

Cognitive Behavioral Therapy for Anxiety and Depression in Children and Adolescents



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KEYWORDS

• Anxiety • Depression • Child • Adolescent • Cognitive therapy • Behavior therapy

KEY POINTS

- Anxiety and depression are highly prevalent in youth.
- Assessments for youth should ideally be multimethod and multi-informant.
- Cognitive behavioral therapy (CBT) has received strong empirical support for the treatment of anxiety and depression in youth.
- Latest research in the field is focused on innovative approaches to enhance CBT, the personalization of treatment, and increasing access to treatment using technology.

Anxiety and depressive disorders are the most common mental health conditions affecting children and adolescents.¹ Anxiety and depression are commonly comorbid in youth, overlapping in symptoms, cause, and sequelae.² However, despite their common cooccurrence, these disorders are also distinct. This review summarizes the most up-to-date information on the phenomenology, assessment, and treatment of anxiety and depressive disorders in children and adolescents, as well as highlights some of the more recent and novel developments in treatment approaches for these disorders.

PHENOMENOLOGY OF ANXIETY DISORDERS IN YOUTH

Anxiety disorders are the most common mental health problem during childhood and adolescence, with lifetime prevalence rates ranging from 9% to 30%.^{1,3} Many anxiety

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disorders have their onset during childhood, with separation anxiety disorder (SAD) and specific phobias usually occurring before age 10, social anxiety disorder (SoAD) tending to emerge during late childhood and early adolescence, and panic disorder and agoraphobia usually having an age of onset during late adolescence or early adulthood.^{3,4} There is less consistent evidence for the age of onset of generalized anxiety disorder (GAD). Anxiety disorders are more common in girls and women, with the gender difference beginning in childhood and showing an increase over development.⁴ Anxiety disorders have a deleterious short- and long-term impact on youth. In the short term, children with anxiety disorders tend to show poorer academic performance and impairments in social and family functioning.⁵ Contrary to common beliefs that children will “grow out” of their anxiety, untreated childhood anxiety is often unremitting into adulthood and increases the risk of developing other mental health problems (eg, depressive and substance use disorders).⁶

PHENOMENOLOGY OF DEPRESSIVE DISORDERS IN YOUTH

In children, depressive disorders can also be characterized by extreme irritability rather than sad mood or anhedonia.⁷ With the typical age on onset between 11 and 14 years,⁸ prevalence rates for mood disorders in children are relatively low (<1%),⁹ although this increases substantially during adolescence, with prevalence estimates ranging up to 14%.¹ This increase is often attributed to pubertal and social changes during adolescence.¹⁰ Mood disorders in youth are associated with serious impairments in social, academic, and occupational functioning^{11,12} as well as smoking and alcohol abuse.¹³ In addition, adolescents with major depression are 27 times more likely to die by suicide.¹⁴ During childhood, there are either no gender differences in mood disorders or slightly higher rates in boys; however, this gender distribution changes in adolescence to an increased prevalence (around 2:1) among girls.¹⁵ Although most adolescents recover from their initial depressive episode, 50% to 70% relapse within 5 years.^{16,17} Similar to anxiety, depression in childhood and adolescence is associated with an increased risk of adult anxiety, substance-use disorders, suicidal behavior, and unemployment.^{18,19}

EVIDENCED-BASED ASSESSMENT

Anxiety and depression symptoms both lie on a continuum of severity. Accurate assessment is the foundation upon which treatment planning and monitoring is built, and current recommendations are that youth are screened for symptoms of anxiety, depression, and functional impairment, and that a comprehensive diagnostic evaluation be undertaken if symptoms are present.²⁰ In youth, it is important to not only accurately diagnose anxiety and depression but also detect the presence of subsyndromal symptoms, because youth with subsyndromal symptoms are at high risk of developing full-threshold disorders over time.²¹

There are 2 main methods used to assess anxiety and depression in youth: clinician-administered instruments and parent- and youth-report questionnaire-based measures of symptoms and symptom severity. Although a detailed description of measures is beyond the scope of this review, the most commonly used measures are briefly summarized in later discussion.

Clinician-Administered Diagnostic Interviews and Symptom Measures

Clinician-administered diagnostic interviews are the most comprehensive, reliable, and valid method to determine diagnostic status for youth with these disorders. Diagnosing anxiety and mood disorders in youth requires knowledge of normal child

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