

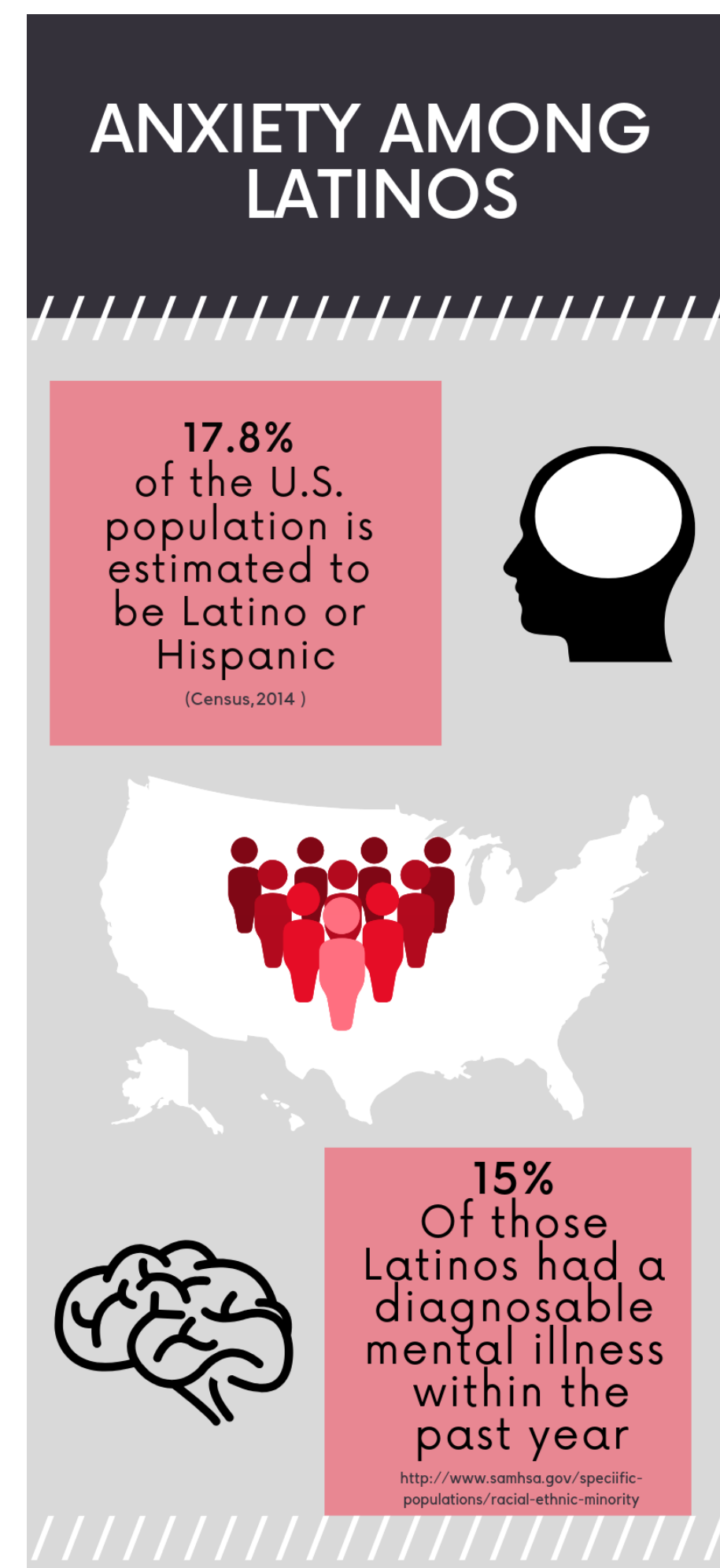
# Using CBT to Reduce Anxiety Disorders in Latino Youth

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## Introduction

Anxiety is most often classified as a feeling of fear and nervousness about an uncertain anticipated event.

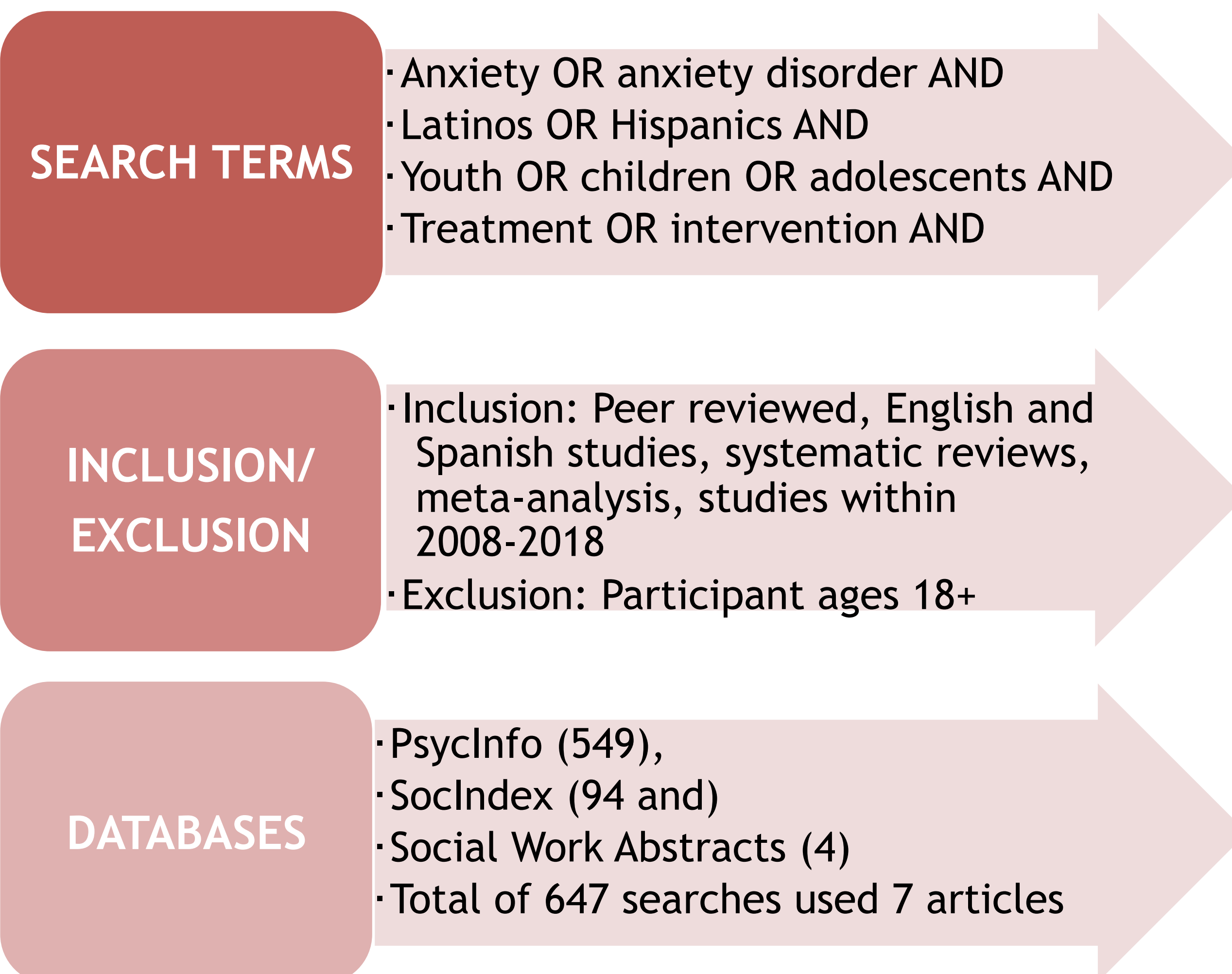
- ❑ Predominately studied with European Americans. Limited research with Latino populations.
- ❑ Lifetime prevalence rate of any anxiety disorder in Latino adolescents exceeds 30%. (Vaclavik, D., Buitron, V., Rey, Y., 2017)
- ❑ *Nervios*: often used among Latino communities to define anxiety; including a broad range of negative emotions like anxiety, somatic distress, and troubling states. (Varela, R.E., Hensley-Maloney, L., 2009).
- ❑ Latino youth report more health-related worries, more physiological symptoms of anxiety, and more fears of the unknown, danger, and death than white counterparts. (Varela, R.E., Niditch, L.A., et al., (2018)



## Research Question

What is the most effective intervention to reduce anxiety disorders among Latino youth?

## Methodology



## Recommended Intervention Treatment with CBT

### Cognitive Behavioral Therapy (CBT):

Based on core principle stating psychological problems are based in part on (American Psychological Association, 2017):

- ❑ Unhelpful ways of thinking
- ❑ Learned patterns of unhelpful behavior

### How is CBT done?

- ❑ Typically administered by a trained clinical doctoral student, therapist, or trained professional
- ❑ Conducted in 12-14 sessions (Vaclavik, D. et al, 2017; Villabo, M.A., 2018)

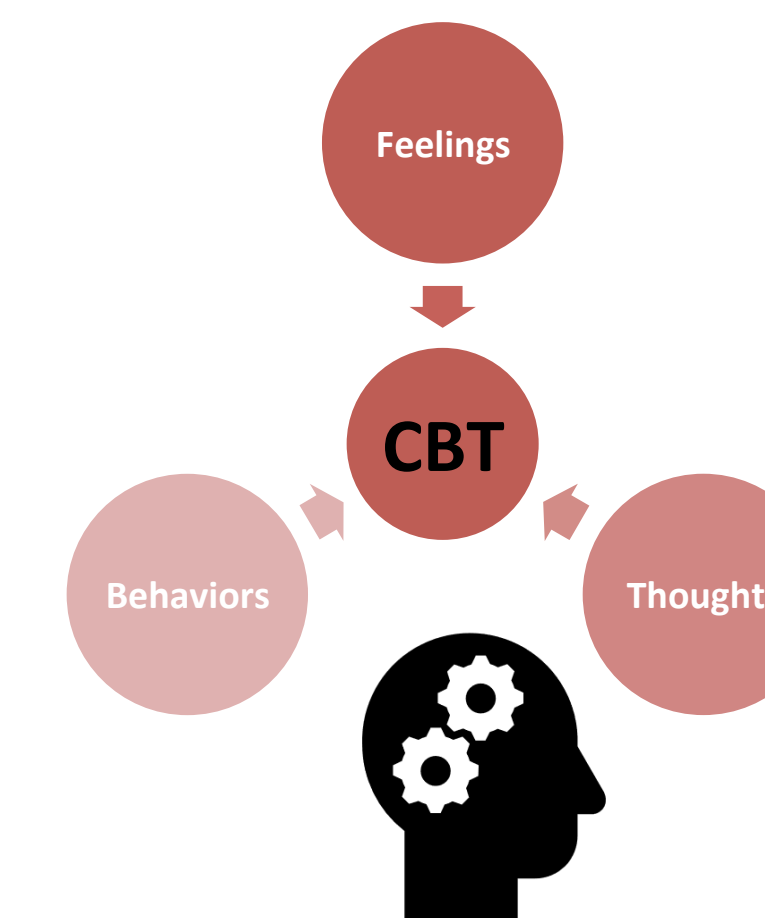
### Treatment Strategies

Efforts to change thinking patterns:

- ❑ Understanding behavior and motivation
- ❑ Learning to develop greater sense of confidence

Efforts to change behavior patterns:

- ❑ Facing fear(s) instead of avoiding them
- ❑ Learning to calm one's body and mind
- ❑ Utilizing role play to prepare for anxiety provoking situations



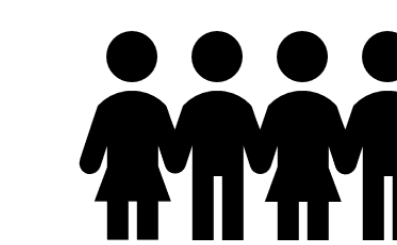
## Rationale

In a randomized clinical trial youth (n=133) with anxiety disorders were treated using CBT and CCT (child centered therapy) to determine which treatment was better suited for child anxiety disorders. (Silk, J.S., et al, . 2016)

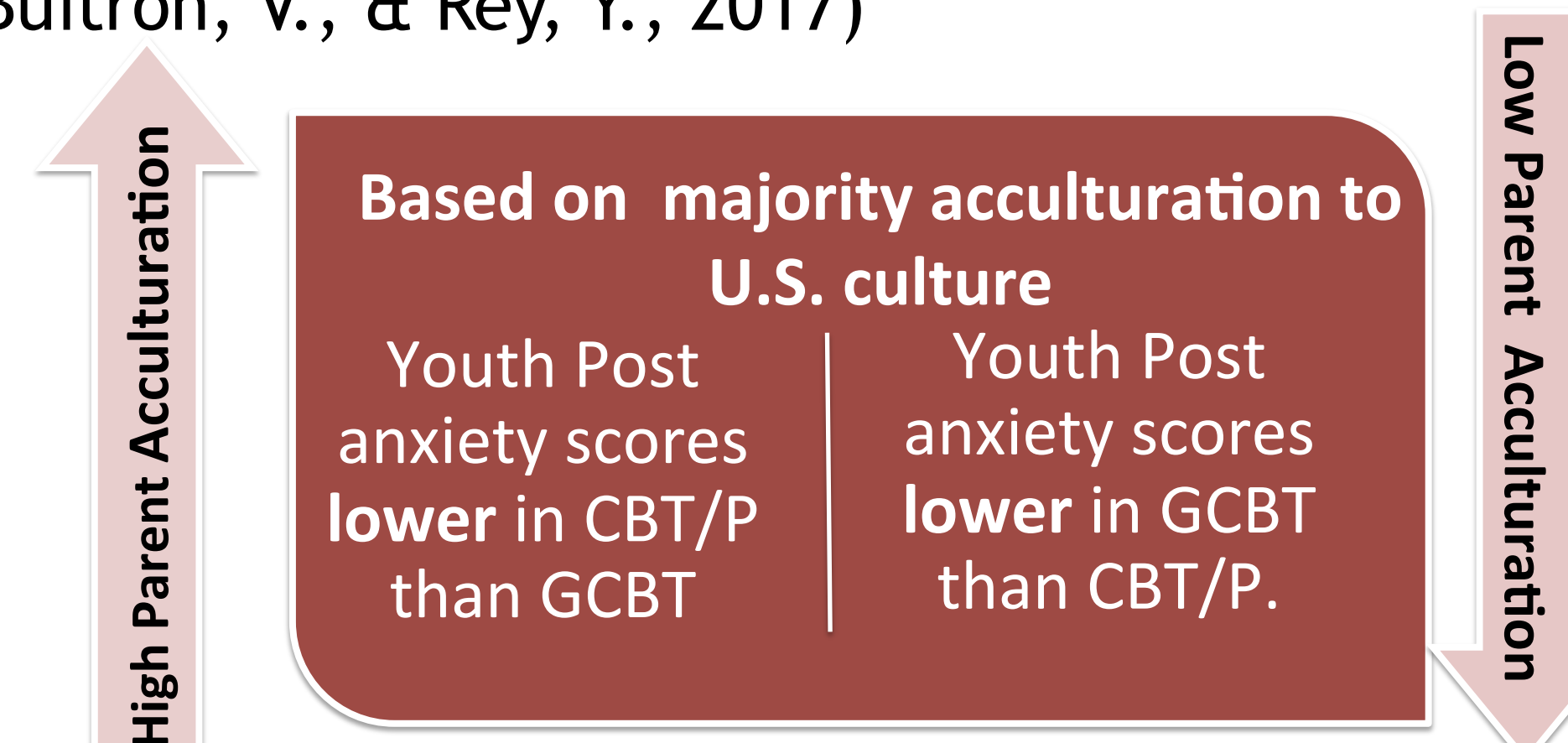
- ❑ Youth treated with CBT showed significantly lower negative emotions associated with anxiety provoking situations
- ❑ Participants were more likely to recover and no longer meeting diagnostic criteria.
- ❑ A large sample of youth were utilized to complete study
- ❑ Participants in CBT in full recovery at 1 year follow up

### Limitations:

- ❑ Only 1 year follow up
- ❑ Participants could attend multiple interventions
- ❑ Needs to be replicated with a diverse population



An RCT comparing parent involved CBT (CBT/P) and group involved CBT (GCBT), results showed significantly moderated anxiety youth outcomes based on parent acculturation. (Vaclavik, D., Buitron, V., & Rey, Y., 2017)



## Considering Other Treatments

### Interpersonal Psychotherapy (IPT)

- IPT's primary target is resolving the interpersonal problem, which involves processing emotions and enhancing/adapting interpersonal skills (Lipsitz, J.D., Markowitz, J.C., 2013).
- Therapist helps client in 12-16 sessions to evaluate social interactions and negative thinking patterns.
- IPT focuses on relationships, communication and mental health.
- **Limitations:** Mostly effective with depression

### Acceptance and Commitment Therapy (ACT)

- ACT teaches clients to accept their internal emotions rather than use avoidance and denial to cope with anxiety.
- Promotes attending to what is present in a focused, voluntary, and flexible fashion, linked to one's values and purposes. (Hayes, S. C. et al., 2013)
- **Limitations:** There is a paucity of research examining the effectiveness of ACT among children with anxiety. (Swain, J., Hancock, K., et al, 2013)

## Conclusion & Recommendations for practice and research

It is important to consider moderators that might influence efficacy of CBT such as acculturation

- ❑ Cultural influences such as the negative stigma
- ❑ The stress of cultural assimilation
- ❑ Anxiety looks different with documented and undocumented Latinos

Many existing factors prevent Latinos from receiving adequate treatment such as:

- ❑ Language barriers: individuals can be less inclined to come forward if they cannot take assessments in their language of choice or if they cannot have a form of interpretation
- ❑ Lack of understanding: the stigma surrounding mental illness in the Latino community could impact their lack of awareness of their symptoms
- ❑ Privacy concerns: Latino culture does not believe in sharing problems such as mental illness with people they do not know
- ❑ Legal status: individuals might fear seeking help or sharing documentation status out of fear of being reported