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

<table>
<thead>
<tr>
<th>Situation</th>
<th>Feeling</th>
<th>Worry Thought</th>
<th>Distortions/Ineffective Patterns</th>
<th>Revised Thoughts</th>
</tr>
</thead>
</table>
| Neighbor knocking at the door | Anxiety, Dread | · 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.  
(Possible trigger situation or theme: Conflict) | Jumping to Conclusions  
Catastrophizing          | · 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
• 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