Edited by
Cecilia A. Essau and Thomas H. Ollendick

THE WILEY-BLACKWELL HANDBOOK OF *The Treatment of Childhood and Adolescent Anxiety*

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About the Editors

Cecilia A. Essau, PhD obtained her undergraduate and MA degrees in Psychology from Lakehead University (Canada), her PhD from the University of Konstanz (Germany), and her post-doctoral degree (Qualification for tenure-track professorships in Germany) from the University of Bremen (Germany). She has held numerous academic positions in Canadian, Austrian, and German universities before joining the University of Roehampton in 2004 as a Professor of Developmental Psychopathology. At the University of Roehampton, she is also the Director of the Centre for Applied Research and Assessment in Child and Adolescent Wellbeing (CARACAW).

With research grants from numerous national and international institutions, her research has focused on understanding the interacting factors that can lead children and adolescents to have serious emotional and behavioural problems and using this research to (a) enhance the assessment of childhood and adolescent psychopathology and (b) design more effective interventions to prevent and treat such problems. She has published more than 180 articles in either peer-reviewed journals or book chapters in edited volumes, and 15 books.

Thomas H. Ollendick, PhD, is University Distinguished Professor in Clinical Psychology and Director of the Child Study Center at Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA. He is the author or co-author of over 300 research publications, 75 book chapters, and 25 books. He is the past Editor of the *Journal of Clinical Child Psychology*, past Associate Editor of the *Journal of Consulting and Clinical Psychology*, current Editor of *Behavior Therapy*, and founding Co-Editor of *Clinical Child and Family Psychology Review*. He also serves on the editorial boards of 12 other journals. In addition, he is Past-President of the Association for the Advancement of Behavior Therapy (1995), the Society of Clinical Psychology (1999), the Society of Clinical Child and Adolescent Psychology (2003), and most recently the Society for the Science of Clinical Psychology (2010). The recipient of several NIMH grants, his clinical and research interests range from the study of diverse forms of child psychopathology to the assessment, treatment, and prevention of these child disorders from a social learning/social cognitive theory perspective. He is a frequent speaker at national and international conferences. He holds an honorary adjunct position at Roehampton University.

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Preface

Anxiety disorders are among the most common mental health problems affecting children and adolescents in the general population. It is estimated that up to 10% of children and up to 20% of adolescents meet criteria for an anxiety disorder. In addition to being common, anxiety disorders co-occur frequently with numerous other psychiatric disorders. Anxiety is also associated with impairment in various life domains and may serve as a risk factor for the development of severe mental disorders in adulthood including depression and substance abuse. Moreover, when left untreated, anxiety disorders that begin early in life can become chronic and are often associated with a negative course and outcome.

In response to the growing awareness of the significance of the problem associated with anxiety and its disorders, various prevention and intervention programs for childhood and adolescent anxiety have been developed in the past few decades. Related to this development is the accumulating number of studies that have examined the effectiveness of these interventions for anxiety disorders. As a result, the literature on the prevention and intervention programs for childhood and adolescent anxiety and the studies which have examined the effectiveness of these programs have been accumulating at a rapid pace in recent years. Our aim in this volume is to present the most up-to-date research on child and adolescent anxiety and to present the most common evidence-based interventions for these disorders in a single, comprehensive, and authoritative volume.

This volume is divided into five sections. Section 1 covers an introduction to the field of childhood and adolescent anxiety, including classification, epidemiology, comorbidity, and course and outcome. Section 2 focuses on factors that have been associated with elevated risk of anxiety disorders, including genetic, environmental, neurobiological, interpersonal, social, cognitive (i.e., information biases and processes), and cultural factors.

Section 3 gives an overview about interventions, including evidence-based assessment and case formulation, and on empirically supported psychosocial treatments. This section also contains one chapter on pharmacotherapy, and two chapters on innovative methods to treat childhood and adolescent anxiety (i.e., computerized interventions and bibliotherapy).

Section 4 contains eight chapters on treatment strategies for specific anxiety disorders and problems, including separation anxiety disorder, social phobia, specific phobia, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, posttraumatic stress disorder, and school refusal. These treatment strategies are based largely on cognitive-behavioral therapy (CBT). By combining two distinct schools of psychotherapy (behavioral and cognitive therapy), these CBT-based treatment programs address the cognitive and behavioral deficits of adolescents with anxiety disorders and problems. Many of these treatments also address the affective and emotional correlates of these disorders. Finally, Section 5 contains three chapters on the prevention of anxiety disorders in specific populations. One chapter covers anxiety prevention in children and adolescents in schools, one among youth with autism spectrum disorders, and another one for those young people with Williams Syndrome. Each of the chapters in sections 4 and 5 begins with a description of the theoretical background underlying the respective intervention programs, the therapeutic goals and methods, and the way in which the interventions are delivered. Available studies that have examined the efficacy are also presented and discussed.

This book is written for advanced students, researchers, and clinicians that include psychologists, psychiatrists, social workers, paediatricians, counsellors, and other mental health professionals who are interested in anxiety disorders, particularly on its treatment. The wealth of information concerning the risk factors and various types of treatment programs for childhood and adolescent anxiety, will make this volume a valuable reference for both the novice and the expert, and to both the clinician and the researcher interested in this field.

We are most grateful to the authors who have contributed to this volume, all of whom have made major contribution to the prevention and treatment of anxiety disorders in children and adolescents. We are honored by their contributions and dedication to this book project. Without them, a comprehensive scholarly coverage of the various types of treatment for anxiety disorders would not have been possible. Finally, we would also like to acknowledge the support and patience of the staff at Wiley-Blackwell.

Cecilia A. Essau and Thomas H. Ollendick

Acknowledgments

I (Cecilia Essau) feel very honoured to have this opportunity to co-edit this volume with my highly respected colleague, Tom Ollendick. Tom has always been a great inspiration to me: he is to me an excellent mentor, scientist, clinician, and a really good friend who is always very patient and full of understanding. I wish to thank my family in Malaysia, Canada, and Germany, especially my husband, Juergen, and our daughter, Anna, for their continuing support and inspiration. I dedicate this work to my late parents, Essau Indit and Runyan Megat, whose courage, love and belief in me had made me become who I am. Had they still be alive, they would have been most proud of this accomplishment.

I (Tom Ollendick) wish to give thanks to my friend and highly esteemed colleague, Cecilia Essau, who planted the seed for this project and who invited me to serve as co-editor with her. This has been a fun project and one that would not have been possible without her vision, dedication, and persistence. I also wish to thank my wife, Mary, our daughters, Laurie Kristine and Kathleen Marie, and our grandchildren, Braden Thomas, Ethan Ray, Calvin David, and Addison Haley. Without them, life would be incredibly less interesting and less enjoyable. Life is good with them, and I thank them for their support over the years. To them, I dedicate this work.

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Classification of Anxiety Disorders in Children and Adolescents

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Anxiety is a mood state characterized by strong negative emotion in response to threatening events or situations – either real or imagined (Barlow, 1988). It is part of the human condition and is observed in infancy and early childhood. Anxiety is a complex phenomenon which is expressed through three interrelated response systems: physical, cognitive, and behavioral systems. At the cognitive level, the situation is perceived as either threatening or dangerous. Cognitive components of anxiety include anxiety thoughts in response to negative distortions in attention and interpretation, such as worry, fear of being unable to cope with the situation, and uncertainty about the future (Beck, 1976). At the physical level, the perception or anticipation of danger involves the activation of the sympathetic nervous system, which produces both chemical and physical effects that help to mobilize the body for action (Rapee, Craske, & Barlow, 1995). At the behavioral level, the urge that accompanies the fight/flight response is a desire to escape the situation. Behavioral responses include nail-biting and foot-tapping. The most common behavioral symptom, however, is avoidance of the fearful stimuli (e.g., tunnel) or situations (e.g., speaking in a group). Although avoidance results in temporary relief of the anxiety symptoms, it keeps anxiety going and may cause impairment in various life domains.

All children experience anxieties and fears as a normal part of growing up (Table 1.1). However, fears and anxieties change throughout childhood and adolescence and correspond to the child's cognitive development in recognizing and interpreting situations as dangerous. Anxiety serves as a biological warning system and readies the child for action. As such, anxiety can have adaptive value when a child is actually confronted by dangerous stimuli. In fact, moderate levels of anxiety enhance performance and facilitate important developmental transitions. Although normal anxiety can be acutely distressing, in most children it is usually transient. However, because all children show anxiety in some situations and because anxiety is normative at certain developmental periods, it is often difficult to differentiate "normal" from "abnormal" anxiety (or an anxiety disorder). An anxiety is classified as a

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Table 1.1 Common fears in infancy, childhood and adolescence.

Age	*Developmental issues*	*Feared objects/situations*	*Corresponding DSM-IV anxiety disorders*
0–6 months	Biological regulation	Loud noises Loss of physical support	—
6–18 months	Object permanence Formation of attachment relationship	Strangers Separation from parents Sudden and unexpected objects	Separation anxiety disorder
2–3 years	Exploration of the world Magical thinking	Animals Dark Imaginary creatures	Specific phobia Separation anxiety disorder
3–6 years	Autonomy Self-control	Fear of the dark Fear of storms Fear of loss of caregivers	Specific phobia
6–10 years	School adjustment Concrete operations: inference of cause-effect relations and anticipation of dangerous events	School Worry Dark Bodily injury and physical danger Being alone Germs Supernatural being	Generalized anxiety disorder Obsessive-compulsive disorder
10–12 years	Social understanding Friendship	Social concerns Physical appearance Thunder and lightning	Social phobia Specific phobia
13–18 years	Identity Formal operations: catastrophizing about physical symptoms Sexual relationships Physical changes	Social anxiety Peer rejection Personal appearance	Social phobia

Source: Adapted from Klein and Last (1989) and Warren and Stroufe (cited in Ollendick & March, 2004, pp. 92–115).

disorder that should be treated when: (1) the duration and intensity does not correspond to the real danger of the situation; (2) it occurs in "harmless" situations; (3) it is chronic (i.e., lasts over a long period of time); and (4) causes impairment and interferes with psychological, academic, and social functioning (Essau, 2007).

Our current classification systems – the Diagnostic and Statistical Manual (DSM) currently in its fourth edition (DSM-IV) (APA, 2000) and the International Classification of Diseases (ICD) currently in its 10th revision (ICD-10) (WHO, 1992) –

make an explicit distinction between "normal" and "abnormal" anxiety based on the number, severity, persistence, and impairment of symptoms. Additionally, the symptoms cannot be better accounted for by other mental disorders, a general medical condition, or as a result of substance use.

Categorical Classification Systems: DSM-IV and ICD-10

Both DSM-IV and ICD-10 classification systems use categorical approaches to classification. The basic assumption of this approach is that emotional, behavioral, cognitive, and physiological symptoms of psychopathology cluster together to form discrete disorders that are distinct from each other (APA, 2000). The DSM-IV criteria were established, for the most part, by empirical studies via systematic field trials and then balanced by expert opinion. In contrast, the diagnostic criteria in the ICD-10 are based primarily on expert consensus that was later tested with field trials in various countries (WHO, 1992). Although the most recent versions of these systems have increasingly resulted in greater convergence between them, some differences remain (Table 1.2).

Several changes have taken place in the categorization of anxiety disorders in childhood in DSM-IV (APA, 1994). Except for separation anxiety disorder (SAD), all the other anxiety disorders are classified in one category regardless of the age in which the disorder first manifests. Two anxiety disorders that are specific to childhood in DSM-III-R – avoidant disorder and overanxious disorder – were subsumed under social phobia and generalized anxiety disorder (GAD), respectively, in DSM-IV. The decision was to increase consistency with the ICD; furthermore, the decision was based on the lack of evidence that avoidant disorder and overanxious disorder are sufficiently different from their adult counterparts (Kendall & Warman, 1996). Children and adolescents with avoidant disorder do not differ significantly in sociodemographic features (e.g., race, socioeconomic status) from those with social phobia, and there was considerable overlap between these two disorders (Francis, Last, & Strauss, 1992).

In DSM-IV, anxiety disorders can be categorized into eight separate major diagnostic syndromes, which are applicable to children, adolescents, and adults. These include: social phobia, specific phobia, GAD, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and agoraphobia. The common characteristics of all these anxiety disorders are extensive anxiety, physiological anxiety symptoms, and behavioral disturbances (e.g., extreme avoidance of feared objects or situations) which cause significant impairment in functioning. They differ in relation to the nature of the feared stimulus and the anxiety response produced by it. The content of anxious thoughts or worries, and the anticipated harm also varies across anxiety disorders. For example, the main content of worry or anxious thoughts experienced by children with OCD may be contamination, and the anticipated fear is contracting a disease (Keeley & Storch, 2009). Among children with SAD, the content of worry is related to being separated from the caregiver, and the anticipated fear is harm to self or the caregiver (Seligman & Ollendick, 2011).

For almost all anxiety disorders, any differences in diagnostic criteria for children, adolescents, and adults are provided within the criteria set. These differences are