Methods of Self-Regulation in Children with Anxiety

Jordyn Madden
Western Michigan University, jordyn.e.madden@wmich.edu

Maya Lamer
Western Michigan University, maya.lamer@wmich.edu

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Children with anxiety symptoms often present with self-regulation deficits affecting their coping and problem-solving performance skills, in turn impacting school performance. Research identifies self-regulation as the ability to manage appropriate behaviors to fully engage in daily occupations. Cognitive Behavioral Therapy (CBT) was developed to regulate mental health needs and firmly planted in occupational therapy. OT’s utilize CBT as a framework to guide their treatment with clients who have difficulties in occupational performance. CBT is a "structured, short-term, present-oriented psychotherapy …, directed toward solving current problems and modifying dysfunctional (inaccurate and/or unhelpful) thinking and behavior" (Beck, 2011, p. 2).

1 Ask: Research Question

Can Cognitive Behavioral Therapy (CBT) implemented by occupational therapists improve self-regulation in children aged 5-12 with anxiety-related behaviors?

2a Acquire: Search Terms

Patient/Client Group: 5-12 year old children with anxiety-related behaviors

Intervention (or Assessment): School-based CBT principles

Comparison: Impact of school-based CBT program on self-regulation and occupational performance

Outcome(s): coping & problem solving skills, self-perception, and anxiety-related behaviors

2b Acquire: Selected Articles

Chiu et al. (2013): Stratified randomized controlled trial. Compared the effects of a school-based CBT intervention group (Building Confidence) and a waitlist group with children diagnosed with anxiety-related disorders.

Collins, Woolfson, & Durkin (2014): Randomized controlled trial. Investigated the effects of a universal CBT school-based intervention on anxiety and coping skills compared to a comparison group including a 6-month follow-up.

Essau et al. (2012): Randomized controlled trial. Examined the effectiveness of a universal school-based CBT prevention program (FRIENDS) on reducing depressive and anxiety symptoms, and its impact on correlates of anxiety.

3a Appraise: Study Quality

Chiu et al. (2013): Level II. Small n-size (n=40); randomly assigned to either treatment of CBT (n=22) or 3-month waitlist (n=18). Evaluators blinded. Outcomes assessed at pre-test and post-test. CBT compared with waitlist group, outcome measure focused on assessment of anxiety symptoms and not functional performance.

Collins et al. (2014): Level II. n=317: randomly assigned to psychologist-led intervention group (n=103), teacher-led intervention group (n=79), and comparison group (n=135). Coping Strategy Indicator (SCI) and Spence Children’s Anxiety Scale (SCAS) were measured pre/post, and are both reliable and valid tools. Intervention operationally defined.

Essau et al. (2012): Level II. Significant sample size (n=638); intervention group (n=302); control group (n=336). Used varied dependent variables, which were all reliable and valid tools. Intervention not operationally defined.

3b Appraise: Study Results

Chiu et al. (2013): 95% of children in CBT intervention group demonstrated a positive treatment response and were free of any anxiety diagnoses; Clinical Global Impressions (CGI) - Improvement Scale (p<0.001). Parent Multidimensional Anxiety Scale for Children (MASC) (p=0.027; effect size=0.59), and Child MASC (p=0.091; effect size=0.28); effect sizes were small to medium; results revealed a statistically significant difference between CBT and waitlist group.

Collins et al. (2014): Post-test scores demonstrated significant differences between intervention groups and comparison group on avoidance (p<0.001), problem solving skills (p<0.001 and anxiety scores (p<0.001); medium to large effect sizes. Significant movement from at-risk category was found from pre-test to post-test in psychologist-led (p<0.001), teacher-led (p=0.022), but not comparison group (p=0.202). Intervention effects were still in evidence at 6-month follow-up.

Essau et al. (2012): At 6- and 12-month follow-ups, the intervention group had significantly higher scores on school performance than the control group (6 month: p<.05; 12 month: p<.01). The intervention group demonstrated significantly lower depressive symptoms (6 month: p<.05; 12 month: p<.001) and used less cognitive avoidance problem solving (6 month: p<.01; 12 month: p<.05) than the control group.

4 Apply: Conclusions for Practice

These studies demonstrated how the use of CBT principles reduced participants’ anxiety-related behaviors, which could lead to increased participation in the classroom. Occupational therapists could embed CBT principles within a child’s daily school routine to help them manage their behaviors and fully engage in school work. Future research could focus on school-based OT services utilizing CBT that target mental health needs.

References:


