

Cognitive Behavior Therapy for the Anxiety Triad

Olga Jablonka, BA^a, Alix Sarubbi, PsyD^b, Amy M. Rapp, BA^a,
Anne Marie Albano, PhD, ABPP^{b,c,*}

KEYWORDS

- Cognitive behavior therapy • Anxiety triad • Children and adolescent anxiety
- Separation anxiety • Generalized anxiety • Social phobia
- Treatment for pediatric anxiety

KEY POINTS

- Cognitive behavior therapy (CBT) should be strongly considered by any provider for a child or adolescent who experiences anxiety.
- The three most common anxiety disorders among youth—separation anxiety disorder (SAD), generalized anxiety disorder (GAD), and social phobia (SoP)—known as the child and adolescent anxiety triad, are frequently comorbid.
- Children with SAD primarily worry about being away from their caregiver for fear that something bad will happen to either of them.
- Children with GAD typically focus their worry on realistic concerns or self-directed worries regarding performance, perfectionism, or other unrealistic expectations.
- Children with SoP fear embarrassment or humiliation in front of others.
- CBT addresses physiologic, cognitive, and behavioral aspects of anxiety through various treatment components including psychoeducation, affective identification, somatic management, cognitive restructuring, behavioral exposure, family involvement, and relapse prevention.

INTRODUCTION

When childhood anxiety is treated through empirically supported psychosocial treatments (eg, The Coping Cat Program¹), the likelihood of improvement is high.

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^a Children's Day Unit, Department of Child and Adolescent Psychiatry, Columbia University/New York State Psychiatric Institute, 1051 Riverside Drive, Unit 74, New York, NY 10032, USA;

^b Columbia University Clinic for Anxiety and Related Disorders, 3 Columbus Circle, New York, NY 10019, USA; ^c Columbia University/New York State Psychiatric Institute, 1051 Riverside Drive, Unit 74, New York, NY, USA

* Corresponding author. Columbia University Clinic for Anxiety and Related Disorders, Columbia University/NYSPI, 1051 Riverside Drive, Unit 74, New York, NY 10032.

E-mail address: AlbanoA@nyspi.columbia.edu

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Research has shown that approximately 60% to 70% of children over age 7 years no longer met criteria for an anxiety disorder^{2–5} after receiving cognitive behavior therapy (CBT) based on the Coping Cat Program.¹ Although medication performs well in clinical trials in treating anxious youth as a monotherapy, and when combined with CBT,⁴ CBT is rated as more acceptable, believable, and effective in the short- and long-term by parents.⁶ CBT should be strongly considered by any provider for a child or adolescent who experiences anxiety.

The current article discusses the existing as well as the newly developed CBT methods for the three most common anxiety disorders among youth:

1. Separation anxiety disorder (SAD)
2. Generalized anxiety disorder (GAD)
3. Social phobia (SoP).

These three disorders, otherwise known as the child and adolescent anxiety triad, are frequently comorbid and have been studied together in several clinical trials examining the efficacy of CBT for anxiety.^{2,5,7,8} These three anxiety disorders are hypothesized to share similar causes and have demonstrated similar response profiles to CBT and medication treatment. It is for these reasons that the current article focuses on the childhood anxiety triad.

OVERVIEW OF THE EXISTING CBT METHODS FOR THE CHILD ANXIETY TRIAD

The past two decades have witnessed a surge of clinical trials examining the efficacy of CBT for childhood anxiety disorders with good effect.^{9,10} Consequently, the Coping Cat Program¹ has been deemed as “probably efficacious” in the treatment of childhood anxiety.^{10,11} Of note, this designation came prior to the comparison of the Coping Cat with medication in the National Institute of Mental Health–sponsored Child/Adolescent Anxiety Multimodal Study,⁵ which added strong support for a new Coping Cat classification of efficacious. CBT protocols, including the Coping Cat Program,¹ have been adapted to group formats that have also demonstrated efficacy in treating anxious youth with the triad.^{12,13}

In the Coping Cat Program, anxiety is conceptualized through a tripartite model^{9,14} involving physiologic, cognitive, and behavioral components. CBT addresses these three aspects of anxiety through various treatment components including psychoeducation, affective identification, somatic management, cognitive restructuring, behavioral exposure, family involvement, and relapse prevention.¹⁵ Psychoeducation helps the child and family understand the nature of anxiety and how CBT specifically works in reducing anxiety, whereas affective identification and somatic management skills training address the physiologic and emotional aspects of anxiety. Cognitive restructuring targets the cognitive component of anxiety by assisting the child in recognizing anxious thoughts and then teaching age-appropriate ways for the child to engage in more rational, balanced, and coping-focused thinking. Behavioral exposure, long understood as the cornerstone of CBT treatments for anxiety, enables the child to make small steps toward approaching feared situations. The goal of exposure is to provide a personally salient experience in coping as the child learns that feared ideas about a situation were either untrue or, if a negative experience, something they can cope with and handle. Exposure directly reverses the avoidance behavior that accompanies and maintains anxiety. The use of family involvement is essential, because parents can provide valuable information regarding their child’s specific fears. Parents also learn how to effectively manage their child’s anxiety and how to coach him or her through behavioral exposures. Relapse prevention strategies then help the child maximize treatment gains through the design of coping plans for future obstacles.

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