Effective Treatment of Anxiety Disorders in 21st Century Youth

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Overview

- Objectives
  1. Identify current and most relevant features and concerns of anxious youth
  2. Provide strategies for considering and working with parents

- Outline
  - Current trends in the “big 3” anxiety disorders
  - Creating and performing effective exposures
  - Therapy with resistant youth
  - Including parents in treatment
  - Questions

THE “BIG 3” ANXIETY DISORDERS: TRENDS AND CASE EXAMPLE

The “Big 3” Anxiety Disorders

Disorder	Characteristics	Common Trends
Generalized Anxiety Disorder (GAD)	Excessive Worry	• Perfectionism • Major world events: Natural disasters, school shootings, Amber Alerts, terrorism
Social Phobia (SoP)	Fear of being humiliated or embarrassed in social situations or performances	• Bullying • Standardized tests • Increased social media use: Instagram, Facebook, Twitter
Separation Anxiety Disorder (SAD)	Fear of being away from home or caregivers	• Sleeping alone • Constant access to parents, monitoring • Hyperawareness of kidnapping, robbery, vandalism

Trends

PARCC

Partnership for Assessment of Readiness for College and Careers

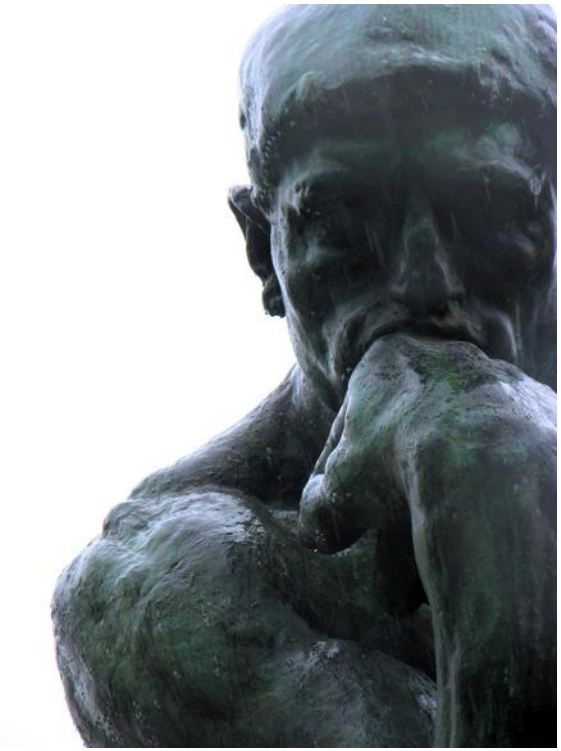
Case: “Josh”

8 year old male with a primary diagnosis of SAD, secondary GAD

- Sample of symptoms:
  - Trouble attending school
  - Always sleeps with a night light
  - Sleeps in mom’s room almost nightly
  - During the day, gets anxious if mom does not text him back immediately
- Sample Treatment Goal:
  - Sleep upstairs in his room alone with the lights out

Activity: Identifying Anxious Thoughts

- **What are some specific thoughts that Josh might be having that make it hard for him to sleep alone with the lights out?**
  - Take Josh's diagnoses into account
  - Remember common trends



Conceptualization of Josh's Fears Based on Common Trends

Fears That Could Be Interrupting Josh's Sleep	Examples of Corresponding Thoughts
Dark	• "I don't know what's out there when it's dark." • "In scary movies, the bad guys come out at dark."
Being away from mother	• "Someone might kidnap me if I am sleeping upstairs alone." • "Something bad will happen if I don't sleep with my mom."
Preoccupation with world events	• "We had a lockdown drill today at school. What if there is a shooting at my school?" • "I saw something on the news about an explosion in my city. What if there's another explosion by where my mom works?"

CREATING AND PERFORMING EFFECTIVE EXPOSURES

Exposure/Response Prevention (E/RP)

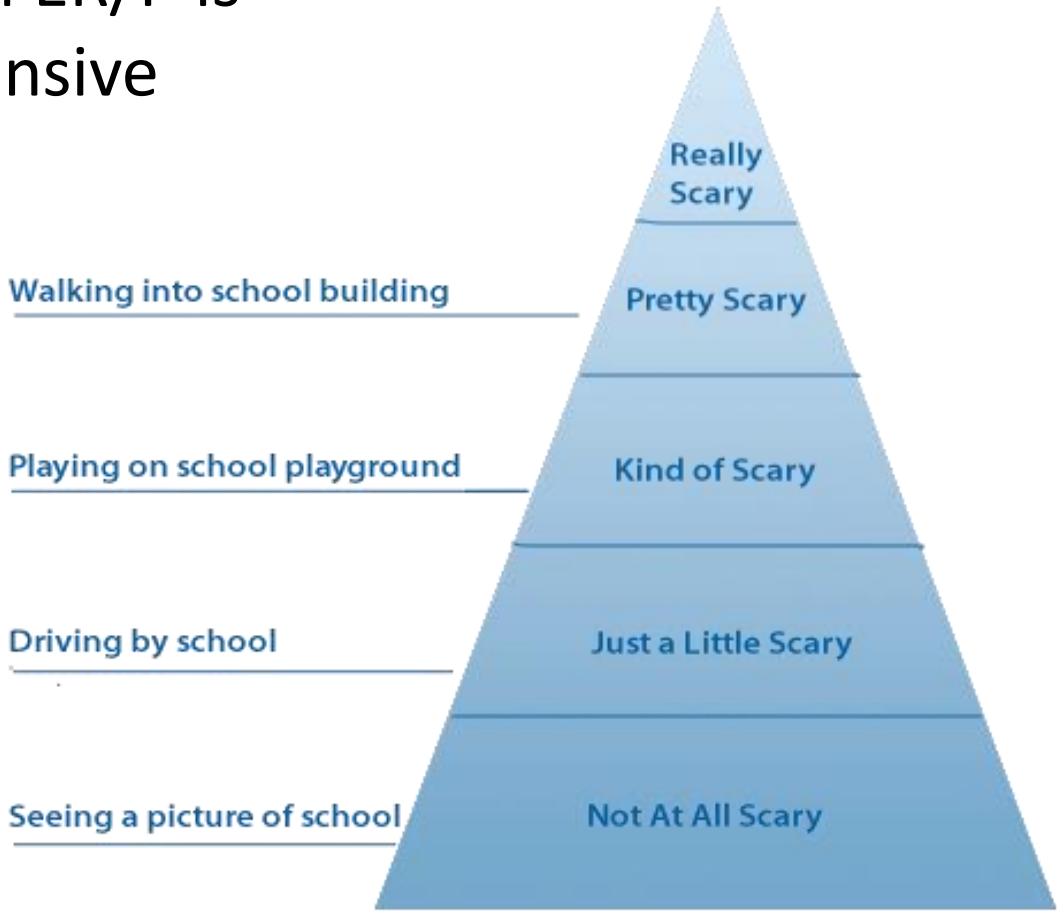
- Why do exposures work?

- Two Ways to Reduce Anxiety during E/RP
  - Sit with It
  - Actively Cope

E/RP

- The key to successful ER/P is creating a comprehensive hierarchy

- Consider:
  - Source of fear
  - (specific anxious thoughts)
  - Fear Ratings



E/RP: Creating a Hierarchy

- Mode: Think Technology!
  - Imaginal
  - Picture
  - Video
  - In Vivo
- Setting
  - Location
  - Time of Day
  - People Present
- Time/Duration
- Moving to Next Step
  - When do you move on?
  - How many times do you repeat the same E/RP?

E/RP Conceptualizations

- Sometimes the most difficult exposures are those that are completed outside of therapy

- We will practice and design a hierarchy for two sample cases using the information provided

Case: “Abby”

- “Abby” is a 13-year-old female with a primary diagnosis of SoP secondary to GAD. She participates in social media sites and experiences some cyberbullying on Facebook. She is in a class that requires frequent presentations and is extremely nervous that she will do something embarrassing that will “ruin her social life.” Abby does well academically, making A’s and B’s, but feels extremely stressed because she feels like she has to perform perfectly.

Abby's Anxious Thoughts

- Test Anxiety
  - "I don't even know the answer to number one! I'm so dumb I'm probably going to fail the test."
  - "It doesn't matter how much I study, I'm just going to freeze when I see the test. I'll probably be stuck in 7th grade forever."
- Social Anxiety
  - "Everyone is turning in their tests! If I'm the last one done they will think I'm stupid and laugh at me."
  - "I studied so hard but if I do too well people will think I'm a nerd."
- Perfectionism
  - "I didn't get 100% so I must be stupid."
- GAD
  - "If I don't do well on the PARCC test my teacher will probably get fired and then she will be will poor and won't be able to be her children food."

Variables to Consider for Abby's Hierarchy

- Type of test (subject and stakes)
- Presence of peers (males or females, taking same test or doing different activity, friends or strangers, older or younger, one or 20 other students)
- Person administering test (parent, therapist, athletic coach, favored teacher, feared teacher, administrator)
- Person grade (self, no one, teacher, peer)

Abby: Example Hierarchy

- ***Current Situation:*** Taking math test alone at lunch in teacher's office.
- ***Ridiculous extreme:*** Answer math quiz questions on the board while other female students watch and grade her.
- ***Goal situation:*** **Taking math test in math class with other students.**
- ***Intermediary steps*:**
  - **At school:**
    - **Practice taking test during math period while sitting in the back of classroom.**
    - **Practice taking test in math classroom with several other students present (after school or during conference period)**
    - **Practice taking test in math classroom with no other students present (after school or during conference period**
  - **At therapy:**
    - **Practice taking test with therapist administering and confederate looking at Abby**
    - **Practice taking test with therapist administering and confederate sitting next to Abby**
    - **Practice taking test with therapist administering and confederate facing wall**
    - **Practice taking test with therapist administering in same room**

Case 2: Josh

- Josh is an eight-year-old male with a primary diagnosis of SAD secondary to GAD. He has trouble leaving his mom to attend school. He always sleeps with a light on and has to fall asleep in his mom’s bed. In the afternoon, he gets very anxious if his mom doesn’t pick up her phone immediately.

- *Goal situation:* Sleeping alone in room for a babysitter
- *Current situation:* Sleeping with mom every night in mom's room

Josh’s Fears and Anxious Thoughts

- What fears might be disrupting Josh’s sleep?
  - Fears of self being injured/kidnapped
  - Fears of mom/family being injured/burgled
  - Fears of monsters, scary things in the dark

- What are some thoughts related to Josh’s Separation Anxiety symptoms?
  - “What if I get taken at night? I need my mom around to keep me safe. ”
  - “What if something happens to my mom while I’m gone?”

- What are some thoughts related to Josh’s Generalized Anxiety symptoms?
  - “If my mom doesn’t answer her phone, something bad must’ve happened to her and I’ll be left alone. Something might happen to me.”

Variables to Consider for Josh's Hierarchy

- What are some variables to consider for Josh's Hierarchy?

  Amount/type/proximity of light

  Distance from mother's room

  Length of goodnight

  Checking in on him after initial bedtime after certain interval

Practice Hierarchy for Josh

- What would be the ridiculous extreme?
  - Sleeping alone outside or alone in the house.

- If the current situation is Josh sleeps in mom's bed most nights and the goal situation is to sleep alone in room upstairs, what are the intermediate steps to get there?

Example Hierarchy for Josh

Goal situation: Sleeping alone in room for a babysitter

In own room with mom sitting in chair outside parent room for 5 minutes

In own room with mom sitting in chair down hallway for 5 minutes

In own room with mom sitting in chair outside room for 5 minutes

In own room with mom sitting in chair outside room for 10 minutes

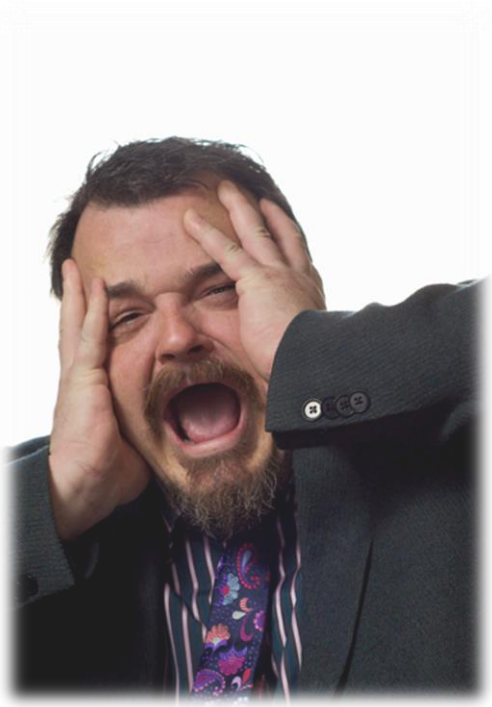
In own room with mom staying in chair in hallway until Josh is asleep

In own room with mom staying in chair in room until Josh is asleep

In own room with mom sleeping in cot for whole night

Current situation: Sleeping with mom every night in mom's room

THERAPY WITH RESISTANT YOUTH



“It’s too hard!”

- ***Remember: It’s important that the child always feel safe and in control. The goal is to build confidence through progressive success.***
- Fear ratings inflated? Point out nonverbal behavior, suggest they’re ready to try
- Ask if the child can think of a way to make the exposure easier
- Or, start practice on a lower rung than you finished previously
- Create a reward system that motivates child to overcome fear little by little
- Be patient and encouraging; don’t let your frustration or disappointment show

“It’s too easy!”

- Inaccurately low fear ratings? Client may be feigning bravery to please therapist or parent. Again point out non-verbals; this time suggest child slow down.
- Common myths leading to overly-optimistic fear ratings:
  1. Knocking out a higher rung on the fear ladder will also eliminate lower fears
  2. Going through all the steps quickly will help me get over my anxiety quicker
  3. If I beat my fear once, it will be gone for good
- Help them understand the facts:
  1. Extinguishing a fear takes lots of time and repetition. You cannot over-practice an exposure. It will seem boring at times.
  2. Going too quickly often leads to fears popping up again or surfacing as fuel for other worries.

Therapy With Resistant Youth

- For youth who resist before getting to E/RPs
  - Externalize the anxiety
  - Use child's language
  - Use hypothetical future worries
  - Make relaxation training and coping developmentally appropriate
  - Incorporate technology into homework
  - Ask child about a friend's worry thoughts; present therapy as an opportunity to learn to help a friend in need

INCLUDING PARENTS IN TREATMENT

Parents as Part of Treatment

- Mixed evidence for including parents as part of training and treatment
- Including parents in training and intervention:
  - Provides psychoeducation and facilitates discussions at home
  - Brings awareness to model positive coping
  - Reduces parental accommodation and reinforcement of anxious avoidance
  - Extends and generalizes therapy
  - Empowers parent to complete exposures at home

Anxious Parent

- Anxious parents tend to:
  - Model more fear
  - Be more controlling in anxiety-provoking situations
  - Have a higher level of overprotection
  - Model less effective coping
  - Discourage active coping in ambiguous situations
  - Doubt their child's ability to cope
  - Overestimate their child's fear levels

Working With Anxious Parents

- Tend to relate to and understand child's fears
- Give support, but refocus on child's anxiety
- Need support and emphasis on accommodation
- Reflect on completing exposures with child
- Focus on own awareness of modeling anxiety and building positive coping

Non-Anxious Parents

- Tend to have one parent who is non-anxious
- Struggle to understand and empathize with child or co-parent with anxiety
- Can have a “push through it” mentality
- Are motivated to get past “this stage”

Working With Parents Who Struggle to Relate

- Express empathy for difficulties and interference
- Use lots of examples to normalize anxiety and its extremes
- Discuss overwhelming feeling to “just push through it” and rationale of gradual exposures to create increased empowerment and self-esteem
- Emphasize acute and painful experience of anxiety for children
- Work to elicit any connection to parent’s own experience with anxiety or co-parent’s
- Enlist co-parent to assist in explaining feelings and child’s reactions while also encouraging a team approach

Exposures at Home

- Check for understanding of the process using different examples
- Have parent do multiple observations of child therapist and child working through gradual exposures
- Process observations and questions from observations with parent therapist
- Brainstorm together and make a set plan for exact exposures to be completed at home and number of times
- Provide coaching and check-ins via email mid-week, or have phone availability
- May want to video record exposures to share, problem-solve, and celebrate in session

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Questions…