

# Treatment for Anxiety in Adolescents at the Transition to Adulthood

ANNE MARIE ALBANO, PHD, ABPP

COLUMBIA UNIVERSITY CLINIC FOR ANXIETY AND RELATED DISORDERS

NEW YORK PRESBYTERIAN YOUTH ANXIETY CENTER

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1

## Overview

Introduction to Anxiety in Adolescents &  
Young Adults

Navigating the Transition to Adulthood

The Role of Caregivers

Implementation of the Launching  
Emerging Adults Program (LEAP)

2

## Developmental Norms for Anxiety

Toddlers (0-2yo)

- Strangers, separation from parents, large looming objects

Preschool (3-6yo)

- Dark, animals, separation, strangers, supernatural beings

School age (6-12yo)

- Tests, school performance, death, lightning, injury

Adolescence &  
Young Adulthood

- Relationships, appearance, future, school, world events, health

3

When to be Concerned about Anxiety (or any other emotion)

Healthy

Reasonable

Manageable

Mobilizing

Time limited

Problematic

Excessive

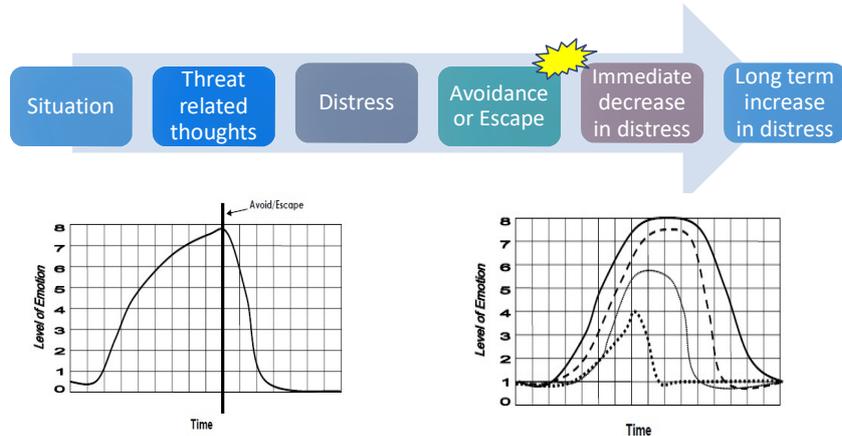
Uncontrollable

Paralyzing/Restricting

Chronic

4

## Avoidance Maintains Anxiety and Increases Stress



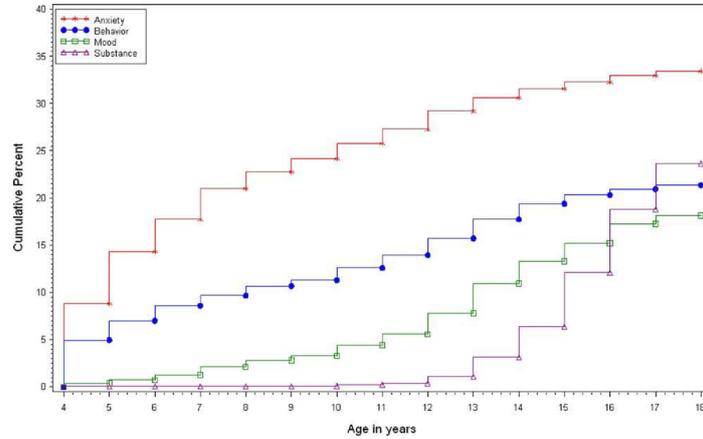
5

## Consequences of Sustained Avoidance

Toddlers (0-2yo)	• Phobic Disorders
Preschool (3-6yo)	• Selective Mutism; Separation Anxiety
School age (6-12yo)	• Generalized Anxiety
Adolescence & Young Adulthood	• Social Anxiety; Panic; Depression

6

## Cumulative lifetime prevalence of major classes of DSM-IV diagnoses



NCS-A, N=10,123; Merikangas et al., 2010, *JAACAP*

7

## 12 Month and Lifetime Prevalence for DSM-IV Anxiety Diagnoses: 18-29 yo cohort (n=9282)

	12 Month		Lifetime	
	%	SE	%	SE
Panic disorder	2.8	0.4	4.2	0.5
Ag w/o panic	1.0	0.2	1.2	0.3
Specific phobia	10.3	0.8	13.0	0.7
Social phobia	9.1	0.7	13.3	0.7
GAD	2.0	0.3	4.3	0.4
PTSD	4.0	0.5	6.3	0.6
OCD	1.5	0.4	3.1	0.7
Separation anx	4.0	0.5	12.4	0.9
Any anxiety d/o	22.3	1.0	32.9	1.3

Kessler, et al. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6), 617-627

8

# Scourge of Anxiety and Mood Disorders in Adolescence



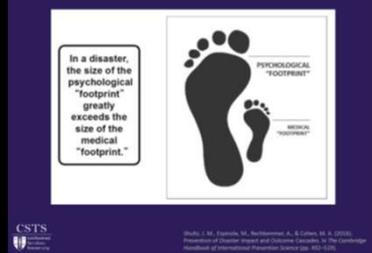
9

**COVID-19:  
An  
unprecedented  
& unrelenting  
disaster**



- Features of pandemics as distinct phenomena:
- Novelty, unfamiliar, mysterious
- Potential for isolation and quarantine
- Shortages and scarcity (e.g., PPE supplies)
- Misinformation rapidly spread
- Anger and scapegoating
- Fear and uncertainty

• From - Morganstein et al (2017). Pandemics: Health Care Emergencies. In Textbook of Disaster Psychiatry (2<sup>nd</sup> ed., pp 270-284. Cambridge University Press



10

## What Can we Anticipate about Child/Adolescent Mental Health Due to the COVID-19 Pandemic?

2.59 billion 0-19 year olds are impacted; 1.53 youth in 193 countries affected by school closures

Children ages 6-17 years who experienced COVID-19 evidence a high likelihood of developing mental health conditions compared to those who tested negative or had symptoms similar to COVID-19.

Meta-analysis of 80,879 children and adolescents (globally) revealed prevalence of depression (25.2%) and anxiety (20.5%) to have doubled compared to prepandemic estimates.

ASPE Issue Brief (2021); Racine et al., (2021) JAMA Pediatrics; Rider et al. (2021) BMJ.

11

### Factors contributing to vulnerability during pandemic

Separation, loss & grief

Social determinants of health

Social isolation/quarantine/loneliness

Special needs or disability

Disrupted/Unpredictable home and school routines

Prior trauma history

Prior mental health condition

Rider et al., 2021, BMJ

12



## Ongoing stressors

- Unpredictable school schedules: virtual/in person
- Reduced support
- Family conflict/responsibilities
- Financial stress
- Reduced socialization
- Worries about the future
- Campus activities cancelled
- Loss of opportunities (internships/experience)

13

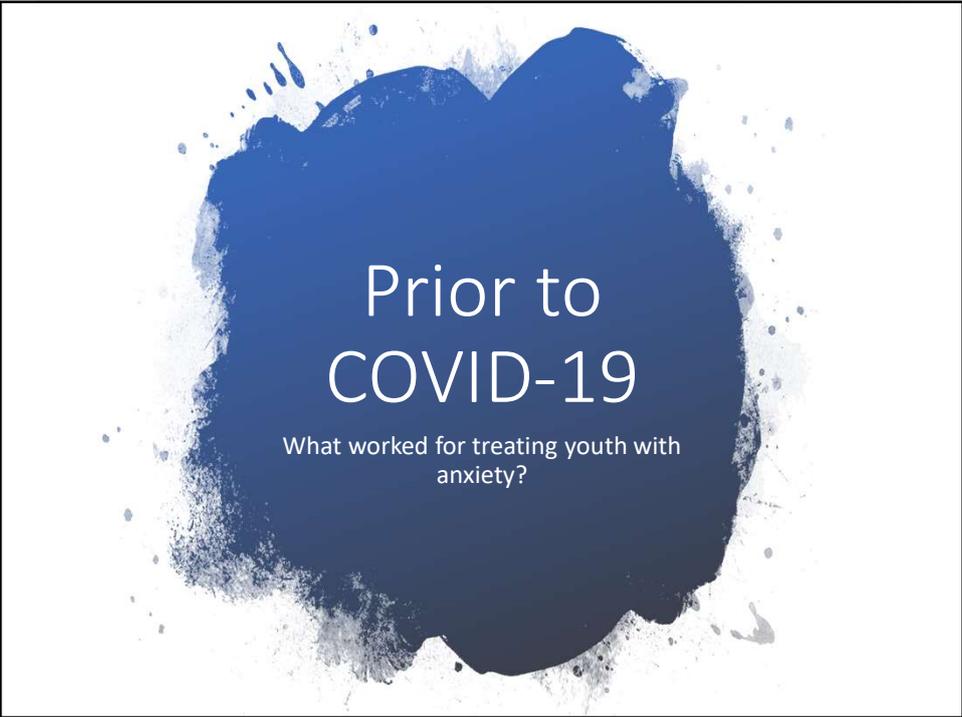
## Silver linings

- Most people should be resilient to stressors of COVID-19
- Resilience is common and a fundamental feature of normal coping skills
- Expressing positive emotions leads to greater resilience
- Renewed purpose and meaning in life occurs in response to stress and trauma

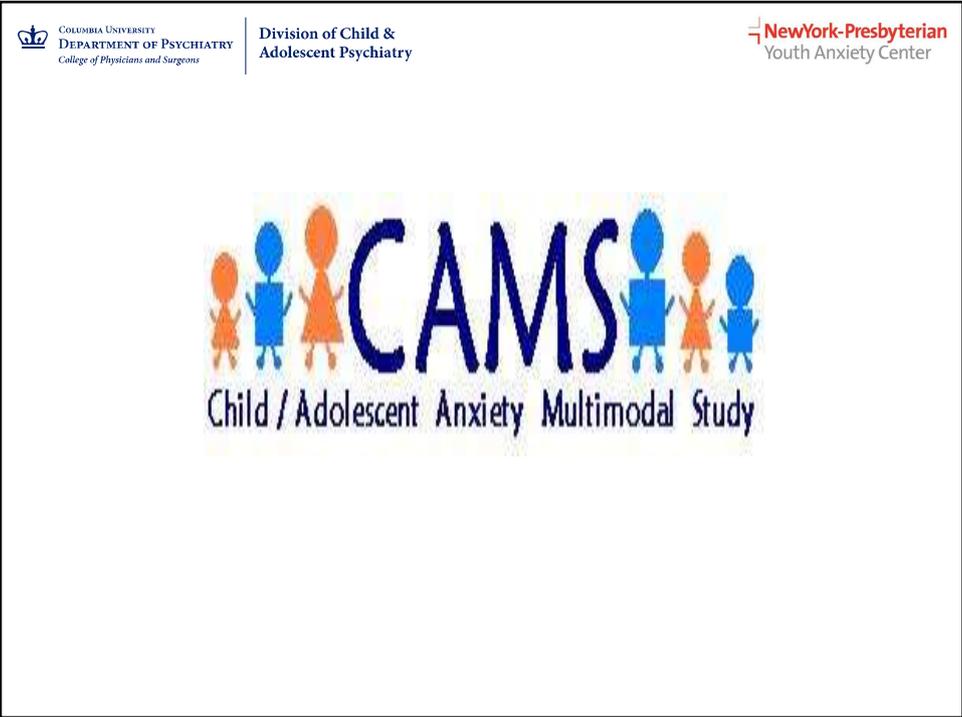
(Bonanno, 2004; Mancini & Bonanno, 2010; Galatzer-Levy et al., 2018)



14



15

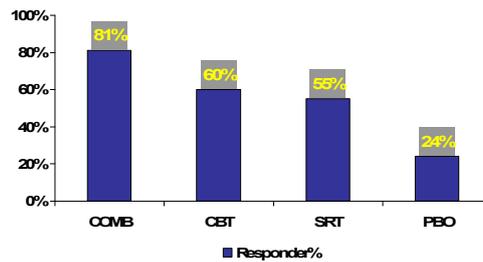


16

## Evidence Based Treatments for Anxiety Disorders

### Child/Adolescent Anxiety Multimodal Study CAMS

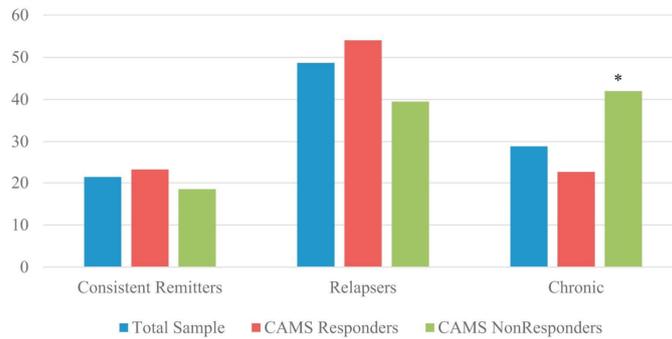
Acute Outcomes (n=488)



Walkup, Albano et al., 2008

17

### CAMELS: Percent Remitters, Chronic, and Relapsers Across Follow-up Period



Responder status associated with increased likelihood of group membership.

\*p < .05

Ginsburg et al., 2018, JAACAP

18

## Sobering Take Home Message

- CAMS did not enroll youth with significant school refusal or comorbidities such as major depression
- Age limited to 7 to 17
- Despite high-quality treatment, stable remission is difficult over the long term (only 21.7% consistently “anxiety-free”)
- Many youth in need of longer and more robust treatments

19

## What happened?

### Limitation of Study Outcomes

- Focus is on symptomatic improvement
  - Goal: less anxious overall
- Functional impairment may persist
  - Still does not attend school; call friends; unable to self-soothe; overly relies on parents
- Developmental trajectory is not addressed
  - Is the child/adolescent on par with age-related tasks?
  - Study treatments did not address development

20

## What to do?

- Focus on development
- Address the context within which youth live
- Prepare youth for the transition to post-high school

21

## Navigating the Transition to Adulthood

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22

# "Emerging Adulthood"

<1900

- Children treated as "little adults"

1950's

- High school --> Career/Marriage

Enter Jeff Arnett



~1900

- Emergence of adolescence
- Time of "Storm and Stress" (G. Stanley Hall)



2000's

- High school --> EA --> Career --> Marriage

With all due respect to Erik Erikson....

23

## Jeffrey Jensen Arnett (2000) & Emerging Adults



- 18 - 29 years old
- Identity exploration
- Self-Focus
- Possibilities
- Instability
- Feeling in between
- Occurring in all developed countries across socioeconomic groups

24

## Cultural Shift in 2000s

### Young Adults

- Brain isn't fully developed until 20s
- More enter college after high school (66%)- extends dependency past age 18
- More returning home after college (40%) due to economic recession / trouble finding employment
- Marriage is 5 years later than prior generation

### Caregivers

- Values shifted to more involved parenting
- Cell phones/technology allow for constant parent/child contact (56% have daily contact)
- Children stay on insurance through 26
- Can encourage freedom/flexibility OR foster dependency and inability to move forward

Clark University Poll of Emerging Adults, 2012 & 2013  
n=1,029 interviews, ages 18-29, nationwide; Margin of error +/- 3.06%

25

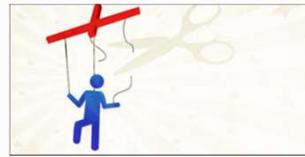


Key Developmental  
Milestones  
Not traditional targets of  
RCTs

- Independence
- Identity
- Responsibility
- Socialization

26

# Independence



## Emotional independence

- Express thoughts/feelings
- Soothe self when confronted with disappointment or challenge
- Seek advice appropriately



## Behavioral independence

- Completes tasks on own
- Takes initiative
- Asserts self to meet needs
- Seeks appropriate counsel and support from parents

27

# Independence



- Financial independence
  - Open/manage own bank account
  - Earn & save own money
  - Pay rent/bills
- Living independently
  - Potentially in stages
    - Dorm → roommates → independent



28



## Identity

Self identity

Sexual identity

Cultural identity

29

## Responsibility



### Personal self-care

- Regulate sleep; eat balanced diet
- Hygiene; laundry
- Manage medication and doctors' appts



### Complete educational/vocational requirements

- Register for classes; create resume; apply for jobs
- Manage time and workload
- Seek guidance when necessary



### Manage money responsibly

- Manage budget
- Purchase own food, clothing, etc.
- Manage own banking

30



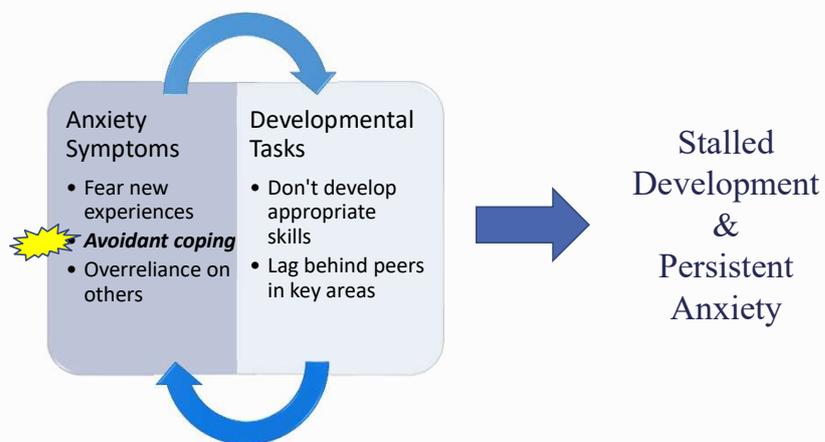
## Socialization

- ❑ Make and maintain long term friendships
- ❑ Pursue romantic relationships in a healthy/ meaningful way
- ❑ Maintain family relationships; form adult relationship with parent
- ❑ Travel alone or with peers
- ❑ Participate in cultural events



31

## What if Anxiety Is Excessive?



32



## Young Adults with Anxiety

- "Failure to Launch"
- Peer relationships suffer
- Academic decline - school/college refusal
- Work/Career issues
- Lower self esteem / self-efficacy
- Family conflict
- Comorbidity builds over time
- Gateway disorder for substance use
- Limits independent functioning
- Failure to achieve developmental milestones

33



## The Role of Caregivers

34

## Parental involvement in the maintenance of anxiety

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Anxious anticipation of upcoming events

Attentional focus on social threat cues

Anticipation of their child experiencing negative thoughts about self and negative evaluation by others

OVERPROTECTION TRAP

Adapted from Heimberg, 1998

35



Problem?

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Parental over-involvement may limit developmental progression through emerging adulthood and maintain anxiety

36

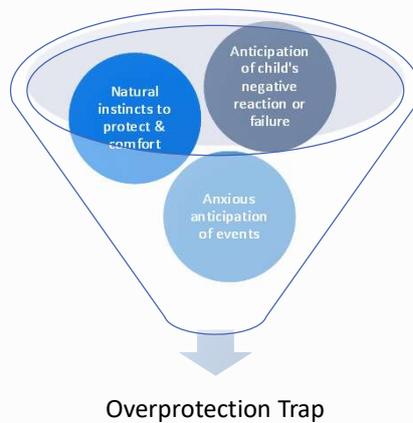
## Common Caregiver Responses



DBT for Adolescents (Rathus & Miller, 2000)

37

## Anxiety: Common Caregiver Responses



38



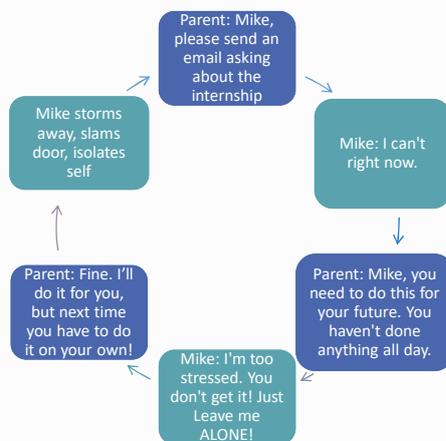
## Alfred Adler

“You can love a child all you wish, but you must not make him dependent. You owe it to the child to let him function as an independent being, and you must begin training him from the very beginning to do this. If a child gains the impression that his parents have nothing to do but to be at his beck and call, he gains a false idea of love.”

In *The Pattern of Life* (1930), page 148.

39

## The Cycle of Negative Reinforcement

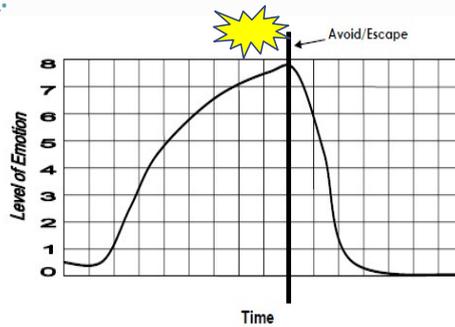


• From Rex L. Forehand

40

## Why does the cycle continue?

- When the demand is removed (parent completes task or stops asking), Mike's anxious avoidance and acting out behavior is reinforced.

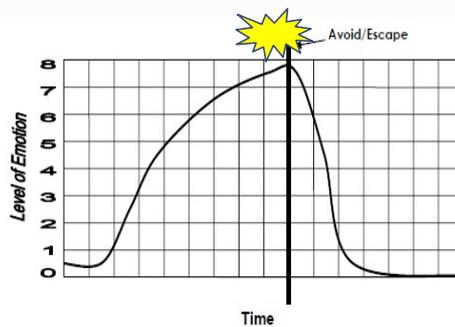


**PHEW!**

41

## Why does the cycle continue?

- When parent completes the task for Mike, it decreases conflict and possibly lands Mike the internship. Frustration with Mike and concern for him decrease. Parent's overinvolvement is reinforced.



**PHEW!**

42

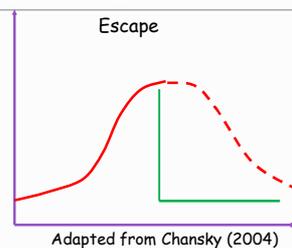
## My story



43

## Anxiety and YA Development

~~Independence~~  
~~Identity~~  
~~Responsibility~~  
~~Socialization~~

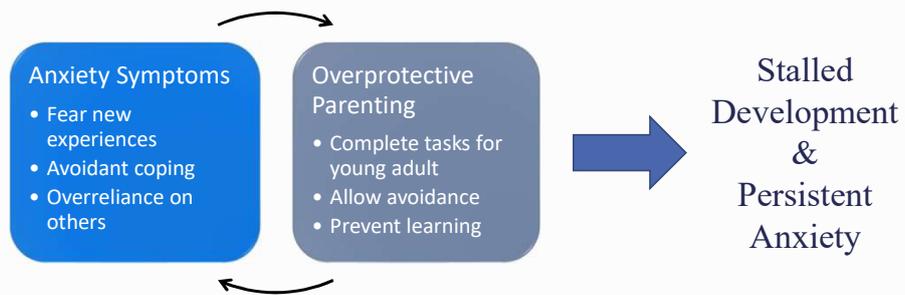


### Impact of escape:

- remembers situation at the height of fear
- prevents learning to calm self
- no experience of mastery
- escape is reinforced

44

## Anxiety + Overprotection Cycle



45

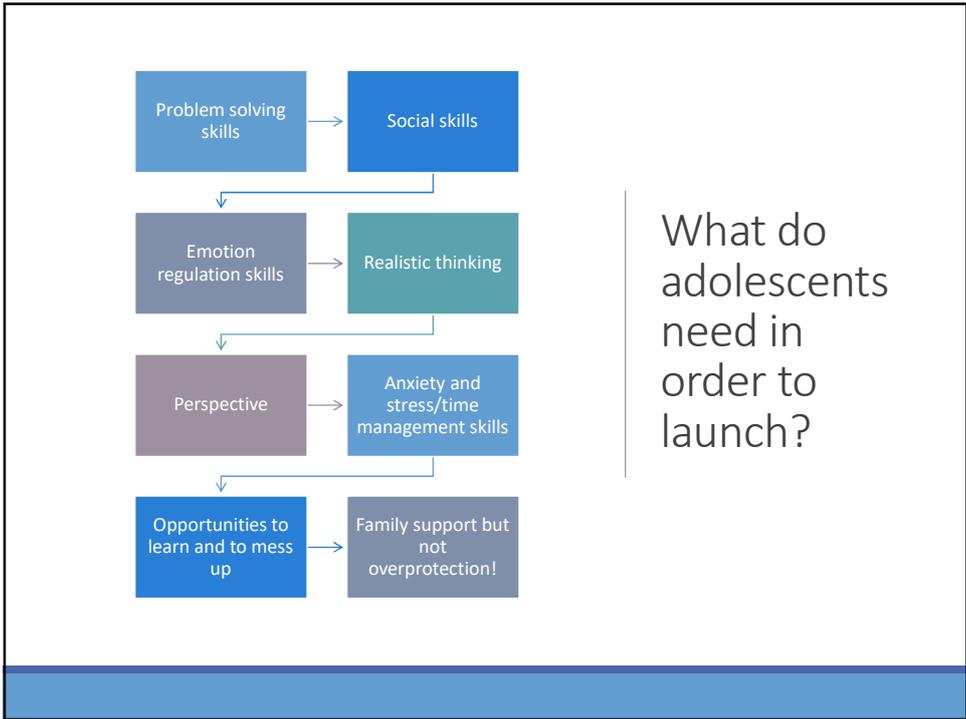
Anxiety problems in Adolescents and EAs continue to be partly maintained by parental overprotection (POP) or overcontrol

Anxiety is also maintained through avoidance, escape and withdrawal

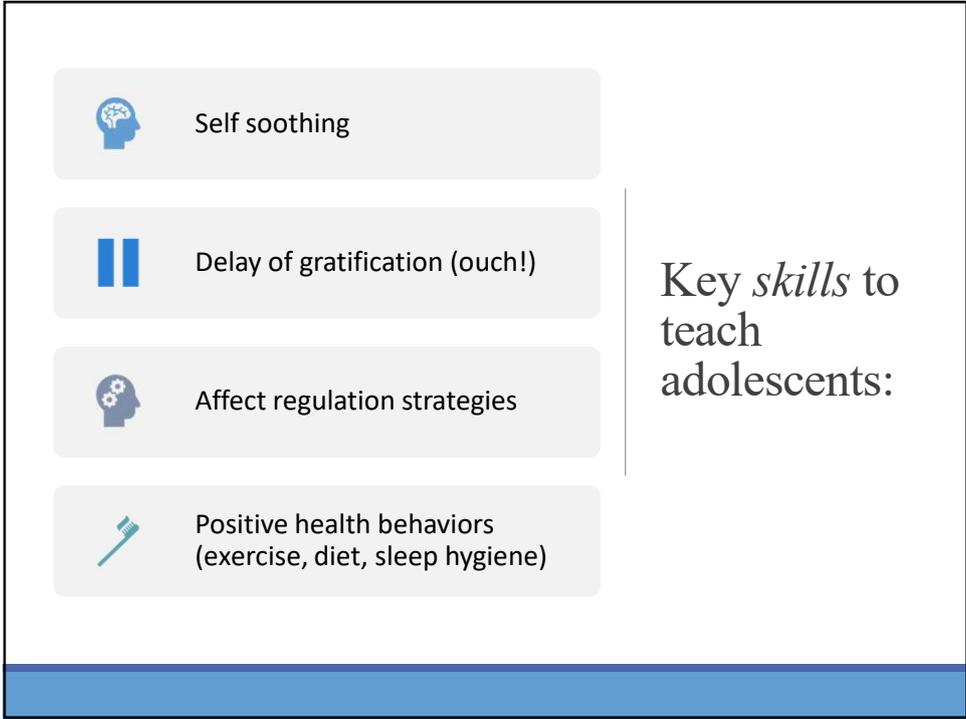
Interaction of POP and Anxiety results in stalled developmental tasks

Developmental Model

46



47



48

## Launching Emerging Adults Program: LEAP

(Albano, Poznanski, Fox, Hoffman, & CUCARD Team, in preparation)



49

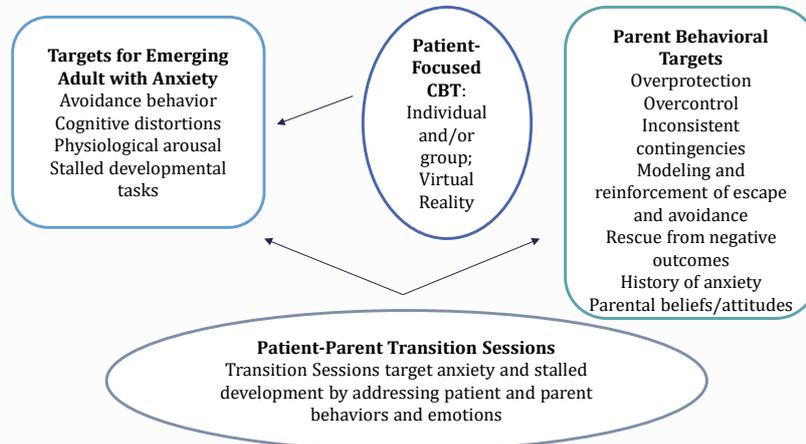
### Launching Emerging Adolescents & Adults Program: LEAP

#### Overall Goal:

Anxiety management and reduction integrating CBT with interventions addressing developmental delays and functional impairments that are maintained at least in part by dependence on parents or primary caretakers.

50

## LEAP Model

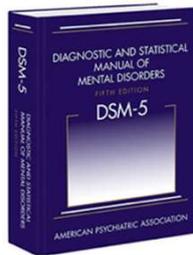


Note: From Guerry, Hambrick & Albano (2015). A version of this figure appears in Detweiler, M.F., Comer, J., Crum, K.I., & Albano, A.M. (2014). Social anxiety in children and adolescents: Biological, psychological, and social considerations. In S.G. Hofmann & P.M. DiBartolo (Eds.), *Social phobia and social anxiety: An integration* (3<sup>rd</sup> Ed). New York: Elsevier Press.

51

## Assessment and treatment planning

52



## Assessing Anxiety & Development

### Pretreatment evaluation:

- Diagnostic interview
- Questionnaires
- Behavioral Tests

### Developmental assessment:

- Launching Emerging Adult Functioning Scale
- Scaffolding

53

<https://connect.ichom.org/standard-sets/depression-and-anxiety-for-children-and-young-people/>

### DEPRESSION & ANXIETY FOR CHILDREN & YOUNG PEOPLE

COMPLETED ✓

The ICHOM Standard Set for Children & Young People with Depression & Anxiety, including OCD & PTSD, is the result of hard work by a group of leading psychiatrists, psychologists, mental health experts, measurement experts, and lived experience experts. It represents the outcomes that matter most to children and young people with depression & anxiety. We urge all providers around the world to start measuring these outcomes to better understand how to improve the lives of their service users.



54



## Fear & Avoidance Hierarchy



Situation/Stimulus	Rating (0-100)
<i>Being embarrassed at a party</i>	<i>100</i>
<i>Talking one on one with someone I am attracted to</i>	<i>95</i>
<i>Talking to my boss or a professor in person</i>	<i>90</i>
<i>First day of class, when I don't know anyone</i>	<i>80</i>
<i>Talking to a small group of acquaintances</i>	<i>70</i>
<i>Asking for help at a store</i>	<i>65</i>
<i>Ordering food or making an appointment over the phone</i>	<i>55</i>
<i>Emailing my boss or professors</i>	<i>50</i>
<i>Saying something that my friends might disagree with</i>	<i>40</i>
<i>Talking one on one with a neutral person</i>	<i>35</i>
<i>Responding to text messages</i>	<i>25</i>
<i>Spending time with a group of close friends</i>	<i>10</i>

57

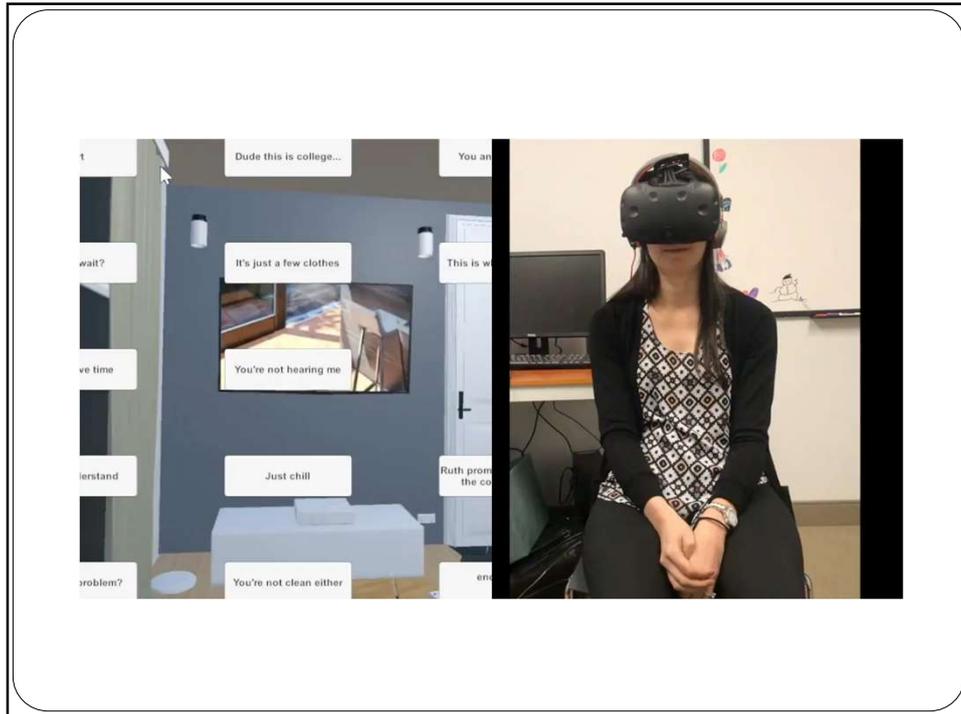
## Behavioral Assessment Task (BAT)



- BATs recreate feared situations within the clinician's office
- Allow clinicians to:
  - Assess if/how patients approach feared stimuli
  - Quantify baseline levels of subjective and objective distress
  - Observe content of verbalized self-talk
  - Assess safety behaviors, social skills, etc.
- BATs enhance clinical assessment
  - Improve diagnostic precision
  - Allow for early detection of social anxiety symptoms
  - Provide rich data for case conceptualization, treatment planning, and progress monitoring

Feindler & Liebman, 2015; Barlow, Chorpita, & Turvosky, 1996; Heimberg, Mueller, Holt, Hope, & Liebowitz, 1992

58



59

# Assessing Developmental Functioning

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60

TASK	BEHAVIORAL INDICATORS
Establish emotional independence from parents	Soothes self when confronted with disappointment or challenge; Seeks advice appropriately and weighs options; Able to own feeling states and reactions
Develop self-identity	Affirmatively describes self in terms of aspirations, interests, abilities and skills; Recognizes own limits
Establish behavioral independence from parents	Completes tasks on own; Takes initiative; Asserts self to meet needs
Manage money responsibly	Spends money in relation to budget and awareness of meeting responsibilities; Makes own purchases for food, clothing, and other needs; Manages finances so that relaxation/hobbies/interests are pursued with little financial tension
Make and keep long term friendships	Engages with others and pursues relationships on own
Control personal self-care	Regulates own sleep patterns; Aware of and engages in healthy diet and exercise routine; Self-soothes appropriately
Control personal medical/health care	Makes regular appointments in timely way (annual physical; mental health visits); Seeks health care consultations as needed and in timely way; manages medications on own
Engage and accept sexual identity	Is engaged in pursuing sexual knowledge and understands own sexual identity; Accepts sexual identity
Form romantic relationships	Has interest in and pursues romantic partner(s) in a healthy and meaningful way
Formulate and engage in long-term vocational goals	Able to articulate interests and pursue education or training in areas related to the interest; Develops set of skills/abilities to pursue goals
Complete educational requirements	Completes compulsory educational requirements of high school or equivalent; Seeks further education to pursue goals for career/vocation
Establish financial independence	Earns and saves own money
Lives independently	Moves away from home (potentially in stages, such as for college or with housemates until independent); Establishes own residence and maintains all aspects (financial, upkeep) on own

61

Assessing  
Development:  
The  
Launching  
Emerging  
Adults  
Functioning  
Scale

Assessment of 10 main tasks  
of young adult functioning

Self- and Parent-report

- Provides targets for the Developmental Hierarchy
- Allows for ongoing evaluation of 'adulting' behavior
- LEAF forms used for identifying items to address in transition sessions with caretakers

62

## LEAF

Name \_\_\_\_\_ Date \_\_\_\_\_

Rate how independent you/your child is on these tasks.

0 Not at All <small>(always relies on others)</small>	25 Sometimes <small>(needs help often)</small>	50 A lot <small>(needs help half of the time)</small>	75 Most of the Time <small>(rarely needs help)</small>	100 All of the Time <small>(never needs help or prompting)</small>
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1. Self Care 0 – 100

a. I bathe and groom myself daily without prompting	_____
b. I am able to soothe and relax myself when needed	_____
c. I take my medication on my own and as prescribed	_____
d. I prepare and eat my own meals daily	_____
e. I strive to maintain a healthy, balanced diet	_____
f. I do my own laundry	_____
g. I regularly exercise	_____
h. I maintain organization of my belongings and space	_____
i. I keep current on health and sex information	_____
j. I present myself well to others	_____

Comments: \_\_\_\_\_

63

## LEAF

Name \_\_\_\_\_ Date \_\_\_\_\_

Rate how independent you/your child is on these tasks.

0 Not at All <small>(always relies on others)</small>	25 Sometimes <small>(needs help often)</small>	50 A lot <small>(needs help half of the time)</small>	75 Most of the Time <small>(rarely needs help)</small>	100 All of the Time <small>(never needs help or prompting)</small>
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2. Finances

a. I support myself financially (I earn my own money)	_____
b. I manage my own bank account	_____
c. I am aware of and plan my spending and saving	_____
d. I pay my own bills on time	_____
e. I pay my own rent on time	_____

Comments: \_\_\_\_\_

3. Relationships and Sex

a. I make my own friends	_____
b. I maintain friendships	_____
c. I have romantic relationships	_____
d. I have a mentor or someone who can provide guidance (that is not a family member or close friend)	_____
e. I deal with authority appropriately	_____
f. I engage (relate to) with my parents on an adult level	_____

Comments: \_\_\_\_\_

64

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**4. Work and School**

- a. I seek work on my own \_\_\_\_\_
- b. I am able to negotiate with superiors \_\_\_\_\_
- d. I register for class(es) or duties on time \_\_\_\_\_
- e. I manage my schedule (daily and long-term plans) \_\_\_\_\_
- f. I complete tasks and assignments on time \_\_\_\_\_
- g. I seek help when it is necessary \_\_\_\_\_

Comments: \_\_\_\_\_

**5. Independent Tasks**

- a. I buy and care for my own clothes \_\_\_\_\_
- b. I take care of my possessions \_\_\_\_\_
- c. I fill and pick up my own prescriptions \_\_\_\_\_
- d. I can get to and from where I need to go (transportation) \_\_\_\_\_
- e. I am punctual and reliable \_\_\_\_\_
- f. I get hair-cuts when needed \_\_\_\_\_
- g. I travel alone \_\_\_\_\_
- h. I assert myself to have my needs met \_\_\_\_\_
- i. I am aware of current events (in community and globally) \_\_\_\_\_

Comments: \_\_\_\_\_

65

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**6. Recreation**

- a. I go on trips and vacations (alone or with others) \_\_\_\_\_
- b. I go to parties and social gatherings \_\_\_\_\_
- c. I have hobbies \_\_\_\_\_
- d. I partake in cultural events and festivities \_\_\_\_\_
- e. I am involved in clubs and/or sports \_\_\_\_\_

Comments: \_\_\_\_\_

**7. Altruism**

- a. I volunteer for non-profit organizations \_\_\_\_\_
- b. I partake in community service \_\_\_\_\_
- c. I care for close ones (emotionally and/or physically) \_\_\_\_\_
- d. I extend myself to help family and friends \_\_\_\_\_

Comments: \_\_\_\_\_

**8. Religious/Political Views**

- a. I define myself as religious or non-religious \_\_\_\_\_
- b. I choose to practice or not practice a religion on my own \_\_\_\_\_
- c. I choose to support or not support political parties on my own \_\_\_\_\_
- d. I vote in political elections \_\_\_\_\_

66

9. Living Situation

a. I seek independence \_\_\_\_\_

b. I live independently from family \_\_\_\_\_

Comments:

10. Emotional Independence

a. I recognize my own actions \_\_\_\_\_

b. I own and accept personal responsibility \_\_\_\_\_

c. I self-correct \_\_\_\_\_

d. I can apologize when it is needed \_\_\_\_\_

e. I profit from experience \_\_\_\_\_

f. I can express my thoughts and ideas clearly \_\_\_\_\_

g. I know when I need to ask for help \_\_\_\_\_

Comments:

67

LEAF Scale Development

N=61 (31 Male,  $M_{age}=22.36$ ,  $SD_{age}=3.26$ , age range=17-28, 82% Caucasian)

Preliminary analyses on the development of the LEAF-A indicate:

**Internal Consistency:** Internal consistency of the LEAF-A items was generally high (.97 for the entire scale and ranged from .70 to .92 for the 10 subscales)

**Expert Review:** 30 experts rated each item on the alpha measure. Each item was found to be appropriate by more than 56% of raters. More than 63% of raters reported that each item was given the proper domain.

**Clinical Sensitivity:** Certain subscales of the LEAF-A were able to distinguish between individuals with and without a MDD diagnosis and individuals with and without a SocAD diagnosis.

68

# Developmental Hierarchy



Task	Emotional Challenge	Independence
Going to a college visit alone	100	0
Working part-time (20 hrs/week)	90	0
Making an appointment with job/ college counselor	80	0
Buy my own clothes	70	10
Prepare my own food	65	25
Do my own laundry	60	30
Wash my dishes	50	40
Make an appointment on my own	40	60
Make my bed	30	50
Do homework	25	75
Get up on my own (with alarm)	10	50
Personal hygiene	10	85

69

# Assessing Development

Domain	Dependent	In Transition	Independent
Emotion Regulation			
Behavioral Independence			
Personal Self-care			
Personal Healthcare			
Manage Money			
Sexual Identity / Romantic Relationships			
Self Identity			
Long-term Friendships			
Live Independently			
Financial Independence			
Completes Educational Requirements			
Vocational Goals			

70

DA 9/18/17

Domain	Dependent	In Transition	Independent
★ Emotion Regulation	- Soothing - advice-seeking (X)		- express self
Behavioral Independence	- reminders to send emails - Edits/proofreads emails (X)		- Drives into city!
★ Personal Self-care		- mom help w/ diet (X)    - mom s/t wakes me up	- laundry ☺
★ Personal Healthcare	- Dad calls to refill meds - mom reminds to take meds (X)		- schedule own appts - express thoughts, feelings
Manage Money			(X)
Sexual Identity / Romantic Relationships			(X)
Self-Identity			(X)
Long-term Friendships		- parents to nag me out more (X)	- set own plans - maintain friendships
Live Independently	(X)	- used to live in dorm	
Financial Independence	(X)		(X) managed work/classes
Completes Educational Requirements			↓
Vocational Goals	- Need help taking next steps	(X) - practice interview	- know what I want