

Innovations in CBT for Childhood Anxiety, OCD, and PTSD

Childhood anxiety, OCD, and PTSD represent some of the most common mental health disorders affecting young people, often leading to major life impairments. This book brings together the world's leaders in treatment science to provide evidence-based psychosocial interventions for these disorders. It supplies practitioners and researchers with innovations in clinical science, highlighting advances in technology and neuroscientific discovery that have informed the development of these novel treatment advances. The authors tackle the two main challenges facing the field of childhood psychopathology: improving access to evidence-based CBT through innovations in treatment delivery, and increasing the positive outcomes for youth through unique therapies. Any reader who wants to be informed on the latest approaches to cognitive and behavioral interventions and how to apply them will benefit from this book.

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Edited by Lara J. Farrell , Thomas H. Ollendick , Peter Muris

Frontmatter

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Innovations in CBT for Childhood Anxiety, OCD, and PTSD

Improving Access and Outcomes

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Preface

Anxiety and related disorders, including obsessive-compulsive disorder (OCD) and post-traumatic stress disorders (PTSD), are among the most common mental health disorders affecting children and adolescents (e.g., Merikangas et al., 2010). In 2013, with the publication of the current version of the *Diagnostic and Statistical Manual for Mental Disorders*, 5th Edition (APA, 2013), a major recategorization of these disorders (previously grouped together under the category anxiety disorders) led to the definition of these disorders under three different diagnostic categories – (1) anxiety disorders, (2) obsessive-compulsive and related disorders, and (3) trauma- and stressor-related disorders. Still, anxiety disorders, OCD, and PTSD in childhood and adolescence remain frequently comorbid with one another; anxiety continues to play an important role in all presentations to varying degrees across individuals; and critical to this volume, each responds similarly to the same broad therapeutic approach, namely cognitive behavioral therapy (CBT).

The experience of these emotional disorders during childhood and adolescence can be highly debilitating to the individual and their family, and frequently results in significant disruptions to healthy development, including problems scholastically, vocationally, and interpersonally. Furthermore, they tend to be chronic and are predictive of a host of other mental health problems later in life. Indeed, these disorders are costly to individuals, families, and society in more ways than one. For these reasons, basic and applied research into these emotional disorders in children and youth has proliferated over the past few decades, leading to notable advances in science and practice, in particular, treatment and implementation science. While the prevalence and burden of these disorders remains high, prognosis is generally good when a child has access to an evidence-based treatment such as CBT.

CBT is the single most effective treatment for childhood anxiety disorders, OCD, and PTSD. Over the past 25 years, empirical research has provided accumulative support for the efficacy of CBT in various forms (e.g., parent-focused, child-focused, family-focused) and modalities of delivery (e.g., individual, group) as an effective and durable therapy for children and their families with all forms of anxiety, and its related disorders (i.e., OCD and PTSD). However, there are two major challenges that our field has been faced with. The first is that children and youth largely do not have access to this evidence-based treatment despite the established evidence in support of its efficacy. And secondly, it is clear from the cumulative randomized controlled trials (RCTs) across child anxiety, OCD, and PTSD, that CBT, while

generally effective, is simply not good enough for a substantive proportion of youth who do receive this intervention. These two major limitations to the field of child anxiety research have led to a shift in treatment research, leading to significant advancements in innovative approaches of improving access to care and enhancing patient outcomes.

Access to care for children and youth remains problematic for numerous reasons, from all points of access, including barriers from the point-of-service provision, therapist contact, and family-related constraints. Evidence-based treatments are costly, frequently limited to major metropolitan centers, and attract only limited funding and rebates from insurance providers. Furthermore, despite an increase in dissemination efforts of evidence-based practice guidelines, there remains poor uptake of such approaches by therapists in the community. For example, Nair and colleagues (2015) examined whether there was an increase in the uptake of evidence-based treatments for pediatric OCD (including selective serotonin reuptake inhibitor [SSRI] medication and CBT) in national mental health OCD services in London, following the publication of the National Institute of Health and Care Excellence (NICE) guidelines for the management of pediatric OCD in the United Kingdom in 2005. Strikingly, results found no increase in CBT, a significant decrease in the use of selective serotonin reuptake inhibitors (SSRIs), and an increase in non-CBT psychological therapies following the publication of these evidence-based guidelines. These results highlight the ongoing, real-world challenges for the dissemination of CBT, and the distinct void in the translation from science to service for evidence-based practice. Much work needs to be done at the roots of psychology training, and the provision of supervision for the psychological workforce.

Beyond the barriers to accessing treatment at the service level, and the challenges encountered with therapist skill level and preferences, there remain further challenges for families in regard to access. Families are busy entities and scheduling of weekly, clinic-based appointments can be problematic, especially for those parents who work, and for children who are involved in numerous extracurricular activities. And moreover, parents and children present to services with their own preferences, fears, and biases regarding different treatment approaches, which may prevent children receiving an evidence-based intervention. For these reasons (and more), innovations in the delivery of CBT have thrived over the past two decades and led to the development of technological advances and self-help modalities of CBT, as well as brief interventions of high-intensity CBT. Each of these innovations provides exciting opportunities to increase the reach of evidence-based interventions, which may indeed provide benefit over traditional CBT for some patients. The field is flourishing with possibilities in improving access to CBT, and with constant advances in technology, this domain of research will surely continue to be at the forefront of innovation.

Improving youth outcomes to CBT has, however, proven to be a more challenging endeavor. Partly, the challenge in finding a treatment with superior outcomes to standard CBT lies in the fact that effect sizes and response rates to CBT, while not perfect, are actually already quite good. Achieving superior outcomes over and above what CBT already delivers is therefore difficult, and requires both a robust, novel stand-alone or augmented intervention, and a very large sample size to achieve

power to detect clinically meaningful and statistically significant incremental benefits in RCTs. To date there have been two major approaches to improve treatment outcomes via novel therapies. One is the development of treatment approaches that target *different mechanisms* from those proposed as central in cognitive behavioral therapies associated with either the pathogenesis of the disorder (i.e., biological processes in the case of pharmacological treatments) or based on a different theoretical formulation of the disorder etiology and maintenance of symptoms (e.g., third wave therapies). The second approach to treatment innovation has been the development of novel strategies that target known underlying mechanisms proposed as central in CBT models (e.g., cognitive biases, family processes), or central to the mechanisms associated with CBT therapy outcomes (e.g., pharmacological agents that enhance extinction learning), both of which aim to leverage the established therapeutic benefits of CBT. Each of these innovations has to date provided promise as an emerging alternative to CBT, or has the potential to augment CBT for those youth who may not respond to standard CBT. While the preliminary evidence to date is favorable, there remains substantive empirical work to be done in order to determine *how* these novel approaches may be optimally delivered (i.e., as stand-alone treatments, or augmented with CBT, and in what order), and for *whom* they exert the most powerful therapeutic benefits. Large RCTs of novel interventions with long-term follow-up of patient outcomes and careful examination of predictors, moderators, and mediators of outcome are the next frontier. Furthermore, basic and applied research aimed at elucidating and measuring the underlying mechanisms by which CBT, and more specifically exposure therapy, exerts its therapeutic effects is also critically needed in order to refine approaches or inform novel therapies. In these pursuits, the future for research in our field calls for large international, multisite collaborations, in order to deal with these complex, yet clinically critical, treatment questions.

The aim of the current scholarly volume was to compile international expert commentaries by the leaders in these innovations, highlighting progress to date in empirical evidence, the application of these approaches through clinical case descriptions, and directions for future science and practice. This volume therefore synthesizes the accumulative evidence toward improved, empirically supported novel interventions and modes of delivery of CBT for children and youth with anxiety and related disorders (including OCD and PTSD) aimed at improving access to care and patient outcomes. Each chapter includes real-world applications of these novel approaches to delivery of treatments and enhanced care, and highlights key practice points for practitioners. Finally, each chapter provides a summary and directions for future research, serving to pave the way forward for further refinements to these innovations, as well as inspire next-generation innovations in science and practice. It is our hope that this volume serves to inform current practice, and provide therapists with novel approaches to helping children and youth overcome the emotional distress and burden associated with anxiety, OCD, and PTSD.

Acknowledgments

I wish to dedicate this book to the men in my life who have supported and inspired me. In loving memory of my dad, who was proud beyond words. To my beautiful family, Andrew, Ollie, and Eli, for filling my life with love and laughter. Thank you for bringing me joy every single day and inspiring me to be a better human being.

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Lara Farrell

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Tom Ollendick

To my beautiful young ladies, Jip and Kiki

Peter Muris

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