

ADDRESSING THE NEEDS OF ADOLESCENTS: AN EXPLORATION OF
TREATMENT INTERVENTIONS FOR ANXIETY DISORDERS

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Addressing the Needs of Adolescents: An Exploration of Treatment Interventions for Anxiety
Disorders

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Abstract

This project explores various cognitive behavioral techniques that may be used for the treatment of anxiety disorders in adolescents. Many adolescents experience anxiety disorders and providing treatment can be challenging. Mindfulness, relaxation, exposure, and music have all been shown to be useful techniques. Short-term treatment, incentives, and parental involvement were also found to be useful. The value of friendships, level of motivation, and drive towards independence should be taken into consideration when working with adolescents. This project includes a curriculum intended for small groups of adolescents with the goal of improving anxiety symptoms. The curriculum will assist counselors in both in-patient and out-patient settings as well as provide resources for middle and high school counselors.

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Addressing the Needs of Adolescents: An Exploration of Treatment Interventions for Anxiety Disorders

Mental health practitioners work with adolescents on various issues; however, anxiety disorders are routinely diagnosed in adolescents, including social, generalized, and separation anxiety disorders (Mohatt, Bennett, & Walkup, 2014; Sauter, Heyne, & Westenberg, 2009; Victor & Bernstein, 2008; Wilde, 2008). Mohatt and colleagues (2014) explain that similar symptoms such as sleep disturbances and physical symptoms can be found in all three of these disorders. This project will address these disorders in adolescents and will use the term anxiety disorder to represent social, general, or separation anxiety. Anxiety disorders affect many areas of life, including interpersonal relationships, academic success, and life within the home (Melynk, Kelly, & Lusk, 2014). Treatment is necessary as anxiety disorders can have lasting effects into adulthood; therefore, it is important to intervene as soon as possible (Goldbeck & Ellerkamp, 2012; Mohatt et al., 2014). Adolescents have challenges coping with not only anxiety, but they may also have challenges handling other emotions, such as unhappiness, depression, or frustration (Suveg, Sood, Comer & Kendall, 2009).

Anxiety disorders are the most widespread disorder found in adolescents (Victor & Bernstein, 2008). Therefore, the need for treatment is essential, based on the high prevalence in which these disorders occur (Sauter et al., 2009; Victor & Bernstein, 2008; Wilde, 2008). Sauter and colleagues (2009) explain that cognitive behavioral therapy (CBT) is one of the most accepted and widely used interventions, as it focuses on reversing negative thinking as well as changing behaviors. There are several components to CBT. Some of these are psychoeducation about CBT, learning solution based techniques, learning relaxation techniques, retraining negative thoughts, participating in exercises involving role-playing, and determining a plan for

post therapy (Suveg et al., 2009; Velting, Setzer, & Albano, 2004). The completion of homework in between sessions is a necessary component (Mohatt et al., 2014), and working to prevent anxiety symptoms from returning is another important aspect of CBT. Velting and colleagues (2004) suggest using a journal with adolescents to document improvement and maintenance when treating anxiety disorders using CBT.

Sauter et al. (2009) explain that although CBT is used often with adolescents, many still experience anxiety after they complete CBT. It appears that in order to improve outcomes, treatment needs to be designed based on the cognitive development of the client (Kingery et al., 2006; Sauter et al., 2009). CBT can be tailored to the needs of adolescents. It is important to take into account the changes in development that occur during adolescence such as impending independence and the importance of friends (Suveg et al., 2006). Sauter and colleagues (2009) suggest the use of peers and groups when treating adolescents for anxiety, based on the importance these relationships have during this transitional phase of life.

By incorporating peers with similar struggles, group therapy may be an effective approach to treating anxiety disorders in adolescents. Peers may also be used for exposure tasks outside of therapy sessions (Kingery et al., 2006); however, care needs to be taken and psychoeducation should be provided to the client before using this intervention (Tiwari et al., 2013). It is recommended that mental health practitioners ensure their clients have the developmental capacity as well as comfort level to share with their peers, rather than make the anxiety worse due to feeling uncomfortable in front of peers (Sauter et al., 2009).

Necessity for Effective Treatment

As mentioned previously, anxiety disorders frequently occur in the adolescent population (Sauter et al., 2009; Victor & Bernstein, 2008; Wilde, 2008). This alone creates a need for

further research in the area of treatment interventions. The symptoms of anxiety disorders can interfere so greatly with day-to-day functioning that it is imperative to have successful interventions (Sauter et al., 2009). Often, adolescents cope with their anxiety by avoiding their feelings (Suveg et al., 2009). Tiwari and colleagues (2013) explain that adolescents avoid their feelings by refraining from situations or stimuli that cause anxiety. CBT may help adolescents face and manage these feelings.

Regulating emotional responses can decrease anxiety but in order to do this, new skills must be developed (Suveg et al., 2009). Self-efficacy is an important factor in learning to manage anxiety. Adolescents need self-efficacy in order to react positively to negative situations, but they must first understand the emotions they are experiencing and why they are reacting (Suveg et al., 2009). CBT may help adolescents learn to address their emotions and feelings by increasing self-efficacy as a result of learning new coping skills.

CBT also teaches adolescents to manage the physical symptoms that can accompany anxiety (Kendall, 1993; Suveg et al., 2009). Relaxation can serve as a diversion from anxiety; therefore, relaxation techniques or mindfulness exercises may be useful when physical symptoms occur as a result of an anxiety disorder (Nassau, 2007). Some of these physical symptoms include upset stomach, body aches, heart irregularities, feeling overly tired, and flushed cheeks (Crawley et al., 2014).

Velting and colleagues (2004) explain that anxiety needs to be managed in adolescents; otherwise it can leave them susceptible to other disorders. This susceptibility indicates a need for interventions that are effective and long lasting. It may be useful to include mindfulness techniques when working with adolescents with anxiety disorders. These techniques can help manage the physical symptoms of anxiety and may include breathing exercises and yoga

(Velting et al., 2004). The need for further research using CBT interventions, with specific attention to relaxation techniques, may help adolescents cope with their anxiety. This project addresses the following research question: “How might cognitive behavioral techniques reduce the symptoms of anxiety for adolescents in a group setting?”

Literature Review

Theoretical Framework

Children must learn and acquire new skills in order to navigate through childhood, adolescence, and adulthood. They must learn how to interact in social settings, build confidence, develop their own identity, follow societal rules, and learn the skills that are needed to become independent (Hill, 2007; Kendall, 1993). As children navigate their way through adolescence, they are faced with the growing importance of friends versus family as well as more difficult academic expectations (Young & Dietrich, 2015). Adolescents also have more responsibilities and are faced with situations that involve more complex decisions than younger children (Hill, 2007). This developmental transition can be very trying. Young and Dietrich (2015) suggest these new situations during the adolescent years set the tone for the way in which adolescents will learn and use coping mechanisms. Some adolescents are able to achieve the necessary skills to cope, while others have difficulties, which can lead to mental health problems (Kendall, 1993). Anxiety disorders are one of the mental health problems that can develop. In order to help prevent these disorders from developing, counselors must determine ways to provide effective interventions (Kendall, 1993).

Adolescents are trying to create a foundation that guides them in how they view and handle situations and experiences, and that foundation is either built on negative or positive thoughts, behaviors, and skills (Kendall, 1993; Lusk & Melnyk, 2013). CBT can work to change

the negative foundation once it has been acknowledged as a problem (Kendall, 1993). CBT is based on the theory that a person's cognitive processes affect emotions, which also affect behavior (Kendall, 1993). CBT incorporates many aspects and not just the cognitive processes and behavioral actions. Kendall (1993) explains that CBT looks at the individual's thoughts and behaviors, but also takes their environment, mood, and, actions into account. Therefore, CBT is the theoretical framework for this project because the intention of CBT is to decrease negative thoughts and behaviors by changing cognitive processes and actions (Brewin, 1996; Kendall, 1993).

The therapist plays many roles in the implementation of CBT when working with adolescents. Kendall (1993) explains that often a therapist must provide a diagnosis. The therapist must take many pieces of information into account before determining a diagnosis and treatment plan. Although the referral may come from someone else's belief that there is a problem, the therapist will look at all aspects of the adolescent's life, including family lifestyles, unrealistic expectations from others, and other pertinent information, and implement an interventions plan (Kendall, 1993; Velting et al., 2004).

The therapist then collaborates and offers suggestions, rather than dictates what the adolescent will do and provides the adolescent with activities that may challenge their negative thoughts and behaviors (Kendall, 1993; Mohatt et al., 2014). This collaboration is one of the reasons why CBT may be effective in treating anxiety in adolescents. During the adolescent years, the transition towards becoming more independent is essential, and as a result, interventions should align with the developmental needs of the client (Kendall, 1993). The therapist also helps support the adolescent to determine his or her own conclusions and solutions,

which will help the adolescent master the necessary skills to become independent (Kendall, 1993).

The therapist may act as an instructor, by teaching adolescents to learn new ways of coping with their anxiety. Psychoeducation is provided during CBT in order to inform and educate adolescents so they have a basis to grow from (Mohatt et al., 2014). Ultimately, adolescents will change the way they view their anxiety and in return, will change the way they think and act as a result of successful treatment (Kendall, 1993; Velting et al., 2004).

Treatment Considerations

Possible resistance. Working with adolescents can be challenging. Parents commonly initiate treatment for their adolescent and mental health providers determine the diagnosis (Kingery et al., 2006; Sauter et al., 2009; Suveg et al., 2006). This process can cause resistance as well as uncertainty for the adolescent. Kingery et al. (2006) explains that many adolescents do not have a clear understanding regarding therapy, which can lead to uncertainty. Motivation is the primary goal when it comes to the success of therapy with adolescents (Suveg et al., 2006). The therapeutic alliance is essential and Kingery and colleagues (2006) suggest that therapists include the adolescent's input for the topics that will be discussed during treatment sessions in order to build the relationship and confidence in treatment.

Group process. CBT can be used in groups because it incorporates two elements; psychoeducation along with hands on activities (Stewart & Villavicencio, 2012). Working with a group can have many benefits. Groups can reach more people at one time and that can be beneficial for a therapist who has time restraints (Flannery-Schroeder, Choudbury, & Kendall, 2005; Melnyk et al., 2014). Groups may provide socialization and time spent with others who have similar interests (Flannery-Schroeder et al., 2005). Stewart and Villavicencio (2012)

explain that groups can help decrease a sense of being different or inferior as well as decrease the stigma surrounding anxiety disorders because the participants will be with others who experience some of the same emotions and symptoms.

Peer pressure may also be considered an advantage for an adolescent therapy group. Adolescents begin to value thoughts and opinions from their peers far more than their parents (Suveg et al., 2006). Participants may want to improve their own symptoms as they hear about positive changes others are experiencing within the group. Participants are also able to practice new skills and watch others demonstrate them as well (Hill, 2007). Stewart and Villavicencio (2012) suggest that this could be a powerful inspiration for change. Facilitators must also be mindful that although CBT is structured, there should be enough flexibility in order for participants to have the opportunity to process and work as well (Thorgeirsdottir, Bjornsson, & Arnkelsson, 2015).

Groups should be kept fairly small to ensure space for change. Group size contributes to the success of the group and needs to allow for individual needs within the group as well as the needs of the group as a whole (Stewart & Villavicencio, 2012). Sclare and colleagues (2015) also found size to be an important factor as well as the need for shorter interventions.

Confidentiality/informed consent. In order to begin therapy, members must agree to the terms through an agreement known as informed consent (Lawrence & Kurpius, 2000). Payments, attendance, interventions used, and confidentiality are all included when discussing informed consent (Corey, Corey, & Corey, 2014). Confidentiality is an essential component of group therapy (Corey et al., 2014). Members must feel safe and trust must be established, otherwise they will not be willing or able to disclose intimate details of their lives. Trust and safety can be built through confidentiality and should be established in a discussion at the

beginning of the group and then periodically throughout the course of the group (Corey et al., 2014). The discussion should include several aspects regarding confidentiality. The group leader must inform participants of circumstances where confidentiality may need to be broken including harm to others or themselves, abuse, and court ordered information. It is important for group members to maintain each other's confidentiality and be aware of unintentional disclosures to people outside of the therapy group. Members may want to share their therapeutic experiences with others outside the group, but must understand that they cannot disclose information about the other members of the group (Corey et al., 2014).

Confidentiality can be a concern when working with adolescents because they are minors. Confidentiality must be addressed with both adolescents and their parents when attending group therapy and can be done through a written informed consent document that is signed by both before treatment begins (Corey et al., 2014; Lawrence & Kurpius, 2000). Communication with both the adolescent and parents will set clear boundaries and establish what can be disclosed to the parents. Corey and colleagues (2014) suggest offering parents general information regarding the contents of the curriculum. If a parent inquires about specific information, a meeting should be conducted with both the parent and the adolescent to ensure confidentiality is not breached (Corey et al., 2014).

Potential benefits of short-term treatment. Sclare et al. (2015) suggest that anxiety disorders are common in adolescence but there are often barriers to receiving treatment. Some of the barriers may include a lack of available counseling services as well as the adolescent's own perception or opinions regarding attending treatment (Yeh et al., 2003). Lusk and Melnyk (2013) acknowledge that mental health providers see many clients and are limited in how much time they have for each one. There is a need for interventions that are not only brief, but are also

received well by adolescents (Lusk & Melynk, 2013). A study by Sclare et al. (2015) was conducted to determine whether CBT could be provided to adolescents over the course of just one day. Ads for workshops called DISCOVER were held at various places within the London Borough of Southwark as well as schools. An interesting component to the registration process was that it was done through social media and online. Those who wanted to participate attended a screening and completed self-reported surveys including The Screen for Childhood Anxiety Related Disorders, The Mood and Feelings Questionnaire, and The Rosenberg Self-Esteem Scale. The results from these reports showed that the majority had never had any type of therapeutic interventions, yet 75% had significant scores for anxiety, depression, or both (Sclare et al., 2015).

During the course of five workshops given face to face in one day following the completion of the surveys, 31 adolescents ages 16 through 18 learned about the connection between thoughts, emotions, and behaviors while learning various coping skills through the use of video clips, relaxation techniques, and discussions with the group as well as independently with the assistance of two facilitators (Sclare et al., 2015). Most of the adolescents were African American or from another minority group, although the study did not provide specific information regarding how many were from each ethnic background. Feedback following the workshops suggests the participants learned some ways to improve overall cooperation and effectiveness. The use of goals and relaxation techniques were found to be helpful and it was also suggested to use video clips as well as ensuring there are enough members in the group to allow for discussion; therefore it was concluded that groups should have no less than four members and no more than ten at a time (Sclare et al., 2015). Follow up with twenty of the participants showed that 25% had an improvement in anxiety (Sclare et al., 2015). The results of

this study suggest that one-day interventions may be helpful for those who are unable to attend longer group sessions.

Melynck and colleagues (2014) conducted a study that included sixteen adolescents who were referred by school staff and were determined to have mild to moderate anxiety symptoms. The study did not provide additional information regarding the gender or ethnicity of the adolescents. These adolescents were divided into two groups and participated in therapy at two schools in the Southwest using the COPE (Creating Opportunities for Personal Empowerment) program for 50 minutes per group session. The COPE program includes 15 sessions; however, this study reduced the number of sessions to 7. The content of the groups included the common components found in CBT including relaxation skills, learning to regulate emotions, and homework. Anxiety was determined both before and after the group using the Beck Youth Anxiety Inventory and it was determined that the level of anxiety decreased following the group and was maintained a month after the study ended. Participants believed they had gained coping skills in the areas of relaxation, handling stress, and learning to view situations in more positive ways. The authors noted that it is difficult to engage parents when the adolescents are already present in school, rather than being driven to a private therapy office. The results of this study suggest that although COPE was intended to use 15 sessions, 7 sessions may also be effective in reducing anxiety symptoms and it may be useful to incorporate some of the findings into a curriculum that is delivered in a community setting rather than a school setting in order to encourage engagement and involvement from parents (Melynck et al., 2014).

Parental support to decrease resistance. Stewart and Villavicencio (2012) found resistance in adolescents during qualitative research they conducted utilizing CBT for two groups of adolescents in an outpatient hospital in Rhode Island that took place over the course of two

and a half months. The first group included 4 females and 3 males between 14 and 17 years old. The second group included 5 females and 3 males between 15 and 18 years old. The researchers did not provide information regarding the participant's ethnicity. Counselors and parents initiated the treatment. However, parents played a strong role in ensuring that the adolescents attended the sessions. Parents either offered an incentive to attend the group as well as well as simply told their children they would need to participate a few times before deciding whether or not to continue (Stewart & Villavicencio, 2012). Parents of the adolescents participated in a group along with their children in order to learn how to better assist their children in engaging and utilizing their new coping skills (Stewart & Villavicencio, 2012). Parents completed a questionnaire regarding their adolescent prior to attending the group as a preliminary screening process (Stewart & Villavicencio, 2012). A unique aspect of this CBT group was that at the end of each group, parents joined the adolescents and were given a summary of what was learned. This method served multiple purposes, including an affirmation that the adolescents comprehended the information as well as provided parents with information in order to support their children in engaging in those skills in between sessions (Stewart & Villavicencio, 2012).

Two groups were conducted, although nearly half of the participants did not complete the first group due to the severity of their disorder (Stewart & Villavicencio, 2012). During the second group, a more comprehensive screening was conducted and included participants who experienced a range of anxiety disorders including generalized, social, and panic disorders and all of them completed the group (Stewart & Villavicencio, 2012). This group included 8 participants, with more females than the first group. The participants articulated an improvement in handling day-to-day functioning as well as an appreciation for the parental interaction within the group sessions through qualitative feedback (Stewart & Villavicencio, 2012). Suveg et al.

(2006) also supports the attendance of parents at the closure of each session and suggests having the child lead an activity to show what was learned. Based on the results of this study, parental support may have been a strong factor in decreasing the resistance found at the beginning of the group.

Considerations when using parental support. Involvement from parents is a necessary aspect when using CBT to treat adolescents (Melynck et al., 2014), however it may be important to find a balance so the adolescent is able to have the support of the parent, without the parent becoming overbearing (Suveg et al., 2006). The adolescent years are known for and could be defined by the need for independence. Santrock (2012) warns of the sheer will adolescents have for autonomy and the fact that it is a part of normal development.

Suveg and colleagues (2006) explain that parents can be included and supportive throughout therapy and outside of therapy sessions. Parents may have additional knowledge that may be helpful in designing a treatment plan (Suveg et al., 2006) and determining the right course of therapy (Stewart & Villavicencio, 2012). Parents might be able to assist their adolescent in facing anxiety producing situations outside of therapy and completing an exposure exercise. Parents may also be able to share facts and knowledge regarding the adolescent's symptoms and triggers, as well as level of interest regarding treatment; therefore, it may be helpful to have an initial assessment with the parent or parents (Suveg et al., 2006). Parents may also be able to share their perception of the level of severity of symptoms as well (Suveg et al., 2006). Parents can learn about the treatment (Melynck et al., 2014) and share that knowledge with their adolescent in order to eliminate any feelings of stigma or uncertainty. The way in which this knowledge is delivered can also make a difference. An optimistic viewpoint regarding therapy can influence an adolescent; therefore, parents can play a vital role in this

aspect as well with the help of the therapist (Suveg et al., 2006). Stewart and Villavicencio (2012) suggest that if parents increase a sense of confidence in their ability to help their child, the day to day functioning of the adolescent may improve and symptoms may decrease.

Mohatt and colleagues (2014) explain that parents may also unknowingly support anxious behavior, as they may be enabling their child's anxiety by supporting or allowing their child to avoid situations or people, rather than encouraging coping skills and helping manage anxiety. Although parents may think they are helping their child by avoiding the distress, it is actually detrimental to the child's improvement (Suveg et al., 2006). Psychoeducation prior to therapy may be particularly helpful in this case.

Incentives. Contingency management may be an important aspect of following through with tasks and may come in many forms. When adolescents are rewarded for positive behavior and actions, their motivation for participating in therapy may increase (Stewart & Villavicencio, 2012). Kingery et al. (2004) suggest using material rewards such as food, gift cards, as well as non-material rewards such as extra time spent on activities the adolescent enjoys in order to increase follow through with treatment. These non-material rewards may include time spent on social media, watching movies, or spending time with friends. Another form of contingency management may be the use of tokens, which can be offered for participation and then used to win gifts (Stewart & Villavicencio, 2012). The keys are to choose rewards that are enticing to the individual adolescent's and allow the adolescent input on those rewards (Kingery et al., 2004).

Suveg et al. (2006) suggest the use of contracts when it comes to working with parents and adolescents to ensure that the parent is in agreement and on board to assist with various tasks and skills. This may include an agreement between the parent and child as to what coping skills

the adolescent will practice and what the parent will do in return in order to acknowledge and reward them for their behavior. Caution should also be used in order to ensure an adolescent's sense of independence is not jeopardized by relying on a parent (Suveg et al., 2006).

Treatment Options

Mindfulness techniques. Understanding the idea that there is a connection between the body and mind may be an essential aspect when trying to manage the symptoms of anxiety. This connection means that the body is directly related to an individual's thoughts and feelings (Jacobs, 2001). Treatment interventions should take both the body and mind into account in order to assist clients in decreasing negative symptoms and increase happiness within their lives (Duros & Crowley, 2014). Mindfulness is a state of awareness in which a person acknowledges his or her emotions, thoughts, and feelings in the moment, but does not pass judgement (Jennings & Jennings, 2013; Lang, 2013). Mindfulness can help create a connection between one's body and feelings, while also providing a coping method, rather than avoiding situations that cause anxiety (Cotton et al., 2015).

Mindfulness techniques can be used to manage the physical symptoms of anxiety. During mindfulness, adolescents learn to accept the physical symptoms and acknowledge that the anxious feelings will pass (Lang, 2013). Once this skill is learned, adolescents are able to manage and tolerate the physical symptoms and no longer need to avoid situations that once produced them (Lang, 2013). It may be hard for adolescents to avoid judging their own participation and progress. They may believe they have to be perfect and may worry whether they are successfully navigating the interventions (Nassau, 2007). This tendency will need to be considered when using any interventions with adolescents who suffer from anxiety disorders.

Cotton and colleagues (2015) suggest the importance of interventions for anxiety that do not include medication. There are many reasons to avoid medication, but adolescents who have a parent diagnosed with bipolar disorder are at an increased risk and unfortunately medications prescribed may further increase and speed up that risk. Cotton et al. (2015) conducted a mixed method study in Ohio over the course of three months and facilitated the mindfulness cognitive behavioral therapy group for children (MCBT-C). The ten participants included males and females between the ages of 9 and 17, four Caucasians, four African Americans, and two who identified as either American Indian, Eskimo, or mixed racial descent, all diagnosed with an anxiety disorder. MCBT-C incorporates both cognitive and mindfulness techniques in order to decrease anxiety symptoms. Breathing exercises were emphasized along with work outside of each session (Cotton et al., 2015). After the group, results showed that clinician-rated anxiety as well as participant-rated trait anxiety had decreased and was related to the learned skill of mindfulness (Cotton et al., 2015). The participants took a survey and 90% articulated improved symptoms and had learned coping skills to manage their anxiety, and 80% articulated that they intended to use their mindfulness skills in the future (Cotton et al., 2015). These results suggest that mindfulness skills may help reduce anxiety symptoms. These skills may give adolescents a sense of empowerment over the idea that they have tools that can help them cope with their symptoms (Cotton et al., 2015).

Guided imagery is an important component of mindfulness activities (Jennings & Jennings, 2013). These images can help relax the mind by interfering with the negative thinking that elicits anxiety (Wilde, 2008). Jennings and Jennings (2013) conducted a quantitative study with European Americans between the ages of 17-18, including 3 males and 5 females. All of the participants were seniors in high school, although the study did not indicate where the school

was located. Four group sessions were held and a peer was in charge of leading the groups to determine whether short mindfulness activities were useful for adolescents. Initial anxiety levels were measured before and after the sessions using the Beck Anxiety Inventory as well the Interaction Anxiousness Scale (Jennings & Jennings, 2013). Breathing exercises and guided imagery were conducted during the four sessions. After the sessions were completed, overall anxiety levels had decreased by nearly one third and cognitive anxiety had decreased by more than half for these adolescents (Jennings & Jennings, 2013). Although Jennings and Jennings (2013) found decreased anxiety in a short amount of time, Nassau (2007) believes that new skills may take time before a change in anxiety is observed. Any intervention needs to be based on the individual and their needs.

Relaxation. Relaxation skills may be used along with mindfulness techniques to manage physical symptoms. Relaxations skills may include breathing techniques and exercises such as muscle relaxation (Kendall, 1993; Kingery et al., 2004). It may be helpful to start an individual or group session by focusing on breathing in order to decrease high anxiety (Kingery et al., 2006). Guided imagery has been used in mindfulness and relaxation techniques (Jennings & Jennings, 2013; Kendall, 1993). Mohatt et al. (2014) emphasize the importance of repetition when it comes to mastering relaxation exercises as well as the need to reinforce this skill for use both in and outside of sessions.

Exposure. Exposure therapy involves confronting situations that create anxiety (Hedtke, Kendall, & Tiwari, 2009). Those who have anxiety disorders often avoid situations because they believe something negative will occur; however, exposure activities can help clients realize that the perceived negative result is not, in fact, going to happen (Mohatt et al., 2014). Exposure therapy aims to assist clients to engage in situations and activities that once caused anxiety by

helping the client face a situation that elicits anxiety (Mohatt, 2014; Sauter et al., 2009).

Furthermore, it allows a client to learn how to endure the symptoms with the knowledge that the feeling will eventually end (Mohatt, 2014; Sauter et al., 2009). Mohatt and colleagues (2014) believe that exposure is the most significant and useful aspect of CBT. Velting and colleagues (2004) agree that exposure therapy can be effective but they believe it needs to be done by a therapist who has experience and training to deliver it.

Exposure can be presented in many ways. Velting and colleagues (2004) explain that exposure can be done through images, thoughts, situations that are acted out, as well as facing the actual fear. Mohatt et al. (2014) suggest using images, music, or scenes from a movie as another form of exposure. Just like relaxation skills, gaining the ability to navigate exposure activities takes time, and repetition is necessary (Mohatt et al., 2014).

Exposure can be challenging for adolescents; they must be able to comprehend the idea that the feelings and emotions experienced during the exposure tasks are temporary (Kingery et al., 2004). Time should be taken after the activity to process how the client felt. These activities can be done during the session or outside of the session. Parents may be helpful when it comes to exposure tasks and may be able to assist outside of sessions (Suveg et al., 2006).

Music. Goldbeck and Ellerkamp (2012) explain that CBT relies on the client's ability to articulate how they feel, which may be problematic for someone who is experiencing severe anxiety. The use of music could be used in conjunction with traditional CBT, as music often causes an emotional reaction, either good or bad, and could be used as a communication tool for those who may be unable to articulate what they are feeling (Carruthers, 2014; Goldbeck & Ellerkamp 2012). Music may serve as a relaxation tool in order to achieve a sense of calmness for those with anxiety disorders (Goldbeck & Ellerkamp, 2012). It can also serve as a tool to

help regulate disruptive and unhelpful emotions (Carruthers, 2014). The use of music in therapy may also be useful because it is easily adaptable and does not follow rigid guidelines (Carruthers, 2014).

Based on the idea that CBT and music may be an effective interventions, Goldbeck and Ellerkamp (2012) conducted a quantitative study at the University Ulm Medical Centre in Germany to determine whether Multimodal Music Therapy (MMT) would be more effective in reducing symptoms of anxiety than typical treatment, or as the researchers called it treatments as usual (TAU). A total of 18 Caucasian females and 18 Caucasian males under the age of 12 diagnosed with one of four anxiety disorders participated in the study. Twelve females and 6 males participated in the MMT group and 12 males and 6 females participated in other types of treatment in the community. The children who participated in MMT had both individual and group therapy, which included the use of musical instruments, singing, and drumming along with psychoeducation, out of session practice, situational exposure, and exploration of feelings (Goldbeck & Ellerkamp, 2012). The individual sessions were used to allow the child to learn about therapy and become comfortable with the use of music before joining the full group. The children who participated in TAU went to group therapy and individual therapy, but without the musical component.

The authors found that after treatment, nearly 70% of those who participated in the MMT group were considered to be in remission with both parents and children reporting a decrease in anxiety symptoms, whereas only 30% of participants enrolled in TAU were considered to be in remission by the end of treatment (Goldbeck & Ellerkamp, 2012). It appears that music made a difference in the treatment. Although this study looked at children 12 and under, the results may be useful when working with adolescents.

Carruthers (2014) explains that in today's society, brief therapeutic interventions are more desired and research addressing working with adolescents in this way, is scarce. Therefore, Carruthers (2014) applied a one musical session intervention, referred to as single session individual musical therapy (SSIMT), with 5 females and 4 males between the ages of 16 and 19 in a qualitative study. The ethnic background of the participants was not provided in the study. These adolescents were hospitalized in an inpatient mental health setting in Canada for a week or less while waiting for other long- term placements (Carruthers, 2014). Patients hospitalized in these settings pose a challenge because the therapist must try to make an impression with their interventions in a short amount of time (Markovich & Tatsumi, 2015). Therefore, this brief musical intervention fit well given the setting and time constraints (Carruthers, 2014).

During the initial part of the session, Carruthers (2014) worked with the adolescents to build confidence in their ability to use music and to feel comfortable in the session. During this time, expectations and guidelines for the sessions were set, followed by the adolescent playing an instrument of their choice and exploring their emotions, thoughts, and physical reactions while creating music. Discussions during the session with the adolescents provided results stating that, overall, they felt as though they were immersed in the music, but were not able to articulate their emotions or thoughts (Carruthers, 2014). Carruthers offered a couple of reasons for these results: the therapeutic relationship may not have been established and the adolescents may have been more focused on playing the music, rather than how it made them feel.

During the working part of the session, the adolescents were able to choose from a variety of activities including writing a song, listening to one of four songs that were considered well known, or continuing with playing an instrument (Carruthers, 2014). When an individual is able to identify personally with words from a song, it can lead to an engaging conversation and

allows for exploration of one's life and personal experiences. When conversations become difficult or challenging, musical therapy can provide an alternative to describing one's feelings (Markovich & Tatsumi, 2015). Due to some adolescents struggling with articulating their feelings, writing a song proved to be a useful method for expressing emotions. The session closed with a relaxation exercise that incorporated music and guided imagery (Carruthers, 2014).

Carruthers (2014) noted feelings of hesitation and anxiety for those participating in musical therapy; therefore, it is essential to create an environment that is comfortable and relaxing. For adolescents with anxiety, musical interventions could potentially increase the symptoms of anxiety within the session. This possible increase in anxiety would need to be taken into consideration when using this type of intervention. Carruthers emphasizes that a sense of being safe is the key element when it comes to music therapy.

One of the results found during this study was the importance of playing the music as soon as possible once the session started, rather than having too much discussion, as that can perpetuate feelings of anxiety (Carruthers, 2014). Another interesting finding was that most of the participants chose instruments that were fairly easy to play and stayed away from those that were perceived to be more difficult. Not everyone has experience playing instruments; therefore, it may be important to keep all musical abilities in mind when working with adolescents in a musical capacity. Also, by the working stage of the session, the adolescents could better articulate their thoughts and emotions and were more comfortable participating compared to the beginning of the session. Some limitations of the study include all of the feedback being qualitative and a small sample size; however, all of the participants reported satisfaction and a sense of relaxation with the session (Carruthers, 2014).

Carruther's study (2014) suggests the value of using music in one session with adolescents as a way to express thoughts and emotions. Goldbeck and Ellerkamp's (2014) study also suggest the value in using music in addition to cognitive behavioral techniques. Combining music with cognitive behavioral techniques may provide not only a form of relaxation but may serve as a form of communication as well.

Description of Application

The application for this project is a curriculum for a counseling group focused on reducing the severity of the symptoms of anxiety in adolescents. The curriculum incorporated cognitive behavioral techniques found in the literature, including mindfulness techniques, relaxation, exposure, and the use of music in order to provide the opportunity to learn and explore different ways to manage and cope with their anxiety. By providing several options, this curriculum allows each adolescent to learn, practice, and choose a method or methods that work best in decreasing anxiety. Melnyk et al. (2014) suggests that using a structured curriculum may sacrifice individual needs. The curriculum created for this project takes on a structured approach, yet allows flexibility within the group by taking time for discussions to help foster growth and awareness. Financial restraints can be an obstacle when it comes to facilitating a therapy group (Stewart & Villavicencio, 2012). Grants or sponsors may need to be used. Stewart and Villavicencio (2012) were able to secure a sponsor to provide the necessary funding for the CBT group they facilitated. Much of the funding went into remodeling offices and furniture for the group. Ideally, the facilitators who will be utilizing this application will already have a space available for the group.

This curriculum is intended for a small group with no more than eight participants. The Stewart and Villavicencio (2012) study included eight participants along with their parents and

found this to be an appropriate number. Eight participants is an optimal number when working with adolescents because it allows time and space for everyone to contribute to discussions (Corey et al., 2014). Adolescents prefer spending time with their friends rather than their parents; therefore, forming a group rather than using individual therapy may be an effective way to present the interventions (Santrock, 2012; Sauter et al., 2009).

The initial session includes an icebreaker, as well as a discussion addressing expectations, confidentiality, psychoeducation, and a relaxation exercise. The sessions following the initial session will include a check in, a review of homework, psychoeducation, an activity, as well as time spent learning and engaging in relaxation or mindfulness techniques and other aspects of CBT. To maintain interest, the techniques will focus on topics that engage adolescents (Jennings & Jennings, 2013). Jennings and Jennings (2013) suggest keeping sessions shorter for adolescents. These results appear to be consistent with other studies. Stewart and Villavicencio (2012) determined that sessions lasting no more than an hour and a half provide sufficient time to complete the agenda. The group will last 7 weeks and each session will be 75 minutes. The literature describes homework assignments as therapeutically beneficial and will be used to augment therapy sessions (Mohatt et al., 2014).

A meeting with a parent or guardian along with the adolescent will be conducted before the start of the group and confidentiality will be discussed. Clients will be introduced to the idea of signing a contract agreeing to work hard over the course of the group, remaining engaged in session, and trying the exercises provided. The clients will be responsible for their participation, which may contribute to increased independence (Suveg et al., 2006). The therapist will explain that play money will be given out for the completion of outside homework and will be used to bid on prizes at the last session. The play money will be used as positive reinforcement in an

effort to increase engagement, attendance, participation, and completion of the group (Kingery et al., 2006).

As Suveg and colleagues (2006) describe, parents can be an essential part of therapy; therefore, parents will be given information about the content of the group. Both the adolescent and parent will sign an informed consent agreement. At the end of the initial meeting, play money will be given to those who sign the informed consent contract as a way to provide positive reinforcement for their participation (Stewart & Villavicencio, 2012). In order to encourage and support the desire for independence (Santrock, 2012; Suveg et al., 2006), parents will not be included in the entire duration of the group. However, towards the end of the group, the clients will be offered a chance to create a presentation of the exercises they found the most helpful, or the ones they simply liked the most, and share with their parent or guardian during the last part of the session. The presentation will promote continued parental support and encouragement as they continue to work on those skills outside of the group (Suveg et al., 2006). The final session will include an auction with various prizes that they can bid on with the play money they earned for the completion of homework.

Once the meeting with parents and adolescents has been conducted, the group will begin. In the first session adequate time should be allotted to ensure that any questions regarding confidentiality are explained. A discussion regarding anxiety will take place during the middle of the session. The reasoning behind an anxiety disorder will be discussed and psychoeducation will be provided. Mohatt et al. (2014) explained the importance of including psychoeducation in order to understand how and why the interventions provided will help decrease the symptoms of anxiety. At the end of the session, participants will be taught a breathing exercise. Psychoeducation will be employed to teach participants about the utility of breathing as a

symptom reduction strategy. Finally, the exercise will be practiced and processed in the group, allowing participants to fully experience the exercise while noting and verbalizing any changes in their symptoms. The mind and body connection will be explored. Participants will be assigned homework to complete this breathing exercise outside of session.

Following a check in and review of the homework, the second session will focus on the physical symptoms of anxiety. Movie clips were utilized in the CBT group conducted by Stewart and Villavicencio (2012) as a visual to provide information regarding the physical responses to anxiety. Mohatt et al. (2014) recommended the use of visuals during exposure tasks as well; therefore the facilitator will use a scene from a movie to facilitate an exposure exercise in order to elicit anxiety symptoms. Once the movie clip is finished, the facilitator will lead a mindfulness exercise to assist participants in decreasing anxiety symptoms that arose as a result of watching the scene from the movie. A discussion regarding the use of mindfulness to manage physical symptoms will follow. The group will then create a collage symbolizing life without physical symptoms. Members will be encouraged to talk to their parents about this assignment. Parents may be able to play a supportive role in encouraging the use of visuals when anxiety is noticed (Suveg et al., 2006). Homework will be assigned to practice the mindfulness exercise they learned.

During the third session, music will be incorporated after the check in and review of the homework. Based on the results found by Carruther's (2014), before utilizing a musical intervention, it is important to wait until after a couple of sessions have occurred in order to establish the therapeutic alliance and increase the comfort level of the participants. In Carruther's (2014) study, the drum was a popular choice, so with that in mind, a drum will be used. Participants will spend some time decorating and creating their own drum. After this,

participants will be asked if they would like to play a song on their drum to illustrate what it feels like when they are anxious. Carruther's findings indicated that participants might have a difficult time articulating emotions while playing an instrument because they may be more focused on the music. Therefore, it will be emphasized that participants should not feel pressure to play a song, but rather focus on the feelings behind their anxiety. Participants will be asked to practice being mindful and pay attention to the sounds and senses while playing the drum. Time will be taken for each person to share if they would like. Discussions will occur afterwards. Then, participants will be asked to play a song with their drum illustrating what it sounds like when they are relaxed. Another discussion will follow regarding the use of music as a relaxation strategy. Goldbeck and Ellerkamp (2012) explain that music can help individuals reduce their anxiety by creating a calm state of mind. Homework will be given for everyone to practice being mindful while playing the drum they created.

The fourth session will focus on exposure as well as identifying negative thoughts after the check in and review of the homework. Everyone will be given a worksheet to complete while the facilitator leads an exercise describing different anxiety producing situations. A discussion will take place and negative thoughts will be pointed out. The facilitator will provide psychoeducation regarding replacing those thoughts. At the end of the session, the facilitator will ask the group if anyone would like to lead a relaxation exercise of their choice for the group. Carruthers (2014) noted the importance of the adolescent feeling as though they are in charge and control. This will also help promote a sense of independence as well incorporate the use of peers; Jennings and Jennings (2013) found this to be particularly helpful. Homework will be assigned asking everyone to write down how often they have negative thoughts for one day and replace them with a positive thought.

The fifth session will re-visit exposure in order to practice this skill (Mohatt et al., 2014) through the creation of a short skit after the check in and review of the homework. However, a guided imagery exercise will be done first. Then, participants will be asked to create a play illustrating a stressful situation and how they would respond prior to attending the group. Next, participants will be asked to present the same play but this time, they will use their coping skills to show how it could be different. The end of the session will close with a guided imagery exercise and the facilitator will ask participants if they would like to lead this exercise. This will be done in an attempt to encourage independence (Kendall, 1993). Participants will be asked to practice guided imagery outside of group for the homework assignment.

The sixth session will discuss prevention strategies after the check in and review of the homework. This session will also include a review of the skills that were introduced over the course of the group. The facilitator will lead a discussion with the group regarding which coping skills they will use when they are confronted with a stressful situation. Mohatt et al. (2014) emphasizes the importance of preventative measures at the end of therapy. Clients will be asked to take a few minutes to write down some of the things they have learned and how they feel their anxiety has changed. The use of journaling is one way to see changes (Velting et al., 2004). The group will discuss the group ending and create a presentation for the final graduation session for their parents. The clients will lead this presentation. The session will end with a mindfulness exercise and homework will be assigned asking participants to use mindfulness outside of group to manage anxiety symptoms.

The seventh and final session will include clients and their parents. Each member will be given money for his or her participation in the group. An auction will occur with enough prizes

for all participants to bid on and win with the money earned during the group. The clients will then share some of the skills they have learned in a presentation they created for their parents.

Conclusion

This project explored treatment interventions for adolescents with anxiety disorders. The chance of being diagnosed with an anxiety disorder appears to be high for adolescents (Mohatt et al., 2014; Sauter et al., 2009; Victor & Bernstein, 2008; Wilde, 2008). The research exhibited a need for effective treatment in order to prevent problems beyond adolescence (Goldbeck & Ellerkamp, 2012; Mohatt et al., 2014). This project explored the use of groups when working with adolescents while taking into account certain considerations. The research found mindfulness techniques, relaxation, exposure, music, incentives, parental involvement, and short-term treatment to be useful. Therefore, a group curriculum was provided incorporating all of the aspects and is intended for adolescents over the course of seven weeks.

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Anxiety Management for Teens:

A 7 Week Skills Group



Welcome to this counseling group focused on decreasing anxiety symptoms in adolescents! This is a fast paced, yet comprehensive group curriculum designed to provide a variety of coping skills. The group will meet for seven weeks and each session will last approximately 75 minutes. This manual provides a format along with instructions for the group leader to follow for each session. Objectives for each session, an activity, and mindfulness and/or relaxation exercises are included along with homework assignments. Although this is a structured curriculum, the group leader should allow some flexibility within group for discussions and provide ample opportunities for growth and development.



Week 1 Group Objectives:

- Get to know each other
- Discuss symptoms of anxiety
- Learn a breathing technique

Procedure:

- Facilitate the group with an icebreaker exercise
- Set expectations and discuss confidentiality
- Facilitate discussion regarding anxiety
- End with a breathing technique

Materials:

- Pens
- Whiteboard and markers
- Stress balls

Ice Breaker/Expectations Objectives: The purpose of this activity is to have members get to know one another along with the group leader in order to begin building trust and safety.

Members should also understand expectations and the boundaries of confidentiality.

Ice breaker/expectations: First, introduce yourself to the group and state one point of interest that no one in the group is likely to know. Second, ask participants to introduce themselves as well and share one thing with the group that no one else may know. After the icebreaker, discuss expectations with the group and encourage participants to ask questions and share any concerns they may have. Remind the group about the informed consent they signed and discuss what confidentiality means and ask the group what it means to them. Remind the members that play

money will be offered throughout the course of the group to reward the completion of homework and they will have an opportunity to bid for items during the graduation session.

Group Activity Objectives: The purpose of this activity is to have members articulate how anxiety is affecting their lives and the group leader will gain some insight into what members have tried in the past.

Group Activity: Ask the group for volunteers to write on the board. Wait for a volunteer. If no one volunteers, continue activity and write responses. Ask the group what comes to mind when they hear the word “anxiety.” If no one responds, use some probes such as stress, exhaustion, fear, sweaty, nervousness, etc. After the group has had time to respond. Ask the group the following questions and facilitate a discussion:

How does anxiety affect your life?

What are some things you have tried in order to manage your anxiety?

What are some things that you think may help reduce your anxiety?

Relaxation Exercise Objectives: The purpose of this activity is to learn a breathing exercise that can be used as a relaxation strategy.

Relaxation Exercise: Pass out stress balls to the group. Explain how the body and mind are connected and we can manage the physical symptoms of anxiety by focusing our mind on relaxing our bodies. Explain that for this exercise, everyone will hold on to a stress ball and take a deep breath. With each breath, slowly squeeze the ball. Then, as you release your breath, slowly release your ball. Repeat this several times. Ask members for their reaction to the exercise and end the group with homework.

Homework: Ask the group to practice the breathing technique with the stress ball over the course of the week and report back to the group.

Week 2 Group Objectives:

- Participate in an exposure exercise
- Recognize physical symptoms of anxiety
- Learn a mindfulness exercise
- Learn how to use visuals as a way to manage anxiety

Procedure:

- Check in/review homework/distribute play money
- Show movie clip
- Lead a mindfulness exercise and then facilitate discussion about the use of mindfulness to manage the physical symptoms of anxiety
- Have the group create a collage
- End with a mindfulness exercise using the visual created in group

Materials: Computer, large presentation boards, crayons, markers, glitter, scissors, magazines, books, newspapers, and a bag of oranges or any type of fruit available.

Check in: Ask the group how last week's homework went. Ask the group to share when they used the stress ball to help manage their anxiety symptoms. Pass out play money to those who shared.

Exposure Activity Objectives: To recognize the physical symptoms of anxiety.

Exposure Activity: Explain to the group that anxiety can cause our bodies to react and this can make it difficult to function. Ask the group if they have ever watched a movie and felt their chest tighten or realized they were holding your breath? Explain that anxiety can cause a lot of physical reactions. Show the video clip and discuss some of the physical symptoms they felt

while watching as well as others they feel in their lives.

<https://www.youtube.com/watch?v=SUR1i1Uzbyc>.

Mindfulness Activity Objectives: To introduce mindfulness and support and assist the participants in managing any anxiety symptoms that arose from watching the movie clip.

Mindfulness Activity: Explain to the group that the purpose of being mindful is being in the moment and accepting emotions, thoughts, and feelings as they are without judgement. Explain that being mindful means staying in the present moment. (When they learn to be mindful, they learn that the feelings of anxiety may be happening in the moment, but will eventually pass.)

Then lead the mindfulness activity. Ask everyone to take an orange from the basket, but ask the group members not to eat the orange. Ask the group members to look at the orange and notice the color, texture, shape, smell, and any other interesting features. Let the group members examine the orange for a few minutes and then ask everyone to put the orange back in the basket. Now pass the basket around and ask the group if they think they would be able to pick out which orange is theirs. Ask why or why not? Pose a few questions to the group including:

Did you pay attention to the smallest details on your orange?

What were you thinking about during the exercise?

Were you focused on something else during the exercise?

Explain to the group that the skill of mindfulness takes practice and time.

Group Activity Objectives: To create a visual that can be used during a mindfulness activity.

Group Activity: Ask the group to create a collage that represents what it feels like when they are relaxed, calm, and do not feel anxious. Give the group time to create their collage and then have the group discuss why they used certain images, colors, etc. Explain to the group that they

can use visuals such as the collage as a way to practice mindfulness when they are feeling anxious.

Mindfulness Exercise Objective: To learn how to use visuals as a way to practice mindfulness.

Mindfulness Activity: Ask the group to get comfortable in their chairs and then look at the collage they created. Tell the group that you would like them to simply pay attention to the collage. If they have distracting thoughts, acknowledge those thoughts and then refocus back on the collage. As the group looks at the collage, ask the following questions: what do you notice about the collage? What colors do you see? How does it make you feel? Explain that mindfulness activities can be done anywhere at any time to manage anxiety. Ask for feedback and end the group with homework.

Homework: Ask the group to pay attention to the physical symptoms that anxiety causes over the next week. Ask the group to use one of the mindfulness activities they learned over the next week when they are having anxiety symptoms.



Week 3 Group Objectives:

- To use music as a way to communicate feelings of anxiety as well as a way to manage anxiety through mindfulness

Procedure:

- Facilitate the group with check in
- Facilitate activity making a drum
- Use the drums to illustrate feelings of anxiety as well as practice the mindfulness skill
- End with relaxing music

Materials:

- Coffee cans
- Construction paper
- Beans
- Glitter, glue, markers, crayons, stickers

Check in: Ask the group to share their experiences using mindfulness activities to manage their anxiety last week. Pass out play money to those who shared.

Group Activity Objectives: To create a drum that can be used to as a way to express emotions and feelings as well as practice being mindful.

Group Activity: Ask the group take some time to make drums out of various supplies. The group leader will create one as well. As the group is creating the drums ask whether the members use music as a way to manage their anxiety. You might ask the group what kind of music they like? Don't like? Once everyone is done, ask if anyone would like to share how anxiety might sound on his or her drum. If there are no responses, prompt with suggestions such as a loud beat, fast beat, etc. and use drum to show. Ask how the beat might change when they

begin to feel more relaxed and less anxiety. Pay attention to whether participants appear uncomfortable. If that is the case, encourage conversation and model what it may sound like. Encourage the group to pay attention to the sounds and practice being mindful. Explain to the group that they can use music as a way to relax by creating a connection between their body and mind.

Mindfulness Exercise Objectives: Learn how to use music in order to practice the mindfulness skill.

Relaxation Exercise: Play the drum you created and make different sounds. Ask the participants to listen to the sounds and just sit in the moment. Tell them it is ok if they have intrusive thoughts. Acknowledge the thought and then come back to listening to the drum. Ask for feedback and end the group with homework.

Homework: Ask the participants to use music in order to manage anxiety symptoms over the next week by practicing mindfulness.



Week 4 Group Objectives:

- To recognize negative thoughts

Procedure:

- Check in/review homework/distribute play money
- Lead exposure exercise
- Facilitate discussion regarding negative thinking
- End with a relaxation exercise

Materials:

- Worksheets
- Pens/Pencils

Check in: Ask the group to share their experiences using music and mindfulness last week to manage their anxiety. Pass out play money to those who shared.

Group Activity Objective: To become aware of negative thoughts and face anxiety provoking situations.

Group Activity: Explain to the participants that you will be reading scenarios that may cause anxiety. While you read the scenarios, they will complete the accompanying worksheet. Ask the participants what tools they will use during the exercise if they feel anxiety from the scenarios? Pass out the worksheets and read through the scenarios. Discuss how that felt for the participants. You might ask whether some scenarios cause more anxiety than others. Ask the group what they did to work through the discomfort? Point out that although it was uncomfortable, they are okay and were able to work through those feelings by using coping skills. Ask the members to share their answers and point out negative thoughts. Explain to the group that they can replace those

negative thoughts with positive thoughts. Ask them to go through their answers and share how they would replace them with positive thoughts.

Relaxation Exercise Objective: To give participants the opportunity to lead the group and be a peer role model.

Relaxation Exercise: Ask if anyone would like to lead a relaxation exercise. If there are no volunteers, lead the exercise and end the group with a homework assignment. If there is a volunteer, allow them to lead the group and provide support as needed. Ask the group how it felt to have a member lead? Ask for feedback and end the group with homework.

Homework: Ask the group to choose one day where they pay attention to all of their negative thoughts and then reframe them into positive thoughts.



Week 5 Objectives:

- Participate in an exposure activity
- Learn a guided imagery technique

Procedure:

- Check in/review homework/distribute play money
- Facilitate a guided imagery exercise
- Facilitate group role playing to demonstrate an anxiety provoking situation as well as the same situation with coping skills
- End with a guided imagery exercise

Materials:

- None

Check in: Ask the group to share their experience in paying attention to their negative thoughts.

Ask the group if they were they surprised by how often it occurred? Distribute play money to those who shared.

Relaxation Exercise Objective: To learn how to use guided imagery to manage anxiety.

Relaxation exercise: Explain that today will be a little different because the group will start with a guided imagery exercise as well as end with one. Ask the group for places that make them feel calm, happy, and safe. Use one of the examples provided in the following guided imagery exercise. Ask the group to close their eyes and get comfortable in their chair. Picture _____ (use examples from the group such as a ski hill, the basketball court, a beach, etc). Ask them to look around this place and notice the colors, shapes, smells, temperature, etc. Ask them to use their senses to notice what this place feels like. Tell them that they are relaxed here and safe and to stay in this place for a few minutes and remember it is a place to return to whenever they feel

anxious. Tell the group that when they are ready, to come back to the group. Ask for feedback regarding the exercise.

Group activity Objective: Learn to face situations that elicit anxiety through exposure.

Group Activity: Ask the group to identify situations that cause them anxiety. From that list, have the group choose one that they would like to re-enact. Have the group create a short skit and perform the situation that causes anxiety. Ask the group to discuss emotions, thoughts, and feelings that arose. Next, have the group re-enact the same situation, but this time, perform by using coping skills and show what they would prefer the situation to be like. Have a discussion following regarding the difference and the use of coping skills in anxiety provoking situations.

Relaxation Exercise Objective: To practice guided imagery skills and give a participant the opportunity to lead the group.

Relaxation Exercise: Ask for a volunteer to lead the same guided imagery exercise from the beginning of the session. If there are no volunteers, lead exercise and end the group with homework assignment. If there is a volunteer, allow them to lead the group and support as needed. Ask the group how it felt to have a member lead? Ask how did it feel for the group member to facilitate the group this session versus last session? After the discussion, end with a homework assignment.

Homework: Ask the group to use guided imagery over the next week to manage their anxiety.

Week 6 Group Objectives:

- Create a plan for relapse prevention
- Review the previous sessions
- Create a presentation for the graduation

Procedure:

- Check in/review homework/distribute play money
- Facilitate a reflection, review of coping skills, and discuss preventative measures
- Assist as needed in helping the members in creating a presentation
- End with a breathing technique

Materials: Whiteboard, markers, pens, paper

Check in: Ask members to share their experiences with using guided imagery last week.

Distribute play money to those who shared.

Group Activity Objectives: To reflect and notice changes that have occurred, review the skills, create a plan for after the group, and create a final presentation.

Group Activity: Pass out pens and paper and ask members to take a few minutes to journal how they are feeling in terms of their level of anxiety and what they feel they have learned. Discuss how this may compare to the first group session. Explain the importance of having a list of skills they can use when faced with situations that cause anxiety. Review the skills that have been taught and encourage members to take turns writing these skills on the whiteboard. Ask members to share what they plan to do in order to manage their anxiety in the future. Have the members as a collective group create a small presentation that includes some of the techniques they have learned in order to share at the graduation the following week with their families. Explain to the group that the way in which this is done is up to the members. It may be an

illustration of each skill or it may be a brief overview. After they have created their presentation, end with a relaxation exercise.

Relaxation Exercise Objective: To allow participants the opportunity to use the skills they have learned in order to lead a relaxation exercise.

Relaxation Exercise: Offer members the opportunity to lead the group in a relaxation or mindfulness exercise of their choice. Provide ample time to allow for more than one member to lead. Afterwards, end with a homework assignment.

Homework: Take time to journal and reflect on the past six weeks. Use the skills learned to continue managing anxiety.



Week 7 Group Objectives:

- To acknowledge the completion of the group and provide closure

Procedure:

- Facilitate check in and have members introduce their parents
- Support members as they share their presentation

Materials: Items for bid: candy, iTunes song gift cards, etc.

Group Activity Objectives: To provide members with the opportunity to share what they have learned and also provide an opportunity for parents to learn and offer support after group.

Group Activity: Allow time for family members to be introduced to one another. Share with parents that the group has met for six weeks and learned many ways to manage their anxiety. Explain that the members will be giving a presentation to share what they have learned. Explain that this will allow parents to be able to offer support and encourage their adolescents to use the skills during times of anxiety. After the presentation is done allow for questions and discussions. Show items that are available for auction. Have members bid on items and distribute. Ensure that each member receives a prize. Congratulate the members on their hard work.



Parent Informed Consent

I give _____ (your child's name) permission to attend the 7-week counseling group. I have been provided with information regarding the session's contents but understand that I will not receive confidential information discussed during the group. I understand that the group leader will only disclose information pertaining to my child if they are a danger to themselves or others. However, I can request a meeting with the group leader and my child together at any time throughout the duration of the group. I will attend the final graduation session and assist my child in practicing skills learned during the group to help them manage and improve their symptoms.

Parent Signature Date

Group Leader Signature Date

Member Informed Consent

Welcome to the 7-week therapy group! During this group, you will learn new ways to cope and manage your anxiety. The group experience will provide you with the opportunity to meet new people and practice the skills among your peers. While in the group, confidentiality is essential and you must ensure that information about your peers in the group is not released to anyone outside of the group. At the same time, as the group leader I will ensure that your confidentiality is protected as well. By signing this form, you agree to the following:

I understand that my participation in this group is voluntary, however, my engagement and attendance is vital to learning new skills. I agree to work hard over the course of the group, remain engaged in session, and try the exercises provided with the intention of learning to manage my anxiety. I will maintain confidentiality during the group as well as once the group has ended. I understand that my parent/guardian may request a meeting with myself and the group leader to discuss my progress, however, the group leader will not disclose confidential information unless I am a harm to myself or others.

Participant Signature Date

Group Leader Signature Date

Worksheet 1A

You have been asked to give a 3-minute presentation in class tomorrow regarding the book review you wrote. You only have one day to prepare.

I am thinking _____

I feel _____

I am afraid that _____ will happen

If that happens then _____ will happen

I know this is true because _____

You have been invited to a party on Saturday and have been told that “everyone” will be there.

I am thinking _____

I feel _____

I am afraid that _____ will happen

If that happens then _____ will happen

I know this is true because _____

Your English teacher has just asked you to read a paragraph from the textbook to the class.

I am thinking _____

I feel _____

I am afraid that _____ will happen

If that happens then _____ will happen

I know this is true because _____

Your mom told you that you have to attend a BBQ on Saturday at her boss's house.

I am thinking _____

I feel _____

I am afraid that _____ will happen

If that happens then _____ will happen

I know this is true because _____

You have been asked to attend the Science Fair, however it is in another town and you will have to fly there along with several other classmates.

I am thinking _____

I feel _____

I am afraid that _____ will happen

If that happens then _____ will happen

I know this is true because _____

