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Child Anxiety: What Does Treatment Entail for the Child and Family

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Agenda

- Briefly review common childhood anxiety disorders
- When is it time to do more than manage it at home?
- What treatments are available? Are there self-help resources?
- What can parents do to help?
 - Principles of CBT, as it applies to anxiety
 - How parents can help:
 - Parent strategies
 - Role in treatment

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Anxiety Disorders in Youth

- What are the different anxiety disorders?
 - Separation Anxiety Disorder
 - Social Anxiety Disorder (Social Phobia) and Selective Mutism
 - Generalized Anxiety Disorder (GAD)
 - Specific (Simple) Phobia
 - Panic Disorder
 - Obsessive-Compulsive Disorder (OCD)
 - Posttraumatic Stress Disorder (PTSD)
- What do they have in common?
 - Intense/out of proportion anxiety resulting in distress and/or functional impairment

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Why Is Childhood Anxiety Important?

- 12-20% of children will experience an anxiety disorder
- Negative impact in multiple domains
 - Educational underachievement (e.g., Woodward & Fergusson, 2001)
 - "Derailing" from achievement of important developmental milestones (e.g., working in groups, preparing for exams, independence, dating skills)
- Associated with depression, suicidal thoughts
- Predicts substance abuse problems, depression & anxiety disorders in adults

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When it is time to do more: How To Know When Treatment Is Appropriate?

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Normal Developmental Fears

- Transitory fears and anxieties are part of normal development:
 - 1st years of life → fears of loud noises, strangers, new places, heights
 - preschool age → fears of being alone/separation from parents, dark, animals, imaginary creatures
 - school age → fears of negative evaluation by others, illness/bodily injury, supernatural phenomena, natural disasters
 - High school → social worries, performance worries about sports/grades/college/SATs

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When is anxiety a "disorder"?

- Avoidance
- Interference
(at home, in school, with friends and family)
- Distress
- Duration

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What Can Parents Do?

- Obtain an Evaluation
- Investigate Appropriate Treatment Options
 - Medication, CBT or the combination
 - Principles of CBT
- Parent strategies (acceptance of distress, support emotion expression, encourage challenging of anxiety)

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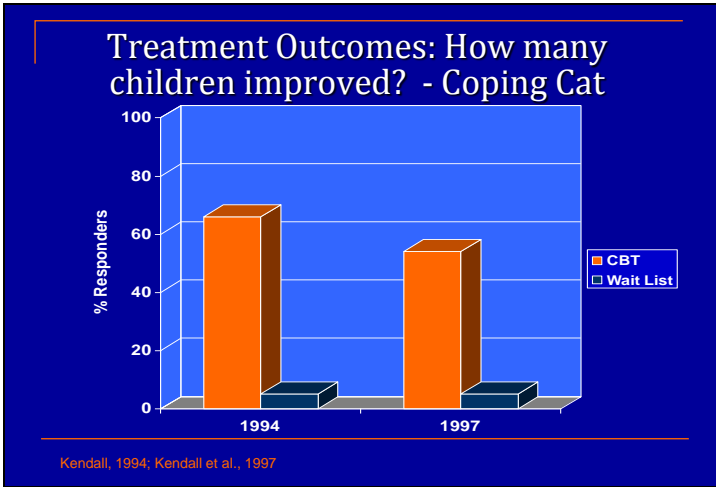
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Which Treatments Work for Anxiety Disorders?

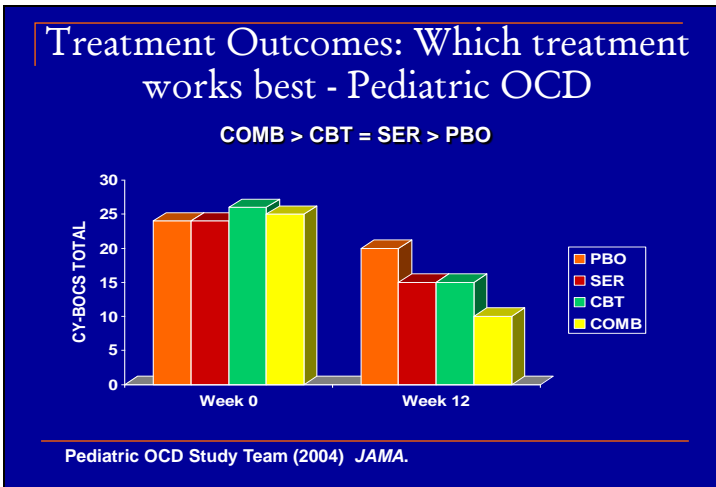
Evidence from Randomized Controlled Trials (RCTs) support the efficacy of:

- Cognitive-behavioral therapy (CBT)*
- Pharmacological interventions (e.g., SSRIs)
- Combined CBT + SSRIs

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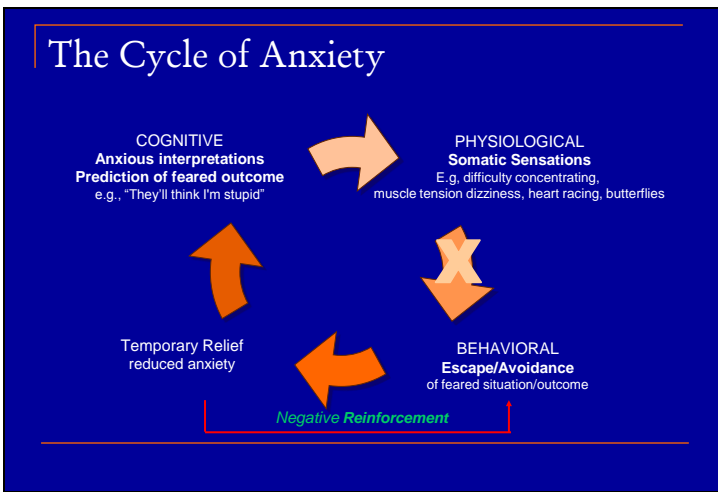
- ### Pediatric Anxiety Studies: What we know?
- Medication alone is helpful, but few patients remit
 - CBT alone produces a greater chance of remission than medication alone
 - The combination of CBT and medication provides the best chance of remission
 - Children and adolescents should start with either CBT alone or the combination of CBT and medication

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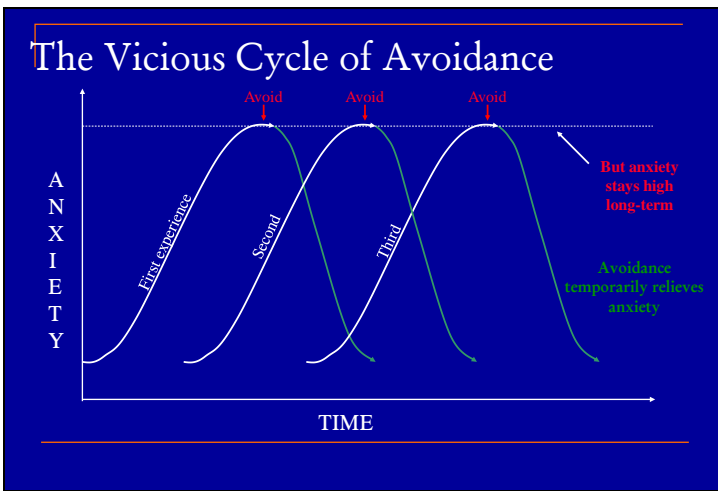
CBT for Pediatric Anxiety & OCD

Principles of Treatment

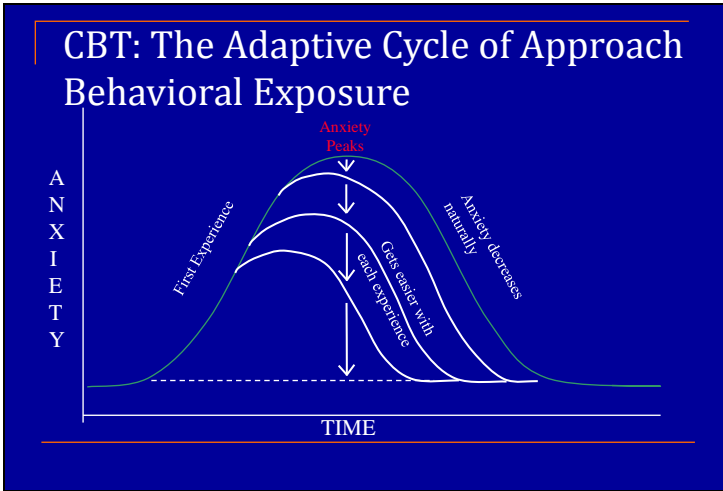
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- ### What Treatment Entails
- 12-20 Sessions
 - Emotion education and identification
 - Identify somatic or body reactions
 - Relaxation
 - Identify and change anxious thoughts* (C)
 - Problem Solving
 - Graded exposure* (B)

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Cognitive Change: Principles of Cognitive Restructuring?

- Identify negative or "harmful" thoughts and replace them with positive /neutral or "helpful" thoughts.
- The glass is half full!

VS.

- The glass is half empty!

a.

b.




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Basics of Cognitive Restructuring

- Our self-talk or automatic thoughts “pop” into our head without intentionally thinking them.
- They alter the way we see situations and how we feel and act in reaction to situations.
- They can be helpful, neutral or hurtful.
 - Identify automatic thoughts and treat them as hypotheses
 - Develop ways to dispute self-talk with realistic evidence
 - Develop rational responses to self-talk

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Coping Thoughts

	THINKING TRAPS	COPING THOUGHTS
 PERFECTIONIST	Thinking you have to be perfect.	We're human. Nobody's perfect!
 CATASTROPHIZER	Expecting the worst will happen.	It's almost never as bad as "the worst".
 AVOIDER	Thinking it's better not to try.	If I don't try, I'll never know.

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Behavioral Change: Principles of Exposure

- Goal: Engage in anxiety-provoking situation (i.e., not avoid) in order to feel the anxiety and remain in the situation until it becomes easier or anxiety decreases.
- In a benign situation, the person will achieve habituation/desensitization.
 - No longer respond with anxiety toward the stimulus.
 - Body and mind realize that there is no “genuine” threat.
- Use of a hierarchy
 - Start with exposures that are slightly challenging and work up to greater challenges.

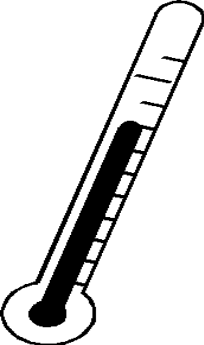
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Goals of Behavioral Exposures

- Provide experience performing in and managing anxious situations
- Practice and refine cognitive, social, and problem solving skills – “Toolbox” of skills
- Gain skills in refuting negative automatic thoughts
- Obtain confidence in ability to manage the difficult situation and anxiety
- Overarching Goal: Habituation to anxiety

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The Fear Thermometer



- 10 Out of control!
Ballistic!
- 9 Can't handle it.
- 8 Really tough.
- 7 Pretty tough.
- 6 Getting tough.
- 5 Not too good.
- 4 Starting to bother.
- 3 Just a little uneasy.
- 2 A little twinge.
- 1 Piece of cake!

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How Can Parents and Teachers Assist?

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Role of Adults When Managing Childhood Anxiety

- Parents/Teachers can help the child to face their fears (exposures) or to avoid their fears (accommodation) both in treatment and in life.
- Adults act as models of managing distress:
 - Approach vs. avoidance (distress tolerance) for their own distress or anxiety and while observing the children experience distress
 - Supporting kids during and after treatment (compliance and generalization, relapse prevention)
- Family Process
 - Encouraging a focus on optimal functioning, as opposed to relief from anxiety
 - Decreasing accommodation
 - Increasing adaptive use of skills to manage anxiety (not avoid it)

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Some Simple Strategies...

For Use Prior to and During Treatment

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Externalizing the Anxiety

- Calling the anxiety by a name: "Worry Bug"
- Drawing a picture of the anxiety so the child has an external representation of the "enemy"
 - Helps the child and family to get some separation from the anxiety
 - Decreases the child's self-blame and responsibility of these feelings
 - Allows the child to engage in a "game" of battling the anxiety, as opposed to battling his/her own thoughts

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Adopt an Acceptance Approach

- Explore and empathize with the child's experience
 - While not giving great amounts of attention for anxiety
- Provide a vocabulary for the child to express their difficulties
- Recognize that uncomfortable feelings occur for all and that the child can manage it (so can the parents, teachers, etc.)
- Encourage the child to focus on flexibility and optimal functioning

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Rewards & Accommodation

- Rewards can be immensely helpful to motivate children to challenge themselves
 - Be specific: Identify target reward for target behaviors
 - Draw upon the child's interests and strengths
- Accommodation decreases the motivation for children to change
 - It is rewarding for both children and parents to stop the distress, but it prevents exposure and encourages avoidance

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Addressing Resistance

- Does child understand what to expect?
- Are helpful phrases becoming aversive?
- Try challenging with easier situations
- The truth: Here is an opportunity...
- Express support by stating intention to not accommodate and follow through

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Resources:
Are there self-help resources?
Where can I find treatment?

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Online Resources

- <http://www.tsanj.org/>
- <http://www.njcts.org/>
- www.abct.org/FindATherapist
- www.childanxietySIG.com/referralnetwork
- www.OCFoundation.org/findhelp
- www.trich.org
- www.tsa-usa.org

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Books for Parents/Teachers

- *Helping your Anxious Child: A Step-by-Step Guide for Parents.* Rapee, Spence, Cobham, Wignall
- *Keys to Parenting an Anxious Child.* Manassis
- *Worried No More: Help and Hope for Anxious Children.* Wagner
- *The Silence Within: A Teacher/Parent Guide to Working with Selectively Mute and Shy Children.* Kervatt
- *Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children.* J. Dacey & L. Fiore.

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Books for Parents/Teachers

- *Monsters Under the Bed and Other Childhood Fears: Helping your Child Overcome Anxieties, Fears, and Phobias.* Garber, Garber, & Spizman
- *Straight Talk about Psychiatric Medications for Kids.* Wilens.
- *Good Friends are Hard to Find: Help your Child Find, Make, and Keep Friends.* Frankel & Wetmore.

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Books for Children

- *First Day Jitters.* Danneberg.
- *Wemberly Worried.* Henkes.
- *Scary Night Visitors: A Story for Children with Bedtime Fears.* Marcus, Marcus, & Jesche.
- *I Don't Know Why...I Guess I'm Shy: A Story About Taming Imaginary Fears.* Cain & Smith-Moore.
- *Into the Great Forest: A Story for Children Away from Parents for the First Time.* Marcus, Marcus, & Jesche.

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Books for Children

- *Night Light: A Story for Children Afraid of the Dark.* Dutro & Boyle.
- *Cat's Got Your Tongue? A Story for Children Afraid to Speak.* Schaefer & Friedman.
- *Up and Down the Worry Hill.* Wagner. (OCD)
- *Kissing Doorknobs.* Hesser. (OCD – young adult)
- *The thought that counts: A firsthand account of one teenager's experience with obsessive-compulsive disorder.* Kant, J. D., with Martin E. Franklin & Linda Wasmer Andrews (2008).

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**CTSA Child/Adolescent OCD, Tic, Trich,
& Anxiety Group (COTTAGE)**

- **Our staff has expertise in the treatment of anxiety and related disorders, including:**

Obsessive-Compulsive Disorder	Social Anxiety Disorder
Trichotillomania	Generalized Anxiety Disorder
Tic Disorders	Separation Anxiety Disorder
Panic Disorder/Agoraphobia	Specific Phobias
- **We offer Clinical Services:**
Comprehensive diagnostic evaluations
Empirically-supported treatments for youth
Research studies on childhood OCD, Tic Disorders, and Trichotillomania
- **Additional Services:**

Parent Workshops	School Consultations
Teacher Workshops	Clinician Training

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Contact Us
Child & Adolescent OCD, Tic, Trich & Anxiety Group
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- Visit us online at:

www.med.upenn.edu/cottage
- To refer a patient or to schedule an appointment, please call:

215 .746 . 3327
