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Date 16.06.2010 | 1

Treatment of anxiety disorders in children and adolescents

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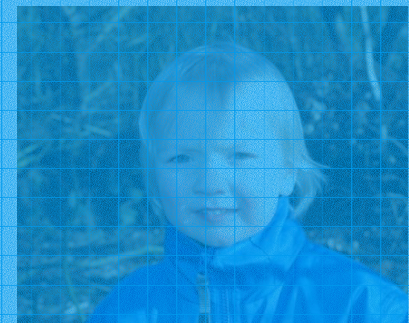
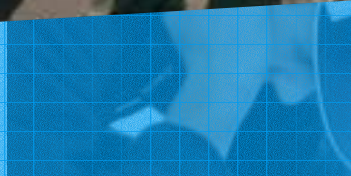
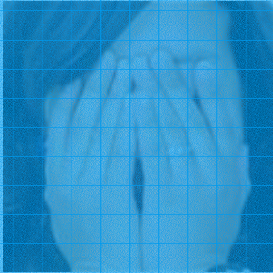
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Outline

- > Offspring at high risk
- > Assessment of anxiety disorders in youth
- > Cognitive behavioural therapy (CBT)
- > CBT is effective in children with anxiety disorders
- > Parent participation



Offspring (1)

Families in the Netherlands

- 55% of all people in the Netherlands live in a family with children
- Women have on average 1.75 child
(maybe somewhat lower in mental health care)



Offspring (2): high risk

High risk in offspring of anxiety disordered adults for developing psychopathology

- Odds ratio (versus normal controls): anxiety 3.9; depression 2.7
- Idem for offspring from adults with MDD only or comorbid MDD

(meta-analysis by Micco, Henin, Mick, Kim, Hopkins, Biederman, et al., 2009)

Ultra high risk in offspring of anxiety and mood disordered adults

- Sample: 520 adolescent offspring, four yearly assessments, mean age 18 years
- Approx. 45% with anxiety or mood disorder (CIDI) before age of 20
- Additionally: 20 easy to administer indicators of ultra high risk
- 2 of 3 risk factors: 70% classified for an anxiety or mood disorder (CIDI)
 - Female
 - Other parent also in treatment for mental health problems
 - History of suicidality in parent

(De Vries, Landman-Peeters, den Boer, Reichart, Nauta, Burger, Nolen, Ormel & Hartman, under review)



Assessment of anxiety disorders in youth

- > Multiple informants
 - Child, parents, school
 - NB poor informant agreement
- > Semi-structured interview ADIS C/P (anxiety disorders + comorbidity such as mood disorders, ADHD, disruptive disorders)
- > Questionnaires: self report and parent report
- > Diaries



Treating anxious youth with CBT

- › Children and adolescents aged 8-17 years
- › Primary anxiety disorder diagnosis:
 - Separation anxiety disorder
 - Social anxiety disorder
 - Generalised anxiety disorder
 - Specific phobia
 - Panic / agoraphobia
- › And not children with primary
 - Posttraumatic stress disorder
 - Obsessive-compulsive disorder (OCD)



CBT for anxious youth

- › Transdiagnostic approach (creative therapist!)
- › Flexibility within fidelity
- › Easy language, cartoons
- › 12-20 individual sessions + 2-4 parent sessions
- › Workbook for child and therapist manual, e.g.

In NL:

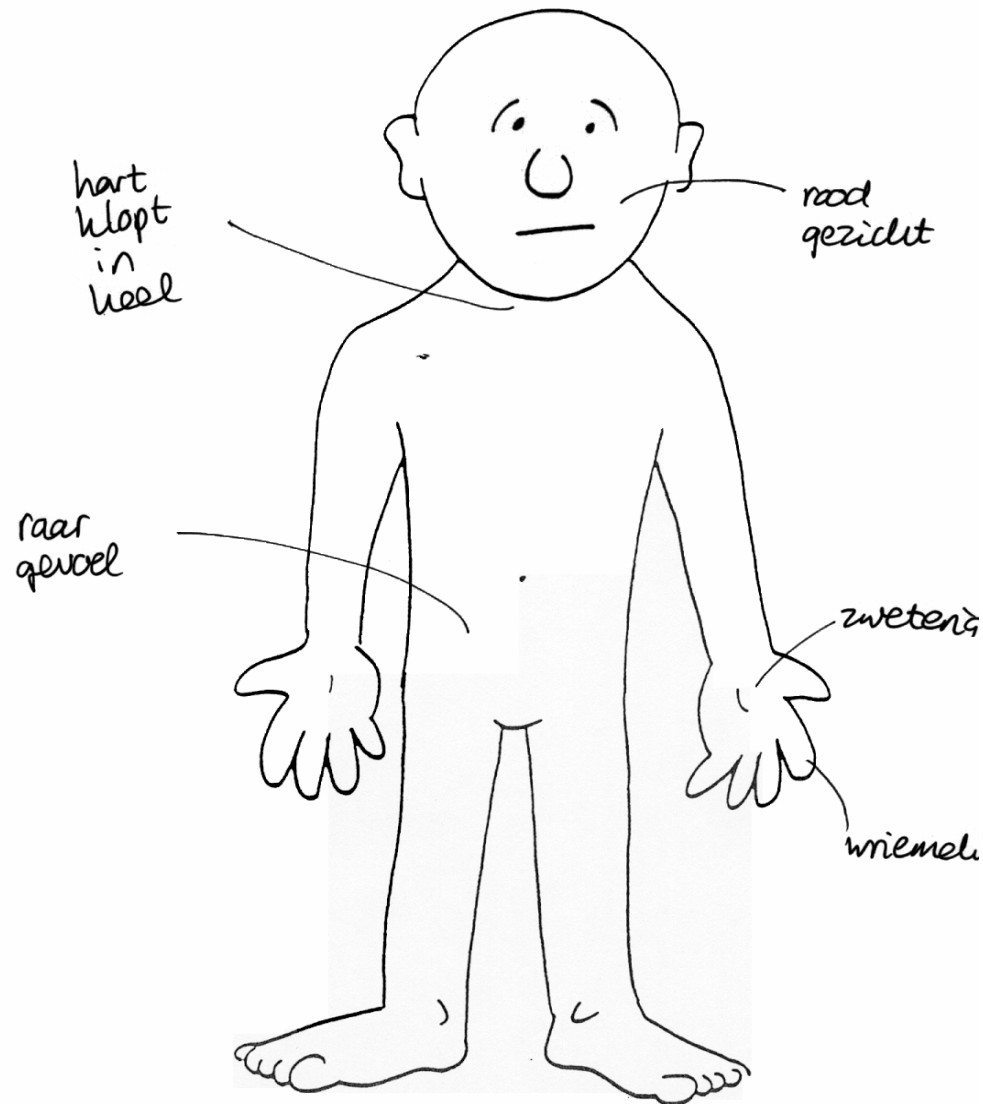
- Dappere Kat
- VRIENDEN
- Denken + doen = durven



CBT for anxious youth: ingredients

- Psychoeducation and rationale
- Fear hierarchy: steps with anxiety provoking situations
- Exposures: practice at home, at school, during sessions
- Skills training

- FEAR-plan (acronym in Coping Cat; Kendall, 1990)
 - F = Feeling anxious?
 - E = Expecting bad things to happen
 - A = Actions and attitudes that may help
 - R = Rewards

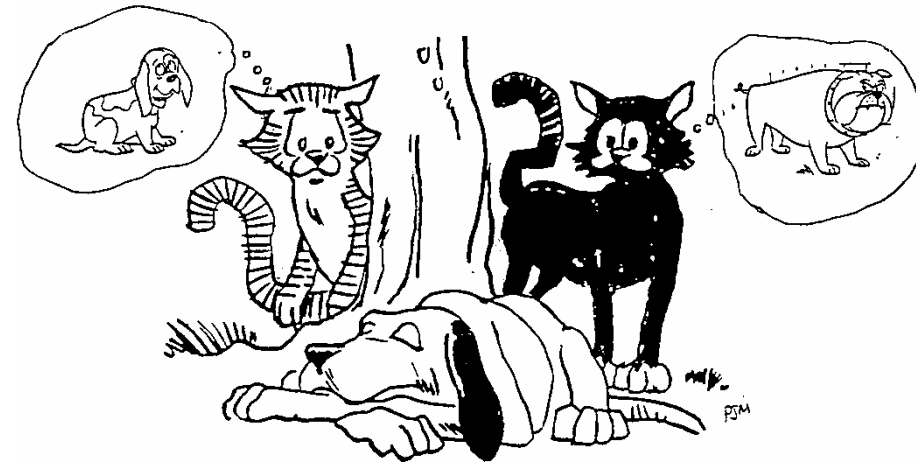


F = Feeling anxious

- E
- A
- R



- F
- E = Expecting bad things to happen
- A
- R



- > What else could happen?
- > Would everyone think that way?
- > What proves do I have? (detective)
- > Has it ever really happened to me?
 - > How bad is it, if this were true?
 - > Does it matter what others think?



F: Feeling anxious

I feel.... *Funny in my stomach and tension in my shoulders*

Skill: *deep sigh and relaxation*

e: expecting bad things to happen

I think: *'mama may never come back'*

Skill: *helping thoughts 'mama is careful, she always came back so far,*

A: Actions and attitudes that may help

What can I do? *Take my bear to bed; ask mama to come in 30 minutes*

r: rewards

I did well, that is great, I feel proud. I get a sticker.

FEAR-plan



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Bewijs van dapperheid

Dit bewijs is uitgereikt aan

NAAM:

DATUM:,

Voor buitengewone prestaties

Handtekening

Handtekening





Effectiveness CBT

- Research since 1994: at least 32 controlled trials on CBT
- Individual CBT is effective for approx. 70% of children with anxiety disorders
(e.g. Kendall, 1994 and 1997)
- CBT has good long-term outcomes (until six years)
(e.g. Kendall, 1996; Barrett et al., 2001)
- Individual CBT > placebo attention control treatment
(Kendall et al., 2008)
- Individual CBT meets criteria for “probably efficacious” ; now “ well-established” and cost-effective
(Silverman et al., 2008; Kendall et al., 2008; Bodden et al., 2008)
- CBT also works in groups (overall)
(Barrett et al., 1996; Flannery-Schroeder & Kendall, 2000; Liber et al., 2008; Mendlowitz et al., 1999; Silverman et al., 1999)



Parent involvement in CBT

- > Anxiety disorders run in families
- > Parents are influential through
 - Modeling
 - Overprotection
 - Avoiding negative feelings
- > Does parent involvement enhance treatment effectiveness?
- > Parent involvement in CBT
 - Modeling coping behaviour
 - Listening to child
 - Encouraging autonomy
 - Practice exposures
 - Addressing own fears and negative thoughts



Research on parent involvement in CBT

- > CBT is also effective as family CBT or mediation CBT (> waitlist)
(Barrett et al., 1996; Shortt et al., 2001; Bodden et al., 2008; Kendall et al., 2008; Wood et al., 2006)

But... Does it indeed enhance treatment effectiveness?



Benefits of parent involvement?

Little to no more benefits above individual therapy

- Individual CBT proves overall equally effective as family CBT
(Spence et al., 2000; Heyne et al., 2002; Nauta et al., 2003; Öst et al., 2001; Kendall et al., 2008; Cobham et al., 2010)

Differential effect?

- Individual CBT was better than family CBT in the short run
(Bodden et al., 2008)
- Family CBT was better than individual CBT in the short run, if parents were anxious themselves
(Barrett et al., 1996 & 2001; Cobham et al., 1998)

Individual CBT is more cost-effective

(Bodden et al., 2008)

Conclusion in meta-analyses:

- Individual CBT is just as effective als parent / family CBT
(see In-Albon & Schneider, 2007; Silverman et al., 2008)



Conclusions

- > Offspring: pay attention to the children
 - Assess number of children and ages
 - Ask adult patient and partner how the children are doing
 - Help parents to provide information on the parent's disorder to the children

- > Individual CBT is effective for anxiety disorders in youth
 - Important aspect: "think exposures" (Kendall, 2008)
 - Parent involvement: informative, cooperative, open, modeling



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Thank you for your attention

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