

Situation	Feeling	Worry Thought	Distortions/ Ineffective Patterns	Revised Thoughts
Neighbor knocking at the door	Anxiety, Dread	<ul style="list-style-type: none">· She's never come to our house.· Maybe I parked too close to her driveway.· She's probably upset with me about that or something else. <p>(Possible trigger situation or theme: Conflict)</p>	<p>Jumping to Conclusions</p> <p>Catastrophizing</p>	<ul style="list-style-type: none">· I don't know why she's here.· Maybe she wants to introduce herself or ask who we use to mow our lawn.· I can handle it whatever the reason.· I'll open the door and find out!

EXAMPLES OF ADDITIONAL COGNITIVE STRATEGIES

- Breaking down general worries into specific concerns
- Coping with uncertainty
- Answering “what if...” questions
- Considering the worst-case-scenario & one’s ability to cope with it
- Identifying productive vs unproductive worries
- Recognizing anxiety as an uncomfortable feeling, but not a danger

BEHAVIORAL COMPONENT:

Address the body's response

- Fight-or-Flight Response
- Relaxation Strategies
 - Immediate: Deep Breathing, Muscle Relaxation, Guided Imagery (utilize senses to facilitate relaxation & memory)
 - Long-Term Management: Exercise, Wind-down & Unstructured Time, Quality Sleep, Good Nutrition (& decrease caffeine)
- You can't be anxious & relaxed at the same time

BEHAVIORAL COMPONENT:

Practice strategies in the real world

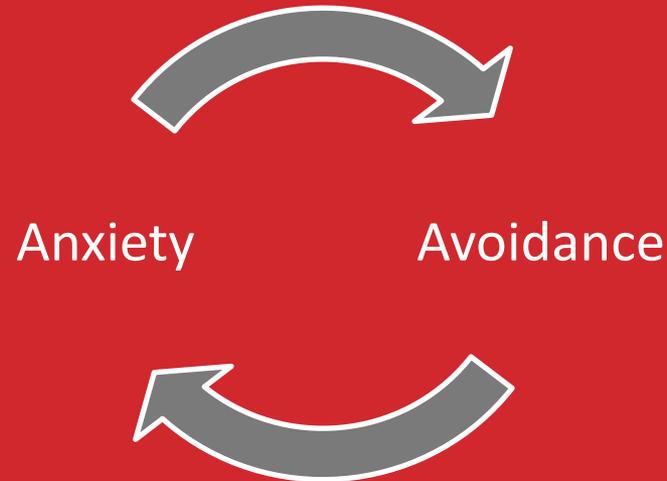
- Begin with in-session practice (rehearsal, role-play)
- Exposure
- Why it's important to move toward situations that have been challenging
- Why it's detrimental to move away from situations that have been challenging

EXPOSURE

- Establish a hierarchy of challenging situations (e.g., texting a friend ... speaking in front of class)
- Gradually face situations that trigger anxiety
- Approach situations using new ways of thinking & strategies for managing distress/discomfort
- Habituate: Stay in a situation to help you get used to it.

AVOIDING ANXIETY IS DETRIMENTAL

- Avoidance maintains anxiety.



- Catch anxiety early, before a pattern of avoidance & maladaptive responses (of child and parent) is established (e.g., over-accommodating, reassurance-seeking)

APPROACHING ANXIETY IS THERAPEUTIC

Repeated exposure helps one learn that the feared situation can be confronted without suffering significant negative consequences.

Learn to recognize & decrease anxiety (via internal, self-management strategies and modifying the situation if appropriate)

- Approach a situation and utilize learned strategies
 - Anxiety reduction
- Continue to approach the situation with increasing frequency & duration
 - Greater & greater anxiety reduction...

MEDICATION

- Use of medication is determined by severity of anxiety.
- Medication is used when anxiety is too high for a child to employ strategies to decrease it.
- Sometimes medication is prescribed at the start of therapy; other times medication is introduced only if therapy alone is not effective.
- Medication is used in conjunction with CBT