



## **COGNITIVE BEHAVIOURAL THERAPY FOR ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS**

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### **Abstract**

*Cognitive behavioural therapies (CBTs) have been shown to be efficacious for the treatment of anxiety disorders in children and adolescents. Although variations in these interventions exist depending on the specific disorder to be treated (e.g., Separation Anxiety, Social Anxiety, Generalized Anxiety Disorder), most CBT protocols aim to teach the child or adolescent new approach behaviours, concrete problem-solving skills, and strategies for challenging maladaptive or unrealistic anxious thoughts and beliefs and improve our coping skills.*

**Keywords:** *anxiety, cognitive therapy, behavioural therapy, children and adolescents*



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### **INTRODUCTION**

CBT is a structured psychological treatment which recognises that the way we think (cognition) and act (behaviour) affects the way we feel. CBT involves working with a professional (therapist) to identify thought and behaviour patterns that are either making adolescents more likely to become anxious. Once we have recognised any unhelpful patterns that are contributing to our anxiety, adolescents can make changes to replace these with new ones that reduce anxiety and improve our coping skills.

### **ANXIETY AND RELATED DISORDERS IN CHILDREN**

Cognitive-Behavioural Therapy for Separation Anxiety Disorder

Separation anxiety disorder (SAD) is the earliest and one of the most common anxiety disorders in childhood. It is an individual experiences excessive

Anxiety regarding separation from home or from people to whom the individual has a strong emotional attachment (e.g. a parent, caregiver, significant other or siblings).

Cognitive-behavioural psychotherapy is the primary type of treatment used for separation anxiety disorder. Such therapy is focused on teaching children several major skills, such as how to recognize anxious feelings regarding separation and to identify their physical

reactions to anxiety. They are taught to identify their thoughts in anxiety provoking separation situations, and are taught to develop a plan to cope adaptively with the situation.

### **Symptoms**

Excessive worry about potential harm toward oneself (e.g., getting sick at school) or one's primary caregivers (e.g., being in a car accident). The child may also avoid activities that may result in separation from parents. Nightmares and somatic complaints are common, including trembling, headaches, stomach aches, nausea, vomiting, stomach pain and sweating.

### **Treatment**

Cognitive-behavioural treatment for separation anxiety disorder is focused on teaching children several major skills. Adolescents are taught to recognize anxious feelings regarding separation and to identify their physical reactions to anxiety. They are taught to identify their thoughts in anxiety provoking separation situations, and are taught to develop a plan to cope adaptively with the situation.

Adolescents are also taught to evaluate the success of the coping strategies they employed, and are taught to praise themselves for positive coping. In addition, behavioural strategies such as modelling, role-playing, relaxation training, and reinforced practice are used. Adolescents are guided in developing a list of situations that are challenging for them, such as attending a birthday party without their parent or staying home with a sitter. Adolescents are taught to implement their coping skills while gradually facing each of these situations. Children's successes are praised highly by the therapist and by parents. Recent research has suggested that incorporating parents more centrally into the treatment of children with anxiety disorders can be extremely useful in reducing children's anxious behaviour and may enhance treatment effectiveness and maintenance. Parents are often taught new ways to interact with their children so that the child's fears are not inadvertently reinforced. Parents are also taught ways to give children ample praise and positive reinforcement for brave behaviour.

### **Cognitive-Behavioural Therapy for Social Anxiety Disorder**

Social Anxiety Disorder (SAD) is characterized by the persistent fear and avoidance of social situations. Though the reaction is commonly acknowledged by adults and adolescents to be excessive, such is not always the case with children. Adolescents could say social anxiety is the fear and anxiety of being negatively judged and evaluated by other people. It is a pervasive disorder and causes anxiety and fear in most all areas of a person's life. This approach uses Social skills training (SST) in combination with relaxation techniques, social problem-solving, positive self-instruction, cognitive challenging, and graded exposure to

social situations.

### **Symptoms**

Feelings of shyness or discomfort in certain situations aren't necessarily signs of social anxiety disorder, particularly in children. Comfort levels in social situations vary, depending on the individual's personality traits and life experiences. Some people are naturally reserved and others are more outgoing. In contrast to everyday nervousness, social anxiety disorder includes fear, anxiety and avoidance that interfere with your daily routine, work, school or other activities.

### **Treatment**

The first line treatment for social anxiety disorder is cognitive behavioural therapy with medications such as selective serotonin reuptake inhibitors (SSRIs) used only in those who are not interested in therapy. Self-help based on principles of CBT is a second-line treatment.

**Assessment:** Learning to analyse and identify what it is about specific situations that triggers anxiety

**Cognitive restructuring:** Learning to identify thoughts responsible for undue anxiety, and take a scientific approach to examining their veracity, subjecting them to rigorous tests of logic.

**Mindfulness training:** learning to attend to the present rather than getting caught up in one's negative interpretations about the future.

**Systematic exposure:** Learning to reduce anxiety by putting yourself in anxiety-provoking situations while using mindfulness and cognitive skills. In systematic exposure, you begin with situations that trigger the least amount of anxiety. Once you master these situations, you work your way into increasingly anxiety-provoking situations until you master them as well. In this way, you can work at your own pace without feeling overwhelmed.

### **Generalized Anxiety Disorder**

GAD is characterized by elements of excessive nervousness and worry. In childhood, these worries often concern issues related to ability to perform, punctuality, and competence in various settings and circumstances. Additionally, it is often noted that over the course of the illness, the theme or focus of the worries changes. Beyond the presence of worries, this illness is accompanied by problematic symptoms such as concentration and sleep difficulties.

### **Symptoms**

Generalized anxiety disorder symptoms can vary. They may include: Persistent worrying or obsession about small or large concerns that's out of proportion to the impact of the event, Inability to set aside or let go of a worry, Inability to relax, restlessness, and feeling keyed up

or on edge, Difficulty concentrating, or the feeling that your mind "goes blank", Worrying about excessively worrying, Distress about making decisions for fear of making the wrong decision, Carrying every option in a situation all the way out to its possible negative conclusion, Difficulty handling uncertainty or indecisiveness. Our anxiety, worry or physical symptoms cause significant distress in social, work or other areas of our life. Worries can shift from one concern to another and may change with time and age.

### **Treatment**

This involves meeting regularly to talk with a mental health professional. The goal is to change adolescents thinking and behaviours. This approach has been successful in achieving permanent change in many people who suffer from anxiety. Others have found that the benefits of cognitive behavioural therapy have provided long-term relief from anxiety. Use of medication to lower extreme anxiety levels can be important in enabling patients to engage effectively in CBT. In therapy sessions, we will learn how to recognize and control our anxious thoughts.

### **Techniques of CBT for Anxious Adolescents**

#### **Emotions and Relaxation**

Parents and child are taught about the interrelated physiological, cognitive, and behavioural components of anxiety. Activities help demonstrate different emotions, body postures, and cognitive and physiological correlates. Progressive relaxation training helps anxious children develop awareness and control over their own physiological and muscular responses to anxiety.

#### **Cognitive Distortions**

Cognitive Distortions helps adolescence to identify and replace distorted cognitions with more adaptive beliefs. Basic cognitive strategies include identifying and reducing negative self-talk, generating positive self-statements, thought stopping, and thought challenging (weighing evidence for and against), testing both dysfunctional and adaptive beliefs, and creating a coping plan for feared situations.

#### **Imaginal and in vivo exposure**

The goals of exposures are to encourage approach behaviour by positioning the child in a previously feared or challenging situation. The child attempts to complete tasks in a graded "fear hierarchy" such that the child experiences early success before attempting greater challenges. During individual exposures, a child is encouraged to use any number of coping skills, including relaxation exercises, coping thoughts (challenging anxious thoughts with more positive, realistic thoughts), concrete problem-solving, or rehearsal of desirable skills.

### **Parent Interposition**

Parents may have their own preconceptions about the threatening nature of anxiety and they may not know how best to encourage a child to cope with anxiety. CBT provides parents education about the risks of continued avoidance and guidance in managing their own anxiety. CBT may also impart basic parenting strategies (e.g., positive/negative reinforcement, planned ignoring, modelling, reward planning) to facilitate the practice of therapy skills in the home.

### **Exposure and Response Prevention for Obsessive Compulsive Disorder**

ERP is a variant of traditional exposures wherein exposures target specific obsessions and repetitive compulsions. The child is exposed to a stimulus that triggers anxiety and intrusive thoughts and is helped to resist performing the compulsions meant to relieve the anxiety. Exposures often proceed in a progressive hierarchical gradient but a range of exposure durations and intensities can be successful.

### **Trauma-Focused CBT for Post-Traumatic Stress Disorder**

Trauma-Focused CBT is a psychotherapeutic intervention designed to help children, adolescents, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse, traumatic loss of a loved one, domestic, school, or community violence, or exposure to disasters, terrorist attacks, or war trauma. It integrates cognitive and behavioural interventions with traditional child abuse therapies to enhance interpersonal trust and empowerment.

**Conclusion:** Cognitive behavioural therapy is an effective treatment for childhood and adolescent anxiety disorders; however, the evidence suggesting that CBT is more effective than active controls. Finally, studies suggest that CBT should represent a first-line treatment for children presenting with an anxiety disorder, it is rarely the case that these children and adolescents receive CBT at any point in their treatment.

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