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# What to Do for Anxious Kids? Applications of Cognitive Behavioral Therapy (CBT) in Schools

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## What to do for Anxious Kids?: Applications of Cognitive Behavioral Therapy (CBT) in Schools

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Anxiety disorders are among the most common mental health problems in children and adolescents (Ollendick & Pincus, 2008). Epidemiological studies since 1986 have reported that, as a group, anxiety disorders are present in approximately 10% of the population of children ages 6-17 (McLoone, Hudson, & Rapee, 2006). Anxiety disorders have a high prevalence rate, an early onset, significant long-term consequences (i.e., school drop-out, psychopathology in adulthood, difficulties with social relationships, lower self-esteem, etc.), and a chronic course if left untreated (Ramirez, Feeney-Kettler, Flores-Torres, Kratochwill, & Morris, 2006). However, youth suffering from anxiety disorders are not always adequately identified and provided with treatment (Neil & Christensen, 2009).

**School-Based Services for Anxiety.** Anxiety disorders are the primary reason children and adolescents are referred for mental health services (Tomb & Hunter, 2004), and it is well-documented that nearly 75% of children who receive mental health services are treated in schools, and for many children this is their only source of treatment (Egger & Burns, 2004). Furthermore, school can serve as a trigger or source of anxiety for youth (i.e., academic pressure, social interactions, etc.). School-based interventions for anxiety have ecological validity – the outcomes can be experienced in the environment that is clinically and practically meaningful (Allen, 2011). When mental health services are provided in schools, common barriers that prevent youth from receiving care are removed (Mychailszyn, et al., 2011). It is imperative that schools adopt and implement evidence-based prevention/intervention services for children experiencing anxiety problems.

**CBT for Anxiety.** Implementation of evidence-based interventions (EBI's) for anxiety typically involves strategies rooted in cognitive-behavioral therapy (CBT). A growing body of evidence over 20 years supports the efficacy and effectiveness of CBT for childhood anxiety (Kendall, Aschenbrand, & Hudson, 2003). It is the most widely accepted approach to treating anxiety disorders in children and adolescents, and has demonstrated effectiveness for preventing the long-term consequences of anxiety disorders (Gallegos, Benavides, Beretvas, & Linan-Thompson, 2012). The primary objectives of CBT are to teach clients to recognize and manage their anxiety, challenge maladaptive cognitions, and generalize the skills learned to real-life situations. CBT produces changes in thinking, feeling, and behavior, which interact in a triadic relationship. CBT lends itself well to school-based practice as it is time-limited, present-oriented, solution-focused, and can be incorporated at multiple tiers of prevention/intervention (Mennuti, Christner, & Freeman, 2012).

**CBT in the Schools.** School-based mental health services are often reactive, developed to address immediate concerns, and considered successful if the problem goes away. We need to teach coping skills and strategies in a proactive manner to prevent problems such as anxiety from re-emerging down the road (Allen, 2011). CBT is a framework for teaching important cognitive-behavioral skills to students individually or in groups. Recently we are seeing more research on the school-based implementation of CBT for a range of mental health diagnoses including anxiety (see Mennuti & Christner, 2012). For example, new research on CBT involves teachers applying the skills with the support of a school psychologist in a classroom setting.

**CBT: The Nuts and Bolts.** The primary goal of CBT is to correct (challenge) faulty information processing (distorted thinking) to improve behavioral outcomes (typically behavioral avoidance). The school psychologist using CBT increases the child's use of cognitive-behavioral strategies through *intentional* instruction/intervention (Kendall, 2012). The primary components of CBT can be characterized as either affective (emotional), cognitive, or behavioral, and include:

### Affective

*Psychoeducation:* Teaching children about anxiety, specifically the connection between physical ("where do you feel your anxiety?"), cognitive, & emotional components, and normalizing it for them. Kids with anxiety often demonstrate somatic

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**Challenges in Using CBT in Schools.** Despite the widespread acceptance of CBT for the treatment of childhood anxiety, there is generally a limited application of this approach in school settings (Mennuti, Christner, & Freeman, 2012). Given the high prevalence rate and early onset, it is inevitable that school psychologists will encounter children with varying levels of anxiety in practice, and thus need a repertoire of strategies to employ with these students. Practitioners may be aware of CBT and its use for anxiety; however, studies examining providers' knowledge of EBI's have demonstrated that practitioners are largely uninformed of the actual procedures involved in treatment (Stumpf, Higa-McMillan, & Chorpita, 2009). While packaged CBT programs exist (e.g., *Coping Cat*, Kendall & Hedtke, 2006) school psychologists can utilize the strategies described above separately or in combination as part of a CBT intervention for youth with anxiety in a school setting.

*Note:* This article was adapted from a mini-skills workshop presented by the author and two graduate students from the University of Dayton: Morgan Aldridge & Jessica May, at NASP (Seattle, 2013).

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