



BHIPP BRIEFS:

A PRIMER ON COGNITIVE BEHAVIORAL THERAPY FOR PEDIATRIC ANXIETY DISORDERS

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OBJECTIVES



1. Differentiate clinical from non-clinical anxiety in children
2. Recognize the “core” components of cognitive behavioral therapy (CBT)
3. Overview a “typical course” of CBT and treatment considerations

Please call our BHIPP telephone consultation line (855-MD-BHIPP) for specific- treatment related questions.



CLINICAL VERSUS NON-CLINICAL ANXIETY

- Fear and anxiety are adaptive
- Fear and anxiety are common
 - Natural response to many situations
 - Circumscribed to specific events
- Clinical versus non-clinical anxiety
 - Frequency and Intensity
 - Distress / Interference
 - Duration



CLINICAL VERSUS NON-CLINICAL ANXIETY

- Clinically Significant Anxiety & Childhood Anxiety Disorders
 - Separation anxiety
 - Specific phobias
 - Social anxiety
 - Generalized anxiety
 - Panic disorder / agoraphobia
- Anxiety related conditions
 - Selective Mutism
 - Obsessive-Compulsive Disorder
 - Trauma / Post-Traumatic Stress Disorder



CLINICAL VERSUS NON-CLINICAL ANXIETY

- Screening tools in primary care
 - Screen for Child Anxiety and Related Disorders (≥ 25)
- “When in doubt, refer out”
- Psychological / Psychiatric evaluation for Anxiety
 - Clinical interview to determine diagnostic criteria



COGNITIVE BEHAVIORAL THERAPY (CBT)

- Two primary evidence-based treatments
 - SSRIs---covered in previous BHIPP Brief
 - Exposure-based Cognitive Behavior Therapy (CBT)
- Exposure-based CBT for pediatric anxiety
 - Structured approach to treatment
 - Efficacious in clinical trials
 - Effective in community practice



COGNITIVE BEHAVIORAL THERAPY (CBT)

- Psychological education about child/adolescent anxiety
- Relaxation training
- Cognitive strategies
- Exposures or “behavioral experiments”
- Homework assignments



COGNITIVE BEHAVIORAL THERAPY (CBT)

- “Typical” course of CBT
 - Psycho-education
 - Symptom hierarchy development
 - Relaxation training
 - Cognitive strategies
 - Exposures
- Related CBT skills incorporated into treatment as needed



COGNITIVE BEHAVIORAL THERAPY (CBT)

- “Typical” CBT session
 - Weekly
 - Interval events and homework review
 - Presentation of new skill
 - Practice skill in session w/ corrective feedback
 - Homework assignment
- Caregiver involvement



CONSIDERATIONS WHEN RECOMMENDING CBT TO FAMILIES

- Patient and family readiness for treatment
- Prior “therapy” attempts
- Access and availability of CBT providers



CONCERNS RELATED TO SCHOOL REFUSAL

- School avoidance and refusal are common problems
- Comprehensive assessment needed to determine cause
 - Tailor skills to address cause/concern
- Common examples
 - Fears related to performance → performance exposure
 - Fears of embarrassment → embarrassment exposures
 - Fears related to contamination → contamination exposure



QUESTION

A 11-year-old girl presents with her mother who reports that her daughter has a generalized anxiety diagnosis. When you ask about treatment, she describes that her daughter has been seeing “someone for the past year”. When you ask her mother to describe what goes in in treatment, which of the following sounds most like a CBT session:

- A. “She usually goes into therapy by herself, and I don’t know what they do in there.”
- B. “She gets to talk about her problems and sometimes feels better”
- C. “She learns skills to deal with her anxiety, and gets assigned homework that I help her do at home”
- D. “She sees the doctor once a month who talks to her for a bit”



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SUMMARY

- Anxiety is common in children and adolescents
- When “clinically significant”, there are two evidence-based treatments
- Exposure-based CBT is an efficacious and effective treatment for children and adolescents with anxiety disorders
- In a structured format, patients and families develop skills to manage anxiety in CBT



QUESTIONS?: CALL BHIPP!

- Offering support to pediatric primary care providers through free:
 - Telephone consultation: M-F, 9am-5pm **(855-MD-BHIPP)**
 - Resource & referral support
 - Training & education
 - Regionally specific social work co-location (Salisbury University)
- Supported by Maryland Department of Health, Behavioral Health Administration
- More information at: www.mdbhipp.org

