

# Exploring the Role of Cognitive-Behavioral Therapy in Alleviating Anxiety Disorders in Pediatric and Adolescent Populations: A Critical Review

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**Abstract:** *Anxiety problems are widespread among children and teenagers. These difficulties lower academic performance and household and social skills in adolescents and children. Identifying the best behavioral and mental therapy for these illnesses is crucial. Given the topic's relevance, this study examined cognitive-behavioral therapy's effectiveness in treating anxiety problems in children and adolescents. The bulk of research has methodological and theoretical shortcomings. Limitations included the lack of explanations for comparisons with comparable research, the small sample size, and the lack of references to sophisticated statistical formulae and monitoring procedures. Many of the studies analyzed did not present and report data according to worldwide clinical trial guidelines. According to the research, intervention regimens are moderately to weakly effective. However, addressing methodological and theoretical issues may help evaluate cognitive behavioral treatment for anxiety disorders in children and adolescents more accurately.*

**Keywords:** Cognitive-behavioral therapy, anxiety disorders, children, adolescents.

## I. INTRODUCTION

Infants and adolescents under 18 have a 3% to 27% prevalence of anxiety disorders. Adolescent anxiety problems are internalizing. Internalizing disorders are maladaptive behaviors that make children resentful rather than distress others. While some worry is important for maximum performance, excessive anxiety affects academic connections with loved ones and produces powerlessness. Children with anxiety problems respond strongly to stressful events. Due to these children's emotional dysregulation, interpersonal disputes intensify. Anxiety disorders are often associated with ADHD (4.04 comorbidity), ODD (43.9 comorbidity), and OCD (61.8 comorbidity). Genetic susceptibility, family history, parental anxiety, caregiver attachment type, learning style, experience accumulation, and parenting strategy all affect the emergence of anxiety disorders in children and adolescence. It causes adult problems.

Given the importance of the issue, children and adolescent anxiety disorders must be identified and treated early. Generalized, separation, and social anxiety disorders are the most common in this age range. Generalized anxiety disorder is characterized by overwhelming worry and anxiety most days for six months. GAD symptoms include agitation, anger, muscular tension, lethargy, sleep disturbances, and attention issues. This illness has received much attention because anxiety causes inappropriate emotional processing. Barlow cites two main causes of this disorder: General biological and psychological susceptibilities. Unpredictability is psychological fragility. The idea that one cannot change events leads to a belief in uncontrollability. These ideas increase anxiety disorder risk. Conversely, parental behavioral disharmony inhibits children's ability to predict their own emotions, resulting in behavioral restraint. The incapacity to control external or internal dangers is the most anxiety concern. Childhood anxiety disorder, commonly known as separation anxiety disorder or attachment disorder, affects 6–18% of children. This syndrome predisposes the youngster to anxiety disorders in early adulthood or adolescence. In longitudinal studies of 1.5- to 6-year-olds with separation anxiety disorder, most show a gradual remission by 4 to 5 years. However,

untreated prenatal anxiety and depression and parental unemployment perpetuate this disease throughout adulthood. These cases highlight the significance of avoiding separation anxiety disorder in preschool [19]. This early childhood disease, sometimes accompanied by sadness and externalizing disorders, may lead to other anxiety disorders and hinder adult function without treatment. Social anxiety disorder starts around eight. Early or middle adolescence is when this disorder's damaging effects and clinical symptoms become evident [27]. About 75% of 8–15-year-olds had symptoms. Like adults, 7% of babies and adolescents have this condition at 12 months. Social anxiety disorder is often comorbid with mood, anxiety, disruptive behavior, and eating problems. Research shows that 81% of social anxiety disorder patients have another illness. Depression is one of the most common mental diseases in teens and closely connects with social anxiety disorder. Thus, quick intervention is necessary to prevent long-term complications.

Most youth anxiety disorder treatments are cognitive-behavioral. Cognitive and behavioral therapy is the best treatment for anxiety problems in children and adolescents, according to research. This therapy is considered in this article. Numerous studies show that cognitive behavioral treatment reduces adolescent anxiety [15, 31-33]. Due to their concept that cognition drives emotions and behavior, cognitive-behavioral treatments may change thinking processes [34]. This treatment identifies anxiety-inducing thoughts and cognitive distortions, then uses behavioral strategies like role modeling, confrontation, role-playing, muscle relaxation, coping skills training, and self-control and self-efficacy to reconstruct and reinforce constructive confrontational self-talk [34, 35]. According to cognitive behavioral therapy, the therapist teaches the kid coping skills and creates opportunities to use them. These strategies help anxious kids. Cognitive behavioral treatment includes educating the kid and parents about anxiety, gradual muscle relaxation techniques, deep breathing, and confronting anxious thinking (cognitive retraining by exposing the child to anxiety). The treatment team works with the child's school and parents to avoid relapse with motivating sessions [36, 37]. Anxiety therapy for children reduces anxiety, depression, and externalizing behaviors, improving adaptive functioning. Anxiety disorders have several treatments. The articles examined in this research discuss the reassurance therapy package, confrontational cat protocol, group cognitive-behavioral therapy (CBGT), single-process CBGT, and Mykniam's cognitive therapy method. Given the importance of the topic, this research explored cognitive-behavioral therapy for anxiety disorders in children and adolescents.

## **II. RESULTS AND DISCUSSION**

An trial on teenage girls with generalized anxiety disorder found that cognitive behavioral therapy significantly reduced anxiety. Therapy efficacy was shown [37]. Another research examined how family-centered cognitive-behavioral treatment affected anxiety in children with anxiety disorders. It found 86, 41, and 60 percent recovery at one month for three children [42]. Secondary study compared CBT with ECBT for treating social anxiety disorder in children. This study found that both therapies reduced social anxiety and sadness in afflicted children compared to the control group. The three-month follow-up showed that only emotion-oriented treatment reduced grief dysregulation ratings compared to the control group. Change treatment (ECBT) has consistently affected this variable. This research also found that emotion-oriented treatment only improved anger and sadness inhibition and successful coping [24].

A study examined whether cognitive-behavioral group therapy may help 11–13-year-olds with generalized anxiety disorder manage their anxiety. Cognitive-behavioral therapy based on the Coping Cat treatment guide improved emotion awareness and stress management. The shift had little effect on threat control. The therapy had 11.25, zero, and 0.29 effect sizes for threat management, emotion control, and tension mitigation [11]. Another study assessed the usefulness of cognitive-behavioral therapy, especially the Coping Cat program, in reducing anxiety among 8–10-year-olds. The waiting group had an estimated effect size of 0.26 and the treatment group 2.3. These estimates suggest 70–80% of patients had clinically meaningful changes [15]. An further research examined if aggressive cat rehabilitation may help anxious youngsters. The effect sizes for separation anxiety, physical symptoms, and fear of damage were 0.32, whereas social anxiety was 0.33 [36].

When cognitive-behavioral therapy focusing on the processing unit (MCBT) was tested for separation anxiety in children aged 6 and 7, males in the control group had a mean anxiety score of 9. In comparison, cognitive-behavioral therapy using the unit-process method had  $E = 5.4$  and a mean anxiety score of 558.10 for girls in the control group and 5.063 for girls in the treatment group. Additionally, the partial coefficient of the eta square was 0.409 [33]. Cognitive-behavioral group therapy reduced anxiety, eliminated maladaptive cognitive processes, and improved family

relationships in children with generalized anxiety disorder [11]. The meta-analysis of psychological therapy for social anxiety disorder in children and adolescents found that cognitive-behavioral treatments had an effect size of 0.24 and interpretation bias correction 0.48. Thus, psychological therapies reduced social anxiety in children and adolescents [30].

An experiment on cognitive-behavioral group therapy for anxiety and fatigue in adolescent females with generalized anxiety disorder found that the intervention reduced anxiety but not fatigue. Fatigue levels were not significantly different between experimental and control groups at three measurement levels [19]. An experiment on the efficacy of cognitive-behavioral therapy in managing blood sugar and social anxiety in children with type 1 diabetes mellitus found that the experimental group had a lower post-test average social anxiety component. In contrast to the control group, the experimental group had a lower mean social anxiety [43]. Social and generalized anxiety in primary school girls were dramatically decreased by story therapy [44]. A study on group cognitive-behavioral treatment for female students' social anxiety validated the theory [45] with 99% confidence. Research has shown that group cognitive-behavioral therapy improves academic performance and quality of life in male middle school students with generalized anxiety disorder. The pupils' academic achievement also improved.

Given the high prevalence of anxiety disorders in childhood and adolescence and their association with academic and social problems, timely and effective prevention and intervention programs for this unique population are essential. Given the popularity of cognitive-behavioral therapy for anxiety disorders, this study reviewed research on its efficacy in treating children and adolescents. Studies show that cognitive-behavioral group therapy (CBT) may alleviate anxiety disorders and related symptoms. The Coping Cat procedure was used in 50% of individual cognitive-behavioral therapy trials. All evaluated studies found the therapy beneficial. The majority of studies had effect sizes between 0.15 and 0.48, with little heterogeneity.

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