Treating Anxiety Disorders in Children: The Child Anxiety and Phobia Program (CAPP)

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"...STAY AWAY FROM THE GANGS, DON'T TALK TO STRANGERS, BE CAREFUL BREATHING THE ASBESTOS, BE SURE TO WEAR YOUR FLAK JACKET, SAY NO TO DRUGS AND SEX, DON'T GET LOST IN THE OVERCROWDED CLASSES, DON'T GET STABBED OR SHOT, STUDY HARD, AND HAVE A NICE DAY!..."

THE FAMILY CIRCUS

"Isn't seven awfully young to be concerned about global warming?"

DSM-IV Anxiety Disorders

- Other disorders of Infancy, Childhood, or Adolescence
  - Separation Anxiety Disorder

- Anxiety Disorders

  - Panic Disorder with Agoraphobia
  - Panic Disorder without Agoraphobia
  - Agoraphobia without History of Panic Disorder
  - Specific Phobia
  - Social Phobia (Social Anxiety Disorder)
  - Obsessive-Compulsive Disorder
  - Posttraumatic Stress Disorder
  - Generalized Anxiety Disorder

Use of Diagnostic Interview Schedule

Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Versions

(Silverman & Albano, 1996)

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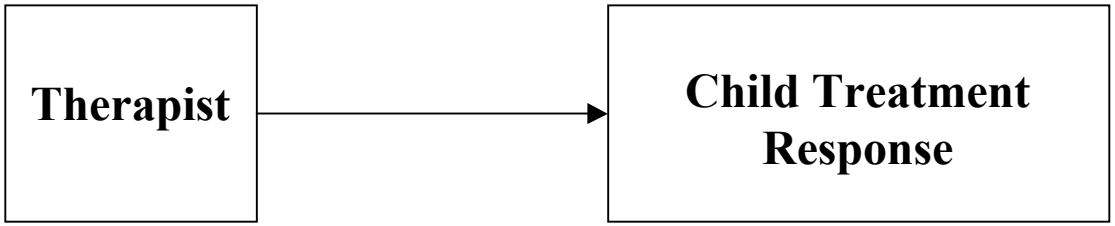
Test-Retest Reliability of the ADIS for DSM-IV: Child and Parent Versions

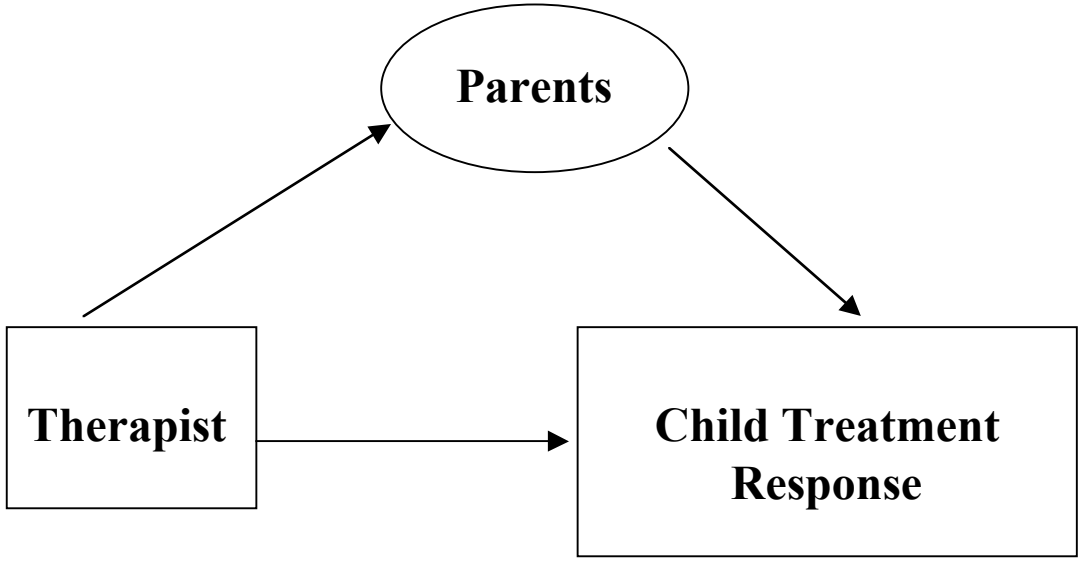
	6-11 years (n=39)	12-17 years (n=23)	Total sample (N=62)
	_	_	_
Combined			
SAD	.84	---	.84
SOP	.85	1.00	.92
SP	.84	.71	.81
GAD	.84	.70	.80

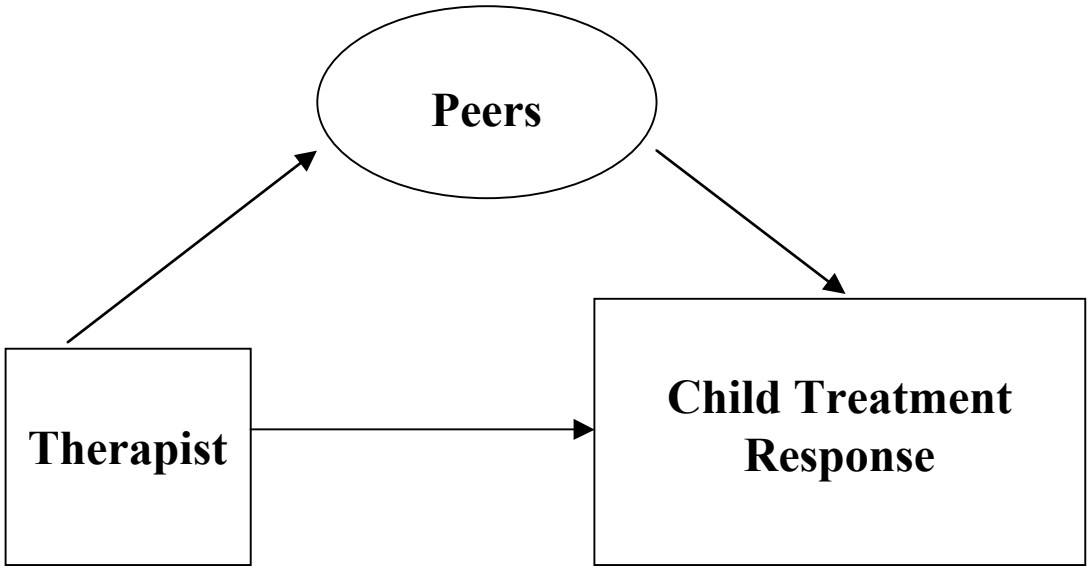
Silverman, Saavedra, & Pina, 2001

Randomized Clinical Trials

- Kendall (1994)
- Barrett, Dadds, & Rapee (1996)
- Kendall et al. (1997)
- Barrett (1998)
- Cobham, Dadds, & Spence (1998)
- King et al. (1998)
- Last, Hansen, & Franco (1998)
- Mendlowitz et al. (1999)
- Silverman et al. (1999a)
- Silverman et al. (1999b)
- Beidel, Turner, & Morris (2000)
- Flannery-Schroeder, & Kendall (2000)
- Hayward et al. (2000)
- Spence, Donovan, & Brechman-Toussaint (2000)
- Ginsburg, & Kelly (2002)
- Manassis et al. (2002)

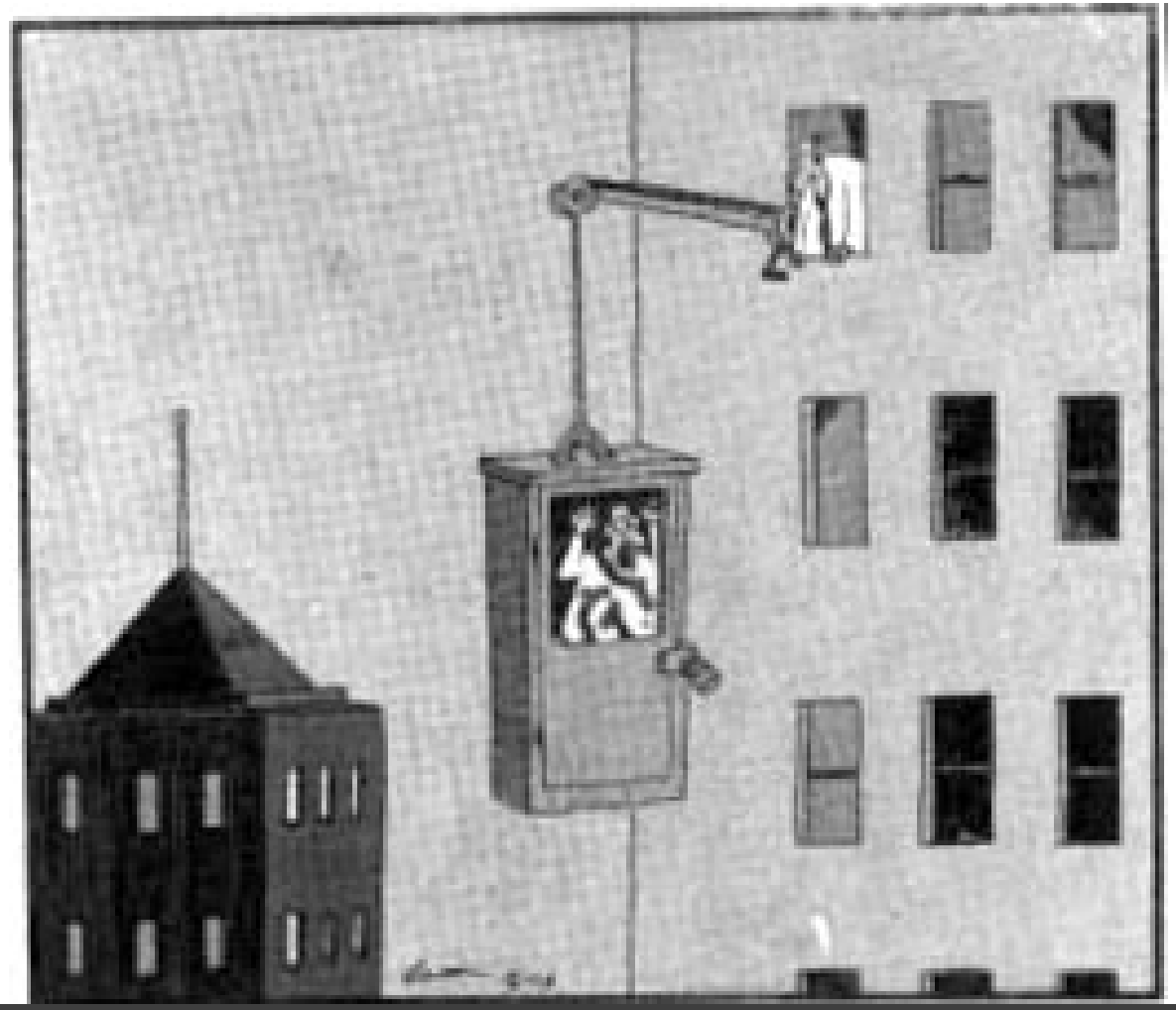

Therapist
Child Treatment Response


Parents
Therapist
Child Treatment Response


Peers
Therapist
Child Treatment Response

Treatment: Nuts and Bolts

- Education Phase
- Application Phase
- Relapse Prevention Phase



Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.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2-12
MOORE
www.comicspress.com
THAT'S VERY GOOD, BILL. GO AHEAD. TOUCH THE BALL...THE BALL IS OUR FRIEND.
Treating batters who are afraid of the ball.

Laying the Groundwork for Treatment

- Convey effectiveness and competence of therapist/counselor
- Build therapeutic alliance
- Present the rationale for therapy, especially exposures

Assure child that exposures will be conducted gradually, from least to most scary, both in vivo and imaginal.

You gain strength, experience and confidence by every experience where you really stop to look fear in the face. You are able to say to yourself, 'I have lived through this horror. I can take the next thing that comes along.' You must do the things you think you cannot do.

--Eleanor Roosevelt

Hierarchy:
Sexual Abuse by Teacher

Approaching the school where the teacher molested you

Approaching the classroom where the teacher molested you

Imagining teacher requesting that you go to his desk

Remembering the teacher touching your arm

Remembering the teacher touching your stomach

Remembering the teacher putting his hands on top of your underwear

Remembering the newspaper reports about the teacher

Remembering the teacher in the courtroom

Remembering your testimony against the teacher in the courtroom

Why Exposure?

- Allows child to re-experience the traumatic event in a safe, secure environment
- Allows child to learn to better manage thoughts about traumatic event.
- Cognitive restructuring is made more relevant by addressing the trauma-specific automatic thoughts that are elicited during imaginal exposures.
- Physiological symptoms may be targeted in terms of handling excessive arousal.

Doing Effective Exposure

- Exposure should consist of actual fears, worries, and memories child endorses
- Exposure should be implemented in a safe environment
- Exposure should include therapist guidance, reminding the child of the benefits of the exposure exercise
- Balance between situations that elicit a sufficient level of fear/distress while ensuring that the child can successfully habituate or handle feared event

Beware of

- Underengagement - child has difficulty in accessing the emotional components of the trauma memory or the anxiety provoking situations

Solution

- Revisit rationale and benefits
- Too easy on hierarchy?
- Probe for details and sensory information, including thoughts, feelings, physical sensations, and behaviors the child experienced (if imaginal)
- Keep eyes closed (if imaginal)
- Discuss child's response afterwards; emphasize child is still safe

Beware of

- Overengagement – child has difficulty maintaining a sense of safety or grounding in the moment; may become overly distressed

Solution

- Revisit rationale and benefits
- Too difficult on hierarchy?
- “Memories can’t hurt you.”
- Use past rather than present tense

Myths about Exposure

1. Exposure is rigid and insensitive to children's needs
2. Exposure is not enough for the complex problems of children
3. Exposure leads to symptom worsening and dropout

Myth #1: Exposure is rigid and insensitive to children's needs

But exposures should be flexible and tailored to individual child

Myth #2: Exposure is not enough for the complex problems of children

But “less” in therapy is sometimes more!

Myth #3: Exposure may worsen symptoms and may lead to dropout

But research has demonstrated that this is not the case

Facilitating Exposures

- Behavioral strategies
- Cognitive strategies

Parent-Child Contract

Let it be known that on this *Tues* day, the *24* of *May* in the year 2003, a contract between *(child's name)* and mother/father *(parent's name)* concerning the child's fear of *approaching school* was signed, witnessed by *Dr. Silverman.* The above parent and child hereby agree that if *(child's name)* successfully *approaches the elementary school,* then *(child's name) will stay up an extra _ hr on Thursday night*. This task is to be done by the child on *Thursday*, and the parent is to give child the above mentioned reward on *Thursday*.

DENNIS THE MENACE

Scared?

Thoughts

Other thoughts or Other things I can do

Praise

Challenging Thoughts: Cognitive Restructuring

- Identification of thoughts
  - Thoughts that are negative, irrational, and often self-blaming
- Challenge the validity of negative thoughts

"What is the likelihood that *'the event'* will happen again and you will not be prepared"?
"How would your best friend react if he/she was there"?
"Does feeling something make it true"?

Adjunctive Strategies

- Relaxation
- Parent Training
- Communication Training
- Social Skills Training
- Study Skills/Time Management

Relaxation Techniques

- Controlled Breathing
  - Diaphragmatic breathing is taught as a quick, portable, breathing exercise to help control physiological symptoms of anxiety
- Progressive Muscle Relaxation
  - Isolated and controlled muscle contractions and releases used to control muscular tension associated with symptoms of anxiety

Relapse Prevention

What to do if I start getting scared again or “slip”?

Try to do what makes you less scared. Face what you are scared of. If you can’t, try again the next day. If it’s still too hard, try something a little less scary, and work up to it. Remember that you get to be less scared by taking small steps and by being with the things that get you scared.


"Today we're going to explore in paint how we feel
when we're picked up late from preschool."