Evidence Based Practices for Children and Youth with Anxiety Disorders

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By:

Shanelle Wenell

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Abstract

In the United States anxiety disorders are highly common and possibly the most widespread psychological disorders amongst children and youth (Mychailyszyn, Mendez & Kendall, 2010). Furthermore, left untreated, anxiety disorders often lead to a host of negative mental health issues such as substance abuse, depression, lack of healthy developmental experiences, family dysfunction, and low self-esteem.

Although there is significant evidence of the positive treatment results and efficacy of Evidence Based Practices (EBPs) when treating anxiety disorders, many clinicians continue to select treatments that are not empirically supported. These well-intending clinicians select treatments based on clinical intuition, rather than empirical data supporting their treatment selection. As a result, many youth are improperly treated for anxiety disorders (Muris, Mayer, Adel, Roos & Wamelen, 2009).

This paper explores the current Evidence Based Practices available for children and youth with anxiety disorders. Furthermore, given the time sensitive nature and long term negative effects anxiety disorders can have if they prevail into adulthood, this paper aims to provide support for utilizing Evidence Based Practices as the first line of treatment.
Dedications and Acknowledgements

I would like to thank my husband for his tireless support and effort, financially, emotionally, and physically as I completed both my degree and thesis. You have always encouraged me when I’ve lacked my own courage to move forward. You have been a rock for me through my own journey of anxiety and finding the professionals that have led me to recovery, so that I might lead others. Thank you.

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Lastly, this paper is dedicated to the many children and youth that have sat across from me, that have struggled with anxiety disorders, that have fought to make it through another day of school, that worked up the courage to speak to a new friend, that made the small decisions every day to work at reclaiming their life. You’ve encouraged me to be the best therapist I can be, to provide you with the best services you deserve. I hope this paper will serve to guide me and other clinicians to use the best research available, so that each child we see has the tools they need to cope with and recover from anxiety.
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Evidence Based Practices for Children and Youth with Anxiety Disorders

In the field of psychology, the integration of clinical practice and research has become a topic of great interest (Cukrowicz et al., 2005). In the 1970s, research revealed that much of what was done in medicine lacked scientific research, and as a result evidence based practices in medicine were born (Johnson, 2013).

Today, as the field of psychology receives more validation, support and funding in the field of healthcare, greater accountability is expected as was with the medical field.

Accountability in the field of psychology has spurred on the interest of utilizing Evidence Based Practices (EBPs). To many experts in the field, the uses of EBPs are for the benefit of the overall community. After all, the goal of utilizing EBPs is to improve the overall quality of care, enhance cost-effectiveness, and provide greater accountability to the field of mental health (Katsikis, 2014).

Moreover, training and teaching in the field of psychology has begun to emphasize the use of Evidence Based Practices because they are the most efficient and effective way to reduce symptoms of certain disorders.

**Evidence Based Practice**

The American Psychological Association defines Evidence Based Practice as the “integration of the best available research with clinical expertise for the promotion of efficacious psychological interventions” (Sburlati, Schniering, Lyneham, Rapee, 2011, p. 89).

Furthermore Evidence Based Practice is a comprehensive practice that incorporates a wide range of clinical information. This information includes, case conceptualization, therapeutic alliance, assessments, cultural considerations and integrates this data into the best treatment available as provided from research evidence.
Some opponents of Evidence Based Practices express concerns that what works in the medical field does not necessarily work with social science. The reason for this argument is social science does not contain a strict core of knowledge (Katsikis, 2014).

Furthermore, some clinicians feel the nature of Evidence Based Practices makes psychology too restrictive and therefore less humane, dampening creativity and thus the therapeutic relationship (Pagoto, et al., 2007).

However, while clinicians may raise concerns regarding the application of Evidence Based Practices in social science, the reality is science and research are set up to help control human error and bias. Scientific research allows for clinicians and practitioners to fairly evaluate the impact of their psychological interventions regardless of their biases (Duzois, 2013).

Furthermore, for many clinicians and practitioners scientific thinking is unnatural. Decades of research have shown if practitioners and clinicians rely solely on their intuition, they will get it wrong more times than they will get it right (Duzois, 2013).

Humans are wired to use their gut, hunches and intuitions in spite of convincing data (Duzois, 2013). Scientific thinking is unnatural; therefore it is imperative clinicians and practitioners utilize research and science as a foundation for clinical reasoning and application. Moreover, “clinicians possess an epistemic duty to rely on the best available scientific evidence when selecting treatments” (Lilienfeld, et al., 2013, p. 388).

More specifically in a society where anxiety disorders are becoming one of the largest economic, and social burdens to the U.S. healthcare system, it is imperative mental healthcare providers learn to work efficiently and effectively in the treatment of mental illness.
Anxiety Disorders

Impact on US Spending

In the United States anxiety disorders are the greatest mental health problem. Millions of Americans suffer from the symptoms of anxiety beyond a reasonable and healthy amount.

Furthermore, the economic impact of anxiety is significant. Both direct and indirect costs impact U.S. spending. The estimated annual cost of anxiety in 1990 was 42.3 billion U.S. dollars. The cost of anxiety disorders is more than that of schizophrenia and the affective disorders (Clark & Beck, 2010).

In 2003 the sales of pharmacotherapy drugs for antidepressants and mood stabilizers were an estimated $19.5 billion. While some anxiety is healthy and a normal part of day to day life, clinical anxiety is increasing rapidly in the United States (Clark & Beck, 2010).

Anxiety Disorder’s Common Thread

Amongst anxiety disorders there are common threads of symptoms pertaining to fear and heightened anxiety. More specifically, people with an anxiety disorder experience elevated levels of anxiety and fear in response to cues that signal real or imagined threat. Furthermore these cues could have formerly signaled a threat, which is no longer existent, yet the cues continue to alert the individual’s fear response (Craske et al., 2009).

Individuals experiencing anxiety disorders have a heightened level of bias attention to potentially threatening stimuli and contexts. Biologically, there is also a heightened level of amygdala response to perceived threatening stimuli or situations (Craske et al., 2009).

While heightened anxiety and fear response is common amongst the anxiety disorders, each disorder has a different set of threat related stimuli.
Social Anxiety Disorder

Individuals with social anxiety, experience symptoms of fear and anxiety around social interactions and performance. This fear may span a variety of social situations including work, social interactions, and public activities. Social anxiety is marked by disabling anxiety and fear that is out of proportion to the situation.

Specific to children social anxiety may be represented by excessive crying and tantrums, physically freezing up or shrinking back from people and or refusing to speak. These reactions can be in response to both strangers and people the child are familiar with (American Psychiatric Association, 2013).

Separation Anxiety Disorder

Separation Anxiety is characterized by excessive fear and worry regarding separation from home or from those the individual is attached to. The length of concern is excessive and expands a time frame of four or more weeks.

Individuals may experience symptoms of: excessive concern that harm will come to those they care for while they are away, the fear of being home without an adult or attached figures present, nightmares surrounding separation and or marked distress with the anticipation of being away from the ones the individual is attached to (American Psychiatric Association, 2013).

Generalized Anxiety Disorder

Generalized Anxiety Disorder is characterized by chronic excessive worry. The worry may span several different areas of life, including family, health, school, finances, etc. The worry is uncontrollable and unreasonable and causes significant impairment and dysfunction to the individual (American Psychiatric Association, 2013).
Obsessive Compulsive Disorder

Obsessive Compulsive Disorder is characterized by the existence of obsessions and compulsions that the person realizes is unreasonable or excessive. Individuals with Obsessive Compulsive Disorder experience intrusive unwanted thoughts that cause marked distress. As an effort to control these thoughts individuals will often perform mental or physical rituals to “neutralize” the unwanted obsessions (American Psychiatric Association, 2013).

Specific Phobia

Specific Phobia is an anxiety disorder marked by excessive and unreasonable fear of a specific object, situation or place. Examples may be fear of blood, body fluids, snakes, driving, flying, heights etc.

Furthermore exposure to the place, object or situation elicits excessive fear that can result in great distress causing panic attacks. Often the individual with a specific phobia avoids the stimulus. The individual realizes their phobia is obsessive and it causes great impairment in normal day to day functioning (American Psychiatric Association, 2013).

Statement of the Problem

Anxiety Disorders in Children and Youth

An estimated 10-20% of youth have an anxiety disorder (Mychailyszyn, et al., 2011). Anxiety disorders in youth are highly common, prevalent and impairing. Based on the complex and pervasive effects of anxiety disorders over a life period, time is of essence when treating youth suffering from the impairment of one.

Research shows that if left untreated anxiety disorders can persist into adulthood and greatly affect mental health and overall functioning. Furthermore, anxiety disorders in youth
become open doors for substance abuse, depression and mental, physical and social impairments in adulthood (Tiwari, et al., 2013).

Youth with an anxiety disorder that is improperly treated have a higher prevalence of persistent suicidal ideation (Wolk, Kendall & Beidas, 2015) and are six times more likely to be hospitalized for psychiatric disorders than those who do not suffer from an anxiety disorder. Moreover youth with anxiety disorders are 8 times more likely to develop depression than those without anxiety (Muris, Mayer, Adel, Roos & Wamelen, 2009).

In comparison to depression, anxiety disorders are much more persistent and chronic over one’s life span. Furthermore, unlike other disorders, without treatment remission of an anxiety disorder is relatively low (Clark & Beck, 2010).

In regards to occupational, academic and social functioning, overall quality of life for individuals with an anxiety disorder is significantly lower than those without one (Mendelowicz & Steinm, 2000).

Social and Developmental Effects of Anxiety

Beyond the long-term effects anxiety disorders can have on children and youth, day to day symptoms of anxiety impair many different domains of functioning. Anxious youth struggle with academics, peer relationships, personal distress that affects self-image, and family relationships (Drake & Ginsburg, 2012).

Academics. In the realm of school, one study showed that children and youth with anxiety disorders were 8 times more likely to fall into the lowest percentage of reading success and two and a half times more likely to be in the lowest percentage for math success (Mychailyszyn, Mendez & Kendall, 2010).
Furthermore anxiety symptoms present in children in the first grade were predictive of prevailing anxiety in the fifth grade, with continued lower academic achievement (Mychailyszyn, Mendez & Kendall, 2010).

In a study done by (Mychailyszyn, Mendez & Kendall, p. 113, 2010) based on a Likert scale teachers reported youth without anxiety disorders as “working significantly harder, learning significantly better, doing significantly better academically, and being significantly happier” compared to youth with anxiety disorders.

Furthermore school support is not as readily acknowledged or available for children and youth with anxiety disorders as it is for those suffering from external disorders (Mychailyszyn, Mendez & Kendall, 2010).

Given the internalizing nature of anxiety disorders, youth experiencing anxiety often go undiagnosed in a school setting compared to children exhibiting external disorders such as ADHD and disruptive behavior disorders. This provides an entirely different set of challenges for youth experiencing anxiety disorders. Teachers may misinterpret their lack of successful academic performance as laziness or unwillingness to try (Mychailyszyn, Mendez & Kendall, 2010)

**Peer relationships.** In regards to peer relationships, (Strauss, Frame & Forehand, 1987) found that students considered highly anxious by their teachers had significantly more trouble with psychosocial skills than children that were not anxious.

Moreover, compared to children and youth without a psychological disorder those with anxiety disorders struggled more with emotional regulation. For children with anxiety disorders, lack of emotional regulation expresses itself as the inability to express culturally appropriate
emotions, which are imperative for social development (Mychailyszyn, Mendez & Kendall, 2010).

Sadly, the impact of anxious children and youth’s behaviors affects their ability to develop peer relationships. Children and youth, who lack the ability to regulate their emotions, may be looked at, as socially inept by their peers. Therefore, they are less likely to be considered popular or confident and are more likely to attract other friends that are socially withdrawn (Coplan, Girardi, Findlay, & Frohlick, 2007).

The more children and youth lack healthy peer relationships, the greater their inability becomes to develop socially appropriate relationship skills (Mychailyszyn, Mendez & Kendall, 2010).

Furthermore, a study done by (Suveg, Sood, Comer & Kendall, 2010), discovered children and youth with anxiety disorders are less capable of identifying and recognizing facial expressions. The recognition of facial expressions is also an imperative skill for the development of social relationships. Therefore, these children with anxiety disorders are more likely to struggle with interpersonal relationships and encounter more socially awkward experiences, perpetuating the cycle of anxiety.

**Family relationships.** In a study done by (Suveg, Sood, Comer & Kendall, 2009) mothers of children with anxiety disorders, reported their children tend to be less flexible, negative and easily emotionally impacted compared to children without a psychological disorder.

Unknowingly, parents raising children with anxiety disorders may unintentionally perpetuate the problem of emotional regulation. Specifically a study by (Hurrell, Hudson & Schniering, 2015) suggests mothers of children with anxiety respond with less supportive emotions when dealing with the child’s negative emotional responses. Furthermore research
supports that parental response to children’s emotions plays an important role in the development of emotional regulation (Hurrell, Hudson & Schniering, 2015).

**Anxiety Disorders in Children and Youth go Undiagnosed**

In comparison to disorders that present more external symptoms, such as attention-deficit/hyperactivity disorders or conduct disorders, anxiety disorders receive much less attention (Mendez, Mychailyszyn, Kendall, 2010). Children and youth with anxiety disorders tend to present themselves as being shy or possibly quiet, making it sometimes difficult to diagnose their disorder.

In addition, those with anxiety disorders often misunderstand the physiological symptoms of anxiety and interpret them as an illness. While children may complain to parents or family members about their symptoms, they often do not affect members outside of their family with their difficulties from anxiety. Rather they are avoidant and or ashamed of their symptoms; therefore they often go undiagnosed (Miller, Short, Garland, Clark, 2010).

Often, by the time a child receives treatment the symptoms of anxiety have already created detrimental effects to their development in many ways. These effects are typically, lower self-confidence, frustration, and more or less likely impaired peer relationships (Miller, Short, Garland, & Clark, 2010).

Youth experiencing the relentless symptoms of anxiety often begin to experience depression in adolescents as symptoms of anxiety steal away normal developmental activities such as friendships, academic performance, and achievements along with peer popularity (Miller, Short, Garland, & Clark, 2010).
Importance of Early Intervention and Treatment

Research shows the higher level of anxiety and the older the child, the less responsive they become to treatment (Kendall, Settipani, & Cummings, 2012). However, the more likely children and youth are properly diagnosed and treated for anxiety early on, the less likely they are to suffer from it in adulthood. Therefore, early diagnosis and proper treatment for these youth are both imperative and essential for their ongoing and long term health (Mychailyszyn, et al., 2011).

Evidence Based Treatment for Anxiety Disorders in Children and Youth

Over the past two decades, there has been significant improvement in the understanding of evidence based treatment interventions for children and adolescents with anxiety disorders (Muris, Mayer, Adel, Roos & Wamelen, 2009).

Cognitive Behavior Therapy and Selective Reuptake Inhibitors (SSRIs) have a positive treatment effect on anxiety disorders, both individually and together (Brown University Child & Adolescent Psychopharmacology, 2014).

However, more specifically, SSRIs in combination with Cognitive Behavior Therapy have proven most effective for the treatment of anxiety disorders in children and youth (Mohatt, Bennet & Walkup, 2014).

Under the category of anxiety disorders successfully treated with SSRIs and CBT are: social anxiety disorder, generalized anxiety, separation anxiety, OCD and specific phobias.

The strongest evidence in research for anxiety disorders supports the use of SSRIs and CBT in conjunction with one another rather than independent (Mohatt, Bennet & Walkup, 2014).

In the Child/Adolescent Anxiety Multimodal Study (CAMS) a 12 week study of SSRI therapy, CBT therapy and a combination of the two were assessed at weeks 24 and 36.
488 youth ages 7-17 were randomly assigned to a group. At the 24-week mark 422 of the youth showed positive response to treatment in all three groups.

However, the youth that were treated with CBT and SSRIs combined had greater treatment results (80.7 %) than those assigned to the CBT (59.7%) or the SSRI (54.9%) group alone. All three therapeutic groups succeeded over the placebo group at (28.3%) (Piacentini et al., 2014).

**SSRI Risks VS Benefits**

While many parents and practitioners see the benefits of using medication in the treatment of anxiety disorders, some of the adverse side effects of the medication may cause parental concern.

**Risks for children under the age of 7.** In a study completed, 39 children under the age of 7 with disabling anxiety; received SSRIs for help with the reduction of symptoms. Of the 39 children 40% of them experienced severe to moderate activation of adverse events including: aggression, risk taking, oppositional behavior, irritability, swearing and increased loud and jumpy behavior, with an average onset of symptoms at 23 days (Brown University Child & Adolescent Psychopharmacology, 2007).

Beyond behavioral side effects, parents may worry about additional suicidal ideation or suicidal behaviors SSRIs may induce. Specifically since the FDA issued a black box warning in 2003-2004 on antidepressants there has been a decline in prescriptions, particularly in relation to the fear of increased suicidal ideation or behavior (Brent, 2009).

Therefore, in order for families treating youth with anxiety disorders to weigh out the risk versus benefits of utilizing an SSRI in combination with CBT, it is important for them to know the statistical data surrounding the risks.
In clinical studies of more than 4,300 youth there have been no actual suicidal attempts rather an increase in suicidal ideation. Furthermore, studies have shown that increased suicidal ideation or risk with youth taking medication is .09% rather than the initial 2% reported by the FDA (Brent, 2009).

While these numbers may seem low, it is at the discretion of family members to decide the benefits versus the risks of potential adverse events with using SSRIs as a form of treatment in conjunction with CBT.

Moreover, clinicians utilizing evidence based practices, such as CBT and SSRIs for children with anxiety disorders, are most likely utilizing systematic assessments to rate and track their client’s symptoms and behaviors. This added data and systematic approach; may further help parents feel educated and comfortable with the use of SSRIs (Brent, 2009) in addition to CBT.

**Cognitive Behavior Therapy**

Cognitive Behavior Therapy (CBT) is a cognitive model of therapy. The basic model is founded on how one’s thoughts, and perceptions about a situation influence their emotions and behaviors. Furthermore once one’s emotions and behaviors are involved there is often a physiological response (Clark & Beck, 2010).

Often people’s thoughts and perceptions regarding a situation are inaccurate, distorted and or dysfunctional. Especially if an individual is in a stressful situation, the likelihood of their thoughts being accurate is slim. Therefore, cognitive behavior therapy helps clients to address their dysfunctional, automatic thoughts and assess them.

**Automatic thoughts.** Automatic thoughts are thoughts that occur almost instantly without much processing of information. These thoughts can present themselves in a form of
mental imagery or verbal information. Once a person is able to capture and identify the automatic thoughts, they are then able to correct and adjust their thinking to help them more accurately think about, perceive and respond to a situation (Clark & Beck, 2010).

Moreover addressing automatic thoughts and gaining a more accurate perspective of one’s situation, decreases client’s level of distress, thus allowing them to behave in a functional and healthy manner. Furthermore decreasing distress levels and behaving more functionally, particularly in the case of anxiety, often decreases physiological symptoms as well.

Cognitive Behavior Therapy is also a transdiagnostic form of therapy. Meaning it is able to target overlapping dysfunctional thinking patterns and processes that are most commonly prevalent across the various types of anxiety disorders (Clark & Beck, 2010).

**Cognitive Behavior Therapy for Children and Adolescents**

Cognitive Behavior Therapy is considered the most effective evidence based psychotherapy treatment for children and adolescents dealing with an anxiety disorder.

Furthermore, it is a therapeutic model that is sufficient without the engagement of parental involvement in therapeutic sessions and is adaptable to the developmental stages of children and adolescents.

In a study completed by (Jansen et al., 2012) based on the Cognitive Behavior Therapy model, children ages 8-17 years old received therapy for a range of anxiety disorders. The anxiety disorders included SAD, GAD and SP. After the completion of 8 weeks of treatment, at a 3-month post follow up, 56% of children were free of their primary anxiety diagnosis and 41% no longer met criteria for an anxiety disorder. Furthermore, the results were even more significant than a group of children receiving Family Based Cognitive Behavior Therapy.
Interestingly enough, developmental and etiological explanations of anxiety offer that parental influences are important to the ongoing symptomology and structure of childhood anxiety disorders. However current research does not indicate it has an added benefit. Rather child focused CBT has proven more viable (Wei & Kendall, 2014).

While further research needs to be done in the area of parental involvement with anxiety disorders, perhaps one explanation is that Cognitive Behavior Therapy teaches children and adolescents the skills to begin cognitive restructuring on their own.

Cognitive restructuring allows children more independence in their ability to think appropriately about anxiety provoking situations without the consistent reliance of outside influences, to help them feel safe (Jansen et al., 2012).

Often well-intended parents continue the cycle of anxiety by allowing children to overly rely on them for safety when they feel anxious. While children need the comfort and security of their parents, when a child becomes overly dependent on a parent for reassurance due to anxiety, this can become a safety seeking behavior.

**Safety seeking behaviors.** In short safety seeking behaviors are behaviors intended to reduce anxiety, but actually perpetuate the cycle. As children utilize safety seeking behaviors to avoid dealing with anxious feelings and thoughts, they can become dependent on them (Clark & Beck, 2010). More often than not, safety seeking behaviors help in the short term, but create a long term problematic pattern, as children learn to avoid fully confronting their fears or worries.

Furthermore, when parents are involved in the continuous engagement of safety seeking behaviors, children do not learn to independently manage their anxiety. This dependence upon family members can become tiring and worrisome for any well-intended parent.
For example, a child that has separation anxiety may request a parent to call and check on them many times throughout the day. While a parent may find this behavior acceptable and comforting to their child, it teaches the child to avoid feelings of anxiety by continuously reassuring them through external behaviors.

While parents are encouraged to gain psychoeducation regarding their child’s diagnosis, and help children with the skills they learn in Cognitive Behavior Therapy, the treatment model overall teaches children to cope internally with their diagnosis thus increasing their locus of control.

Through learning to cope with some level of anxiety, restructure thinking patterns and address their fears, children are able to play a central role in their own recovery.

Through Cognitive Behavior Therapy children learn coping skills such as deep breathing exercises, and muscle relaxation for heightened anxiety. Furthermore they learn the ability to restructure their thinking and complete the process of exposure to anxiety provoking situations, in a slow and progressive format.

**Coping Skills**

**Deep breathing.** Deep breathing exercises are often taught to those dealing with stress and anxiety disorders (Bourne, 2000). It is not unusual for individuals that are dealing with anxiety to begin breathing at a rapid shallow pace. This training tool is often used for individuals dealing with panic disorder.

Deep breathing helps increase blood flow and slows down one’s heart rate, presenting the body with physical cues to relax (Clark & Beck, 2010). This is a quick and easy tool to teach children and is often one of the first relaxation tools taught in CBT.
**Progressive muscle relaxation.** Muscle relaxation is a common tool used in CBT to help children and youth understand when their bodies are starting to feel tense. It was developed by a Harvard University physiologist, Dr. Edmund Jacobson. Dr. Jacobson discovered that by squeezing and releasing muscles one could induce deep relaxation.

Clients are instructed to systematically tense and release different parts of their muscle groups for 5-7 seconds and notice the release of tension (Bernstein & Borkovec, 1973). This technique is particularly useful in helping clients that are experiencing heightened anxiety concerning other CBT techniques such as exposure interventions.

**Cognitive restructuring.** Cognitive restructuring teaches children to develop a new way of thinking about their anxious concerns and the level of threat they actually present. During cognitive restructuring the therapist focuses on the most active or recent threat the child or adolescent is facing. Cognitive restructuring is an important step in helping children and youth learn to deactivate their brains developed patterns of anxiety (Clark & Beck, 2010).

Some of the techniques children learn during cognitive restructuring are evidence gathering, decatastrophizing, and generating alternative outcomes.

**Exposure interventions.** Exposure interventions are a critically important step in treating anxiety disorders. Most anxiety disorders trigger a fight or flight response which can often end in avoidance of feared objects, places, thoughts, stimuli, etc. While the initial avoidance provides the client with some level of comfort and relief, it also teaches them they are safe because of their avoidance (Beck & Emery, 2005).

Empirical evidence suggests that exposure therapy provides a significant amount of reduction in anxiety; therefore it plays a critical role in cognitive behavior therapy for anxiety.
disorders (Riggs, Cahill, & Foa, 2006). Children and youth learn that it is exposure to the feared stimuli rather than avoidance that ultimately reduces symptoms of anxiety.

Exposure interventions involve a slow and progressive exposure to fear stimulating, events, objects, places, thoughts or stimuli. The exposure is progressive in that it starts with the least anxiety provoking situation and slowly progresses to greater levels of anxiety provoking stimuli (Clark & Beck, 2010).

Due to the intense amount of anxiety children and adolescents may face when discussing exposure interventions, it is imperative that parents understand the rationale for treatment and are provided with the statistical research regarding the benefits of exposure. Furthermore, it is important the client, parent and therapist are aligned for this portion of therapy and that it is slow, progressive and consistent.

**Developmental Concerns for Children and Adolescents Receiving CBT**

A common misperception of Cognitive Behavior Therapy is the notion that children are unable to follow a cognitive model because of their limited range of thinking. However, mental health professionals treating children and adolescents are able to adapt Cognitive Behavior Therapy techniques to the developmental level of children and adolescents that is appropriate for their age (Melfsen et al., 2011).

Furthermore, the cognitive model allows for the flexibility of mental health professionals to adapt treatment according to the child’s individual cognitive style. For example therapists may need to take into consideration whether or not a child is a concrete or abstract thinker. The therapist is then able to utilize the information and adapt ideas and concepts that are relative to the child’s worldview and developmental level (Melfsen et al., 2011).
Moreover the use of language is adaptable for children as therapists learn to select words based on the child’s level of vocabulary. Through the use of hands on demonstrations, pictures, and examples taken from the child’s day-to-day environment Cognitive Behavior Therapy is adaptable for children and adolescents at many different levels of development (Melfsen et al., 2011).

Cognitive Behavior Therapy and Intersections with Adlerian Therapy

Much like Adlerian Therapy, Cognitive Behavior Therapy addresses people’s basic understanding of themselves, their world, and those around them. Cognitive Behavior Therapy believes that one’s distorted self-beliefs influence the way they process information about themselves and the world around them.

In Adlerian terms one’s private logic contributes to the way they interact with their environment and their beliefs about the world around them. Adler and Dreikurs both realized positive self-regard and a belief that one is equal with others are key contributors to mental health and becoming functional individuals.

Furthermore private logic much like distorted self-beliefs in CBT is often faulty and inaccurate. According to Adlerian Therapy, private logic is developed during the very early years of development. However, much of what is observed during the early stages of life is inaccurately interpreted. When gone unchallenged, these inaccurate interpretations can follow individuals into their adult life often creating unhealthy and dysfunctional patterns of thinking and behavior.

Adler described private logic as such; “a neurotic person may have an inclination of normalcy of life around them, however regardless of this inclination his or her behaviors operate
out of a completely different frame of reference. This behavior is not often understood by others around them, however it makes complete sense to the neurotic person” (Rosenthal, p.6, 1963).

Similarly, Adlerian Therapy and CBT address how an individual’s development contributes to maladaptive self-beliefs. While Adlerian Therapy commonly utilizes early recollections to understand an individual’s framework of reference, CBT dissects how life events and experiences contribute to an individual’s misguided beliefs, dysfunctional thoughts and unhelpful behavior patterns (Ferguson, 2001, p.326).

**Implementing Cognitive Behavior Therapy**

Although significant progress has been made in research regarding CBT and its effective results for children and youth with anxiety disorders, many children still do not receive this evidence based treatment. This only highlights the need for “improved dissemination and implementation of these interventions” (Elkins et. al., 2011, p. 161).

As the mental health realm moves diligently towards evidence based practices it is imperative young graduates and novice therapists begin to become competent in the area of EBPs. Newly graduated therapists unfamiliar with CBT may have concerns regarding the time it will take to learn and implement a new theory. However, research shows even novice therapists trained in CBT are able to show competence and produce positive clinical results with initial training and supervision (Brown et al., 2013).

Furthermore, the same study showed therapists with greater years of experience predicted less competence in the delivery CBT even after initial training. These findings suggest the importance of learning EBPs as a novice therapist and maintaining continued education and training through supervision.
Conclusion

While anxiety disorders are common amongst the population, their presence wreaks havoc not only on the individuals that experience them but on society as a whole. Anxiety disorders affect U.S. spending, are one of the top reasons for disability and affect the overall health of society as a whole.

For children and youth these disorders steal away success in academics, normative developmental experiences, affect peer relationships and family relationships. Left untreated anxiety disorders begin the chain of ongoing social, functional mental impairment and suicidal ideation.

However, research has proven Cognitive Behavior Therapy combined with SSRIs is an effective evidence based treatment for the treatment of anxiety disorders.

Given the prevalence of anxiety disorders and the long term negative impacts they can have on children and youth, when left improperly treated, it is recommended that CBT in conjunction with SSRIs be utilized as the frontline treatment of choice.
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