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ASSESSMENT AND TREATMENT OF INTERNALIZING DISORDERS

Standard Treatments and
New Approaches

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No conflicts of interest to report

Internalizing Disorders

- Depression
 - Major Depressive Disorder
 - Persistent Depressive Disorder (Dysthymic Disorder)
 - Atypical Depressive Disorder
 - Bipolar Disorder I and II
- Anxiety
 - Generalized Anxiety Disorder
 - Separation Anxiety Disorder
 - Social Anxiety Disorder
 - Panic Disorder
 - Specific Phobia
 - Selective Mutism
 - Adjustment Disorder with Anxiety
 - Obsessive-Compulsive Disorder – categorized separately in DSM 5
 - Posttraumatic Stress Disorder – also categorized separately in DSM 5



Key Clinical Takeaways

- Anxiety and depression frequently present together
- Anxiety and depression are independent of each other
- Always assess for both, regardless of presenting symptoms
- Suicide risk, which is independent of either disorder, occurs commonly with both, requires a separate assessment



Common Signs and Symptoms

Depression

- "I am a failure"
- Depressed mood
- Irritability
- Diminished energy and productivity
- Appetite, eating pattern and weight changes
- Anhedonia
- Social withdrawal
- Sleep disturbances, never feels rested

Anxiety

- "Bad things will happen"
- Excessive anxiety or worry
- Irritability
- Difficulty concentrating and loss of productivity
- Avoidance
- Sleep disturbances, trouble falling asleep and/or frequent awakenings
- Fatigue

ASSESSMENT TOOLS

Depression

- Vanderbilt (screening tool)
- Short Mood and Feelings Questionnaire
- Patient Health Questionnaire (PHQ-9)
- Family history
- Be sure to inquire about episodes of euphoria, manic behavior, grandiosity

Anxiety

- Vanderbilt (screening tool)
- Screen for Child Anxiety and Related Disorders (SCARED)
- Family history
- Be sure to ask how the parents have tried to reduce the exposure to the patient's fears (reinforcing behaviors)

Two Critical Questions:

1. What are your goals? (What would you want to do that you can't do now?)
2. How much are you willing to work to get better?

Treatment Components

- Psychotherapy (i.e., counseling)
 - Cognitive Behavioral Therapy (CBT)
 - Dialectic Behavioral Therapy (DBT)
 - Interpersonal Therapy (IPT)
 - Parental support and guidance
- Medications
 - The role of medications: Using a medication is like putting a cast on a broken bone. It stabilizes but does not heal the broken bone. The healing is internal. Healing is the role of counseling.

Treatment Components (Cont.)

- Targeting symptoms: sleep disturbance, anxiety, including anticipatory anxiety, mood, trouble concentrating
- What can't be targeted: **Behavior**, such as self-injurious behavior, suicide attempts, school avoidance, social withdrawal, compulsive behaviors

Medications

- First line – SSRIs, fluoxetine, sertraline, and citalopram/escitalopram
- Second line – SNRIs and dual action, venlafaxine, duloxetine, bupropion, mirtazapine, clomipramine
- Augmentation – adding a second SSRI, stimulant medication, atypical antipsychotic, thyroid hormone
- Sedatives – short term use only; prazosin for frequent nightmares
- Benzodiazepines – anticipatory anxiety such as separation anxiety; NOT for treatment of panic attacks

On the Horizon

- D-cycloserine – causes fear extinction as an adjunct to E/RP
- Fibroblast Growth Factor 2 (FGF2) – decreases anxiety and increases fear extinction
JAMA Psychiatry, August 2015

Computer Assisted Therapy

- Role is to increase the fidelity of treatment to evidence-based practices, increase effectiveness
- Not a replacement for a therapist; the treatment relationship is still essential
- Rapidly developing field and many are commercially available, many are not clinically tested or are in the process
- Types: games, workbooks, tools

Computer Assisted Therapy

- **Treatment of depression**
 - SPARX, adolescents, fantasy quest game
 - The Journey, adolescents, fantasy adventure
 - Stressbusters, adolescents, computerized CBT
 - MoodGym, adolescents, cCBT or iCBT with workbook exercises
- **Treatment of anxiety**
 - Camp Cope-a-lot, adolescents and pre-adolescents, workbook
 - BRAVE for Teens Online, workbook
 - BRAVE for Children Online, workbook
 - Kool Teens, adolescents, CBT workbook
 - ABM (attention bias modification), children and adolescents
 - CBM-I (cognitive bias modification of interpretation), children and adolescents
- **Treatment of specific phobias**
 - Google Cardboard (3-D) coupled with YouTube videos and E/RP
- **Anger management**
 - Act with RAGE Control, adolescents, game with biofeedback
- **Trauma response**
 - Bounce Back Now, population based, no therapist involvement





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