

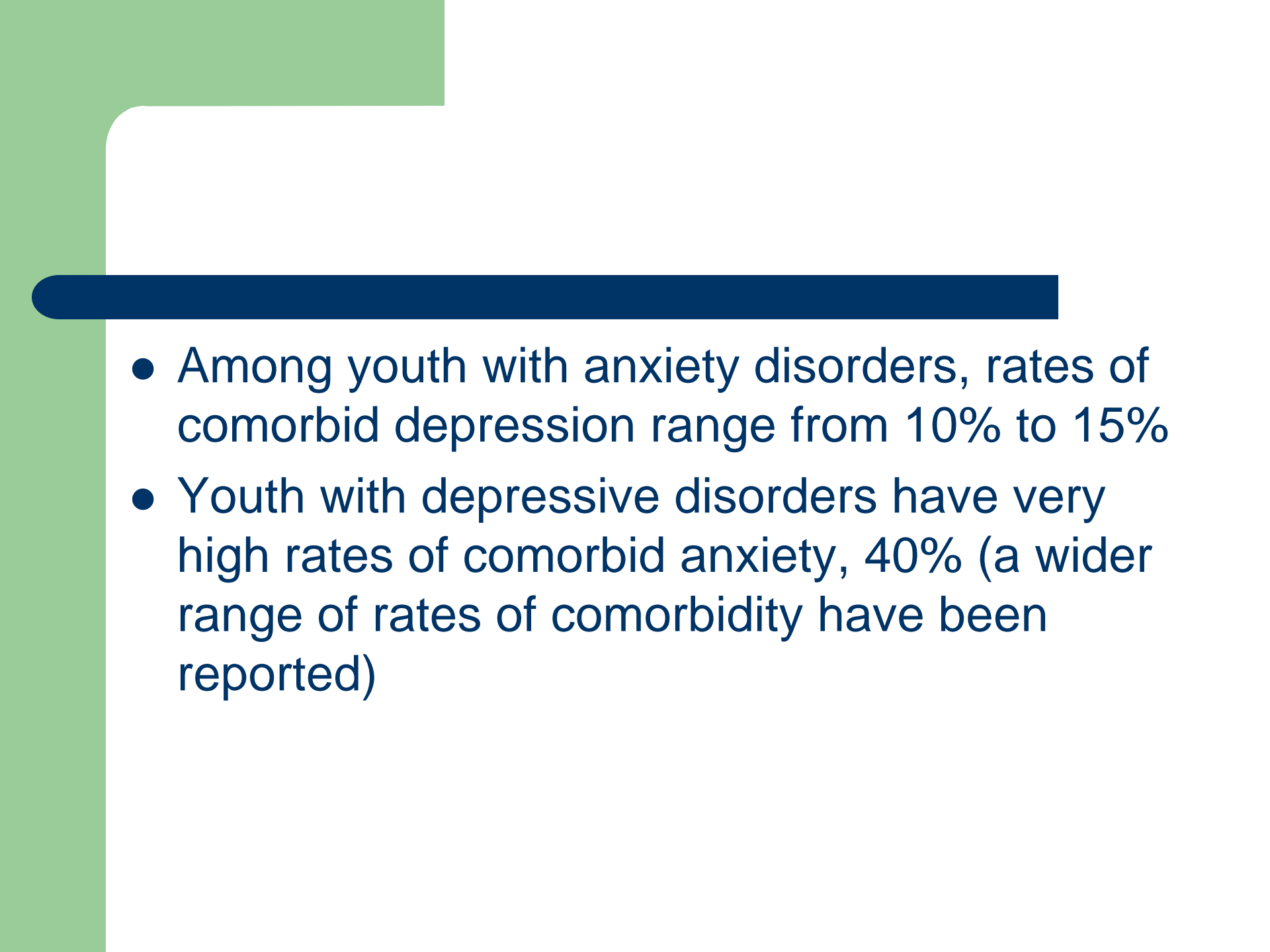
Anxiety and depression in youth

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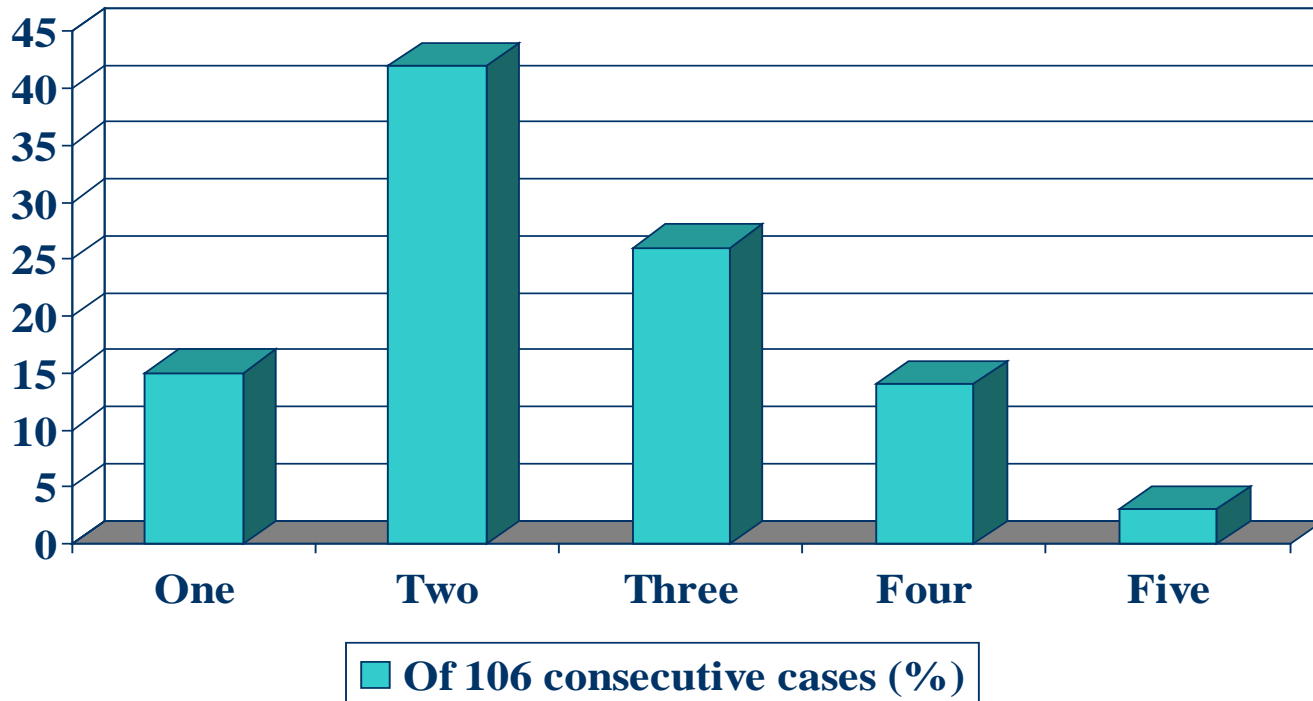
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Anxiety and depression in youth: Nature and treatment

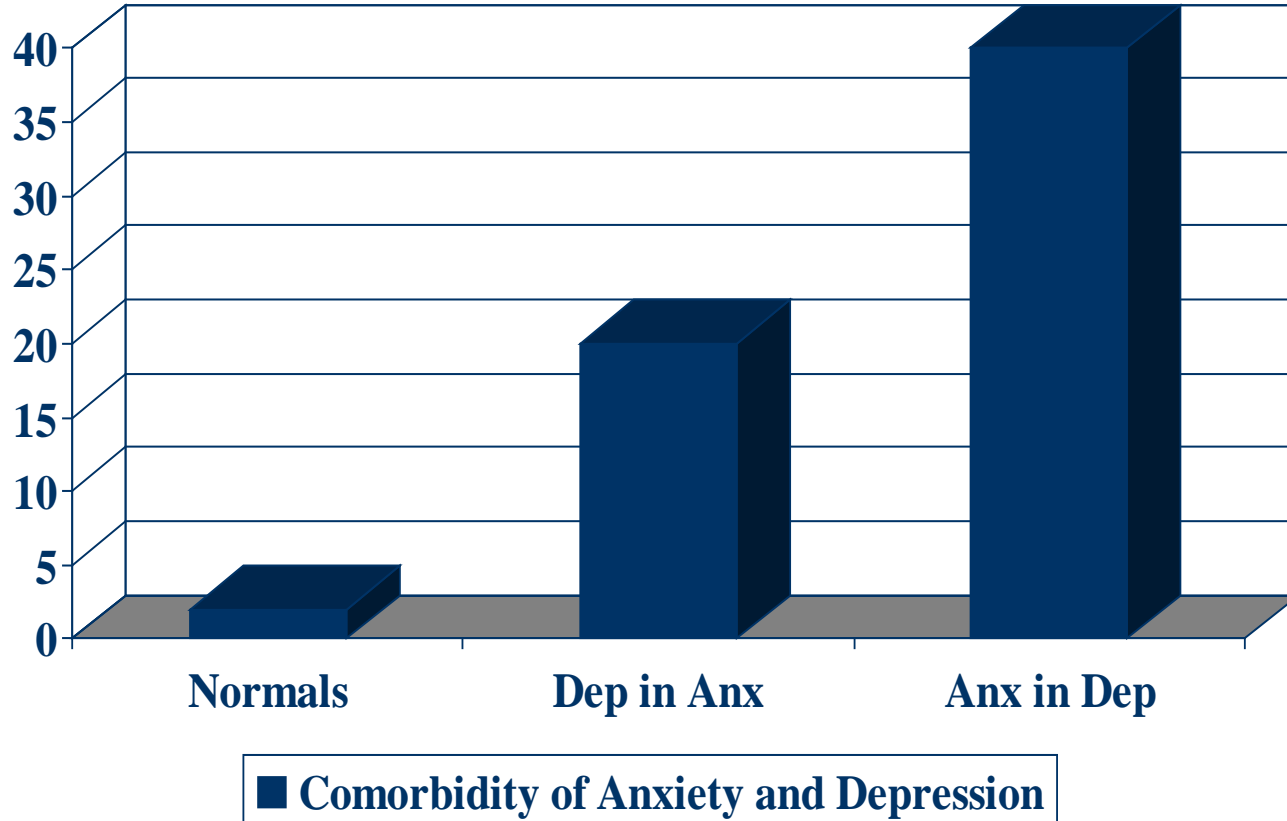
- Nature of the disorders
 - distinctive and overlapping features
 - causal/developmental sequences (Multiple Pathways Model)
- Treatment
 - changes in one...changes in the other?
 - common strategies; common principles
 - transdiagnostics

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- Among youth with anxiety disorders, rates of comorbid depression range from 10% to 15%
 - Youth with depressive disorders have very high rates of comorbid anxiety, 40% (a wider range of rates of comorbidity have been reported)

Comorbidity: Number of diagnoses in an anxiety disordered sample



Comorbidity of depression and anxiety: Percentage by sample



Nature of the two disorders

- Cognitive
- Behavior
- Parenting

- Multiple pathways model

Distinctive vs overlapping features?

- **Cognition**

- Importance of self-talk and cognitive processing in both
- pre-event anticipations
- post-event attributions

- **Emotion**

- negative affectivity in both
- positive affect not in depression

- **Behavior**

- avoidance
- disinterest/anhedonia

Cognitive Factors

- Cognitive events (content)
- Cognitive processes
- Cognitive products (attributions)
- Cognitive structures

Cognitive processing

- Cognitive distortions
 - Dysfunctional distortion
 - Functional distortion

Behavioral view of anxiety

- **Punishment** a response leads to a negative outcome
- **Reward** a response leads to a positive outcome
- **Escape** a response stops a negative condition
- **Avoidance** a response prevents a negative condition

Role of parents

- Family/parenting styles (very inconsistent findings)
- Role of mothers
- Role of fathers

Multiple Pathways Model

Anxiety is not entirely unitary: SAD GAD SoP

Anxiety and depression are separate but meaningfully related constructs.

Anxiety and depression “differ” in the nature of their relatedness depending on the specific pathway.

All 3 pathways are within a diathesis-stress model of developmental psychopathology

Multiple Pathways Model: **Pathway 1**

- Pathway 1: youth with a diathesis to anxiety
- When anxiety is untreated, anxiety-related impairment becomes a risk for depression
- Anxiety disorder that fit this pathway are SoP and SAD
- Anxiety is severe (rather than mild) whereas the depression is mild
- Anxiety is the primary concern, depressed mood worsens the overall adjustment

Multiple Pathways Model: **Pathway 2**

- Pathway 2: youth with a shared diathesis for both anxiety and depression
- Youth experience anxiety and depressed reactions to the same stressful trigger
- Youth show depression – GAD comorbidity
- Anxiety is severe, depression is moderate
- Disorders may be seen as co-principal

Multiple Pathways Model: **Pathway 3**

- Pathway 3: youth with a diathesis for depression
- When untreated, depression-related impairment* becomes a source of anxiety
- Depression is linked to subsequent anxiety
- Least common pathway
- Occurs in older adolescents and involves SoP and GAD

(* impairment such as poor social skills; peer victimization, isolation due to depression)

Key points: Nature of the disorder

Comorbid youth are more impaired than purely anxious youth, but not necessarily more impaired than purely depressed youth

Comorbid depressed mood (in sessions) may interfere with CBT for anxiety

NEED TO STUDY

Depressive comorbidity across ages and for specific anxiety disorders

Key Points: SAD and depression

SAD has some links to panic, and depression is often presents in youths (older) with panic

SAD is related to parental depression

NEED TO STUDY

Is SAD related to the onset of depression as a result of SAD-related impairment?

Key Points: SoP and depression

SoP more commonly onsets before depression

SoP has risk factors linked to depression (peer alienation; poor friendships; emotional avoidance)

NEED TO STUDY

Secondary prevention: Identification and treatment of SoP before depression as a way to prevent depression

Key Points: GAD and depression

GAD and MDD share genetic risk (more than other anxiety disorders)

Stressful life events are more strongly related to MDD than to GAD

High GAD-MDD comorbidity may be due to symptom overlap in the diagnostic criteria

NEED TO STUDY

Identify criteria that distinguish the two, and where comorbidity is an artifact.

Learn more about those cases of GAD that are not associated with depression

Key Points: Gender differences

Depression is more prevalent among adolescent girls than boys

In community samples, anxiety is more prevalent in girls: In diagnosed samples, boys and girls are an even split

Rumination is more common among girls and is associated with anxiety (GAD), with depression, and with comorbid anxiety-depression

NEED TO STUDY

Consider gender more specifically in treatment approaches.

Key Points: Suicidality

Increased rates of suicidality among depressed youth
Increased rate of suicidal ideation among anxious youth
(sometimes even after controlling for level of depression)

NEED TO STUDY

Consider the notion that suicidal ideation among anxious youth
(without depression) may reflect intrusive thoughts.

Examine suicidality by separate anxiety disorders, with and without
depression.

Intervention

- Treating anxiety,
- Treating depression,
- or treating anxiety and depression?

...on the internet

- Workbook Publishing, Inc.
for access to child/adolescent workbooks, therapist manuals, training DVDs, etc.

www.WorkbookPublishing.com

Do single-target treatments for anxiety influence co-occurring depression or depressive symptoms?

- Suveg and colleagues (2009) investigated secondary outcomes of an RCT that compared two modalities of CBT for youth anxiety to a control treatment. Analyses revealed that participants, beyond their significant reductions of anxiety, also reported significant reductions in overall depressive symptoms. Other studies have also found that single-target anxiety treatments show secondary outcomes of decreased depressive symptoms (e.g., Barrett, Dadds, & Rapee, 1996; Kendall et al., 1997).

Do single-target treatments for depression influence co-occurring anxiety?

- Young, et al. (2012) examined anxiety outcomes in a trials of Interpersonal Psychotherapy-Adolescent Skills training (IPT-AST), an indicated depression prevention program for adolescents. Participants were randomized to IPT-AST or to treatment as usual (i.e., school counseling). The results indicated that IPT-AST significantly reduced depression, and significantly reduced anxiety symptoms. A closer look at the SCARED subscales revealed that participants in the IPT-AST condition showed significantly greater rates of change in panic/somatic symptoms and generalized anxiety symptoms during the intervention than those in the control condition.

Treatment strategies common across anxiety and depression

- Psychoeducation
- Coping skills training
- Problem-solving training
- Behavioral strategies (homework, practice, rewards)
- Activation (pleasant events; exposure tasks)

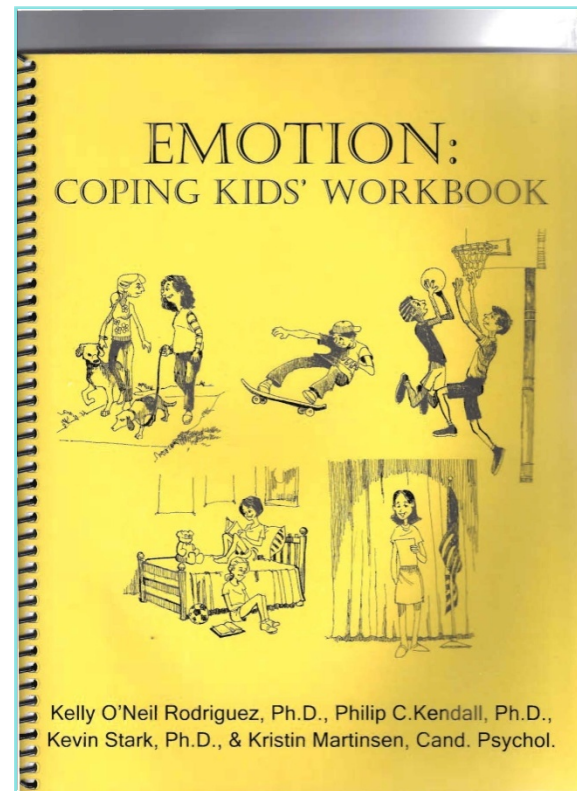
Treatment principals common across anxiety and depression

- Alliance
- Goal-oriented, problem-focused
- Stay in the present
- Educative
- Time limited
- Sessions follow a standard (yet flexible) structure

EMOTION

- *EMOTION:*

A Coping Kids' Program for Managing Anxiety and Depression



Transdiagnostics

- We've been talking about anxiety and depression
- But what about GAD, SAD, SoP, etc?
- The comorbidities within the anxiety disorders has already documented the merits of a somewhat transdiagnostic approach

Closing thought

- If you had millions of dollars and substantial time, on what would you spend your time and money?
- Anxiety in youth is a “gateway” disorder-- Reduce it, and reduce its unwanted sequelae