

10-minute CBT for anxiety in youth

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- ▶ Please also note that I may mention SSRIs (selective serotonin reuptake inhibitors) at some point, and their use in children is off-label

Take-home points

- ▶ A 10-minute visit may allow teaching either parent or child a CBT-based strategy for ONE aspect of anxiety (physical, cognitive, behavioral) and drawing their attention to appropriate self-help resources
- ▶ If anxiety is due to environmental factors, not just the child's anxious temperament, then those factors need to be addressed or the child will not benefit
- ▶ Parents who empathically encourage “brave behavior” in elementary school kids are MUCH further ahead when those kids become adolescents
- ▶ Watch out for comorbid depression, as those kids typically do worse and are more likely to need medication

Is there evidence for brief CBT-based interventions?

- ▶ Not specifically
- ▶ However... 'state of the art' CBT for children with complex presentations is now emphasizing the use of several brief modules focused on specific skill-sets, rather than disorder-focused manuals
- ▶ See: 'Modular Cognitive Behavioral Therapy for Childhood Anxiety Disorders', Bruce F. Chorpita, Guilford, 2006
- ▶ Most of the children you see in the community will have complex presentations; 'squeaky-clean' research candidates are rare outside academe
- ▶ Think of what I am about to present as 'simple modules'
- ▶ Follow up to make sure children (and parents) are using what you teach

Who are we talking about?

Kids with:

Separation Anxiety

Social Phobia (specific or generalized)

Generalized Anxiety (with or without comorbid ADHD)

Specific Phobias

Selective Mutism (considered anxiety disorder as of DSM 5)

...will comment briefly on OCD & PTSD, though no longer considered anxiety disorders in DSM 5

Jorge (social anxiety)

- ▶ In Grade 5, does well academically but has always been reluctant to participate in class
- ▶ Not athletic or popular but has two friends that share interest in chess; stays home on weekends
- ▶ Usually not invited to birthday parties, hates group work, and bullied when younger
- ▶ Very nervous about presentations & avoids them
- ▶ Won't answer the phone or talk to clerks/servers
- ▶ Parents described him as “polite and well-behaved, but shy.”

Cindy (generalized anxiety)

- ▶ Getting B's in Grade 4, but struggling to complete assignments & “freezes” on tests
- ▶ Popular and chatty in class
- ▶ Frequently asks teacher repetitive questions about new material
- ▶ Argues about starting homework; needs to have big assignments ‘chunked’
- ▶ No significant learning weaknesses on testing;
- ▶ Many worries, especially in the evening causing initial insomnia
- ▶ Parents were divorced with stable custody arrangements; mother describes Cindy as “high strung, just like me.”

Correlates of Change

	Mean MASC Change	Mean CDI Change	Free Time Allowed
Mean CDI Change	R= 0.934 (p=.000)		
Free Time Allowed	R=-0.705 (p=.034)	R=-0.704 (p=.034)	
Positive Reinforcement	R= 0.706 (p=.033)	R=0.446 (p=.229)	R=-0.616 (p=.077)

It all boils down to 3 aspects of anxiety:



Physical

Cognitive

Behavioral*

Resources

- ▶ CHEO toolkits for providers, parents & youth (<http://www.shared-care.ca/toolkits>)
 - ▶ www.anxietybc.com
 - ▶ www.workbookpublishing.com (Camp Cope-a-Lot; therapist workbooks)
 - ▶ Family support groups—helpful in more chronically affected children & youth
 - ▶ Keys to Parenting Your Anxious Child, 2nd Edition (Manassis, 2007; Barron’s Educational)
 - ▶ Talking Back to OCD (March & Benton, 2007, Guilford Press)
 - ▶ If Your Adolescent Has an Anxiety Disorder (Foa & Wasmer-Andrews, 2006, Oxford U. Press)
 - ▶ Helping Your Child With Selective Mutism (Mcholm et al., 2006, New Harbinger)—n.b., chronic cases usually need SSRI as well (off-label)
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- ▶ All self-help, whether child- or parent-focused, is only helpful if applied
 - ▶ It’s better to read 1 chapter with follow-up re: implementation than several books of strategies that are never applied

Mildly anxious with no other life
problems & school-aged

Parenting guide re: exposures

+

Camp Cope-a-Lot re: skills

Problem-solve the exacerbating factors (children are context-dependent)

- ▶ What to tell other kids when you return to school after absence
- ▶ How to catch up on academics after absence
- ▶ Assess & address learning problems, medical/psychiatric comorbidities
- ▶ Address bullying and encourage hanging out with friends to reduce the risk
- ▶ Increase healthy routines (sleep, meals, activity, homework, limited gaming)
- ▶ Decrease family conflict & increase parental consistency
- ▶ Help parents see the child's strengths & manage their own anxiety
- ▶ Decrease exposure to frightening shows or games
- ▶ Make sure expectations are developmentally appropriate

An 'early warning system' for anxiety

- ▶ Briefly explain the 'fight or flight' response and some anxiety symptoms that can relate to it (e.g., tummy-ache from blood rushing away to big muscles)
- ▶ Use a body drawing to have the child point to places where he/she notices anxiety symptoms
- ▶ Ask which symptoms are the earliest
- ▶ Ask if there are thoughts/feelings that come up even earlier
- ▶ Include the earliest signal on a card of coping strategies (see below), so the child knows when to use them

“Panic” in anxious situations (i.e., hyperventilation)

- ▶ Box breathing: 4 in, 4 hold, 4 out, 4 wait & repeat
- ▶ Focus is on counting rather than anxiety; breathing is slowed; no regular practice needed
- ▶ If at school, have a quiet room for the child to calm down & then return to class when calm (usually a few minutes; half hour at most)
- ▶ Discourage calls home/parents picking up unless fever or vomiting
- ▶ Discourage the adults from talking/reassuring too much (adrenaline will subside with time if you don't fuel it further)

- ▶ What if they prefer to do yoga, mindfulness, Eli Bay, or some other version of relaxation? If they're willing to practice daily, tell them to go for it!

Rationale for Coping Thoughts

- ▶ The class is told there's a big test coming up next week
- ▶ Ben says to himself "That's awful. I'm going to spend the whole weekend studying, and then I'll freak out when I see it. What if I fail? My parents will be so disappointed. I wish I didn't have to go to school."
- ▶ Charlie says to himself "Oh good. I'm not doing great in this course, but if the test is worth a lot of marks and I do well, I could really pull up my grade."
- ▶ How does Ben feel?
- ▶ How does Charlie feel?
- ▶ Which attitude is more helpful?

Generic self-talk for anxiety

- ▶ I've done this (or something similar) before, so I can do it now
- ▶ I can't predict the future, so I might as well hope for the best
- ▶ It's my worried mind talking
- ▶ I know I will be OK
- ▶ I know I can deal with this when the time comes
- ▶ Things are often not as dangerous as they seem to me
- ▶ I can focus on something else
- ▶ I can ask for help if needed
- ▶ There are many explanations that have nothing to do with what I fear
- ▶ What's the worst that could happen? (if the feared outcome is non-lethal)

Using self-talk for anxiety: the coping card

- ▶ Pick favorites and put on a card or slip of paper to be kept in the backpack (or wherever child gets anxious), encourage decorating it/personalizing it
- ▶ People do not think on the spot when anxious, so need concrete reminders
- ▶ Including a favorite picture or other reminder of home is helpful for some
- ▶ Serves as a transitional object as well as a reminder
- ▶ The more realistic the fear, the more the emphasis needs to be on personal strength rather than probabilities
- ▶ It doesn't have to be fancy, it just has to facilitate exposure

Checklists for self-soothing

- ▶ Kids worry, ruminate, even self-harm more when they have too much unstructured time
- ▶ Have them list favorite calming sensory experiences, favorite mental foci (e.g., imagery, memories, prayers), and favorite people to call or text
- ▶ If OK, share with parents
- ▶ Provide a number in case things get worse

- ▶ Encourage self-reward with pleasant activities or just being proud of a job well done for ALL coping efforts regardless of result

Exposure

- ▶ The only aspect of CBT that has been consistently associated with improvement in all age groups
- ▶ Gradual versus immediate: gradual is tolerated better, but immediate may be needed if there is urgency (e.g., school avoidance, severe family conflict around co-sleeping or other anxiety issues)
- ▶ Immediate: 1. Co-sleeping changes when parents are in agreement on what needs to happen and do it consistently; a bit of positive reinforcement for the child for 'good nights' is nice, and setbacks must be ignored
- ▶ 2. School avoidance is easy in 5-year-olds (take them in their pj's) and gets more difficult with age & longer time away; use non-family escorts and interception by teacher in the school yard whenever possible; medication helps but doesn't cure; calm perseverance by everyone is needed

Exposure (2)

- ▶ Gradual exposure is doable for almost all anxieties if you can find a small step to start with, and positively reinforce ignoring setbacks
- ▶ Many kids can do anxious situations with parent present initially, and then you can gradually decrease parental support
- ▶ Parental involvement is key: have them read Manassis' "Keys to Parenting Your Anxious Child" or similar book by Ron Rapee
- ▶ Social anxiety may need some training/rehearsal beforehand as kids lose social skills year by year through avoidance;
- ▶ Try some conversation starters: comment on shared sensory experiences; ask the person what they are doing/just did/are about to do
- ▶ Inhibited kids will never be naturally outgoing, but often do well with scripts and practice (try drama); large, unstructured social groups usually remain difficult

Exposure (3)

- ▶ Unassertiveness is a common parental concern:
- ▶ Have them keep a stiff upper lip (vs. weepy/angry reaction) & hang around with friends to minimize bullying; distinguish telling & tattling
- ▶ Fake it till you make it—encourage walking tall, looking in the eye, firm handshake with adults, ending statements firmly vs. upward voice inflection, for teasing state the facts (e.g., “that is a rude thing to say”) & walk away, asking with “I need” statements, when in doubt say “I’ll think about it”
- ▶ There is no exposure for GAD, right?—in younger kids no, in teens they can recognize the need to tolerate uncertainty & that’s their exposure (e.g., not checking their Facebook multiple times during the night)
- ▶ Many anxious youth find the AA motto helpful: Each day, change what you can, accept (with reassuring self-talk) what you cannot change, and know the difference—the rest will have to wait till tomorrow

Parental Pearls

- ▶ Don't sweat the small stuff
- ▶ Work on one or two situations at a time consistently, with empathic encouragement (“I know this seems hard, but you can do it!”)
- ▶ Use charting so you don't forget & to show the child he/she is making progress; attach a small reward to it if needed
- ▶ Expect ‘2 steps forward 1 step back’ and focus on the ‘forward’
- ▶ Less talk, less negative emotion
- ▶ It doesn't matter if it's anxiety or behavior: if you want to encourage it, praise it; if you want to discourage it, ignore it (unless severe--and then use time out, privilege withdrawal, natural consequence, etc.)
- ▶ When in doubt, just breathe (kids can't think when highly anxious so talking just makes it worse)

What about teens?

- ▶ They can do box breathing
- ▶ They often prefer CBT self-help & checking the evidence to generic statements (see resource list...apps for anxiety CBT are also being developed)
- ▶ It is harder for parents to motivate them re: exposure; need to plan it with them rather than for them
- ▶ They still appreciate parental positives & parental role modeling, even if they won't admit it
- ▶ They are at risk for comorbid depression (esp. females) which may need medical treatment; prognosis is worse in this comorbidity

What about OCD?

- ▶ Exposure & response prevention is key, in small steps
- ▶ Reducing family accommodation is also done step by step and is important
- ▶ Self-talk often focuses on labeling & fighting the illness (choose favorites):
- ▶ “It’s my OCD talking”
- ▶ “I’m in charge: I can choose not to listen to OCD”
- ▶ “I will do my best to do as little OCD stuff as possible”
- ▶ “What OCD says doesn’t make sense” -assuming some insight
- ▶ “I can let OCD thoughts come and go, until the discomfort settles”
- ▶ “I can give OCD a time out” (i.e. postpone it)
- ▶ See “Talking Back to OCD” for more detail re: regaining control from OCD

What about PTSD?

- ▶ Physical relaxation and exposure to trauma reminders can be done, as for other anxieties
- ▶ There is no 10-minute solution to the cognitive aspects—the trauma narrative & imaginal exposure are key, but these require additional training & time
- ▶ Reference:

Treating Trauma & Traumatic Grief in Children & Adolescents; Cohen et al., 2006, Guilford Press

School Refusal (no magic treatment)

- ▶ Identify contributing factors (home, school, peers) and address these, r/o truancy
- ▶ School avoidance is easy in 5-year-olds (take them in their pj's) and gets more difficult with age & longer time away;
- ▶ Medication helps but doesn't cure
- ▶ >1month usually needs gradual re-entry
- ▶ Desensitization is key, but adding medication may improve results
- ▶ Home instruction rarely helps, routines do (esp. sleep)
- ▶ Reduce the affect in the system; calm perseverance by everyone is needed
- ▶ Help parents with contingency management
- ▶ Involve neutral parties to escort the child & have teacher intercept
- ▶ Consider motivational interviewing for teens

Conclusions

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