acute stress disorder (ASD), 28, 30, 260 Adams, J., 8-9, 10 adaptive role of childhood fears, 26, 80-81 adjustment disorder with anxiety (DSM), 30 adoption studies, 163 Adult Attachment Interview, 281 adult models of anxiety applicability for children and adolescents, 129 - 150cognitive models, 129 generalized anxiety disorder (GAD), 141-148 obsessive-compulsive disorder (OCD), 136-141 relation to cognitive development in children, 129 - 132social anxiety disorder, 132-136 Affect and Arousal Scale, 34 affective neuroscience, 182-187 animal models of anxiety, 183-187 applications with children, 187 attention orienting, 184-185 environmental influences on development, 186 - 187fear circuit in the brain, 183-187 fear conditioning and extinction, 184 framework, 182-183 genetic influences on development, 186-187 memory, 185 reward processing, 186 threat appraisal, 185 age differences prevalence of anxiety disorders, 63 agoraphobia, 28 age of onset, 29 DSM criteria, 29 link with panic attacks, 29 prevalence, 29 amygdala. See brain-behavior associations angoisse, 5 Angst, 5 antecedent-behavior-consequence (A-B-C) relationship, 43 anti-anxiety agents, 370-375 antidepressants, 370-374 adverse events, 379-381 anxiété, 5 anxietv abnormal, 180 adaptive responses to danger, 26 changing levels over time, 27

definition, 180 distinction from fear, 25-26 motor response, 26 normal, 26, 180 overlap with depression, 56-57 physiological response, 26 subjective/cognitive response, 26 three component model, 26 anxiety disorder due to general medical condition (DSM), 28, 30 Anxiety Disorder Interview Schedule for Children (ADIS-C), 94 anxiety disorder not otherwise specified (DSM), 28, 30 anxiety disorders bridge between normal and abnormal fear, 84-85 changing rates over time, 27 definition, 26-27 distinction from normal anxiety, 26-27 harmful dsyfunction concept, 26-27 risk factors, 182 treatment of adult disorders, 129 treatment of childhood disorders, 129 Anxiety Disorders Interview Schedule, 382 Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Versions (ADIS-C/P), 39-40, 394 anxiety research issues level of cognitive development, 129-132 assessment methods and instruments, 38-46, 56 direct observation, 43-45 interviews, 38-40 issues for further research, 45 ratings by significant others, 42-43 self-report measures, 40-42 semi-structured interviews, 38-40 structured interviews, 38-40 unstructured interviews, 38 associationism, 11 atomoxine, 374 attachment status and affect regulation, 286 and aspects of child anxiety, 284-287 and behavior, 284-285 and cognitive aspects of anxiety, 285-286 and physiological responsiveness, 286-287 evidence for attachment-anxiety disorder links, 287-289 in relation to other anxiety risks, 283-284

420 Index

attachment status (cont.) insecure attachment types, 280-281 interaction with other anxiety risks, 282-283 measures of attachment, 281-282 secure attachment, 280-281 attachment theory, 280 adult attachment types, 281 attachment types, 280-281 clinical and research implications, 291-294 etiology of child anxiety disorders, 289-291 insecure attachment and anxiety, 280 intergenerational transmission of anxiety, 281 internal working models, 281 practice guidelines, 293-294 attention deficit hyperactivity disorder (ADHD), 68 attention orienting fMRI studies, 190 neural circuitry, 184-185 attentional bias social threat information, 133-134 Attentional Control Scale (ACS), 209 atypical antidepressants, 373-374 avoidant disorder, 28, 67 Behavior Avoidance Tests (BATs), 44, 45 behavioral activation system (BAS), 201 behavioral inhibition, 211-213, 285 alternative conceptualizations, 212 association with anxiety disorders, 212 categorical conceptualization, 211-212 connections with broader temperament models, 212 - 213risk factor for anxiety disorders, 182 behavioral inhibition system (BIS), 113, 201 benzodiazepines, 374–375 adverse events, 381 Berrios, G. E., 11-12 Binet, Alfred, 18-19 Bowlby, J., 20 brain-behavior associations, 179-194 affective neuroscience, 182-187 animal models of anxiety, 183-187 attention orienting, 184-185, 190 behavioral inhibition risk factor, 182 characterization of anxiety, 180-182 classification of individual differences in response, 181-182 definition of anxiety, 180 definition of emotion, 179 definition of fear, 180 definition of overt threat, 180 definition of terms, 179-180 environmental influences on development, 186-187 fear circuit in the brain, 183-187 fear conditioning and extinction, 184, 188-190 fMRI studies of pediatric anxiety, 187-194 genetic influences on development, 186-187 information-processing functions, 180 mammalian responses to danger, 180-182 memory, 185, 190-191 neural correlates of emotional responses, 180 neural correlates of individual differences, 181-182

normal and abnormal anxiety, 180 normal and abnormal fear, 180 normal development of the amygdala, 188 reward anticipation, 192-194 reward processing, 186 risk factors for anxiety disorders, 182 species-typical response to danger, 180-181 threat appraisal, 185, 191-192 brain-derived neurotrophic factor (BDNF) genes, 170 bupropion, 373-374 Burton, Robert, 6-7 Cabanis, Pierre, 7 catechol-O-methyltransferase (COMT) gene polymorphism, 169 categorical classification systems, 27-32 advantages, 31 comorbidity, 32 limitations, 31-32 validity issues, 31-32 centration concept, 130 Child and Adolescent Psychiatric Assessment (CAPA), 39, 66 child and adolescent psychiatry origins of, 7–8, 12–14 Child Anxiety Prevention Study (CAPS), 353 Child Assessment Schedule (CAS), 39 Child Behavior Checklist (CBCL), 33, 42-43, 164, 209, 287, 334, 394 Child Symptom Inventory-4, 40 childhood traumatic grief (CTG), 270 child-parent relationship. See attachment theory; parenting Children's Automatic Thoughts Scale (CATS), 395 Children's Behavior Questionnaire (CBQ), 202 Children's Depression Inventory (CDI), 395 Children's Global Assessment Scale (CGAS), 65, 394 classification schemes, 27-38 categorical approaches, 27-32 comorbidity, 32 comparison of approaches, 35-36 current developments, 37-38 developmental issues, 36-37 dimensional approaches, 32-35 DSM, 27-30 functional analytic approach, 35 ICD, 27-28, 30-31 nature of eliciting stimuli, 35 validity issues, 31-32 Clevenger, S. V., 13, 17 clinical anxiety in children definition, 25-27 Clinician Global Impression - Improvement scale (CGI-I), 394 Clinician Global Impression – Severity scale (CGI-S), 394 clomipramine, 371 cognitive avoidance theory of GAD, 143, 146-147 cognitive-behavioral therapy (CBT), 173 characteristics of youth anxiety treatment research, 393-395 compared to active, credible comparison control, 395-396

compared to pharmacological treatment, 399-400 computer-assisted CBT, 402-403 effectiveness in community-based clinics, 404-405 effects of safety behaviors, 410-411 evaluative reviews, 392-393 for young children, 150 Internet-based CBT, 402-403 interventions for anxiety disorders, 334-339 long-term follow-up studies, 400-402 mediators of treatment outcome, 407-409 obsessive-compulsive disorder (OCD), 137, 140-141 post-traumatic stress reactions, 271-272 predictors of treatment outcome, 405-407 summary of studies, 411-412 therapeutic alliance, 409-410 treatment processes, 409 using individual or group treatment approaches, 399 with or without parent/family involvement, 396-399 cognitive development and social anxiety, 93 anxiety research issues, 129-132 as mediator of childhood anxiety, 129-132 centration concept, 130 egocentrism concept, 130 influence on GAD, 142 influence on normal fears, 81-82 cognitive models obsessive-compulsive disorder (OCD), 137 - 140cognitive response in anxiety, 26 Cohn, M., 14, 16 comorbidity, 66-70 among anxiety disorders, 66-68 among the phobias, 67 anxiety disorders with other disorders, 68-69 concurrent, 69 diagnostic criteria, 32 evidence for lack of comorbidity, 68 genetic basis, 167-169 heterotypic, 32 heterotypic continuity, 69 homotypic continuity, 69 overanxious disorder (OAD), 68 overanxious disorder and GAD, 66-67 overlap between depression and anxiety, 56-57 separation anxiety and panic disorder, 68 sequential, 69 compulsions definition, 30 computer-assisted CBT, 402-403 concurrent comorbidity, 69 conditioning fear conditioning and extinction, 184, 188-190 conditioning model of fear, 237-244 associative learning, 237 biological significance of the US, 242-243 blocking, 238 complexity of conditioning, 238-240

conditional stimulus (CS), 236 conditioned response (CR), 236 conditioning without "real" stimuli, 242 contiguity of CS-US pairing, 240 cue competition, 238-239 effects of context on conditioning, 239 effects of learning history, 238-239 extinction and the CS-US assocation, 240-241 factors affecting the CS-US association, 243-244 feature modulation, 239 latent inhibition, 238-239 learned irrelevance, 239 learning during conditioning, 237 nature of the CS and US, 241-243 occasion setting, 239 overshadowing, 238, 239 Pavlovian conditioning, 236-237 preparedness theory, 241-242 reinstatement of response, 241 renewal following extinction, 240 spontaneous recovery of response, 241 super-learning/super-conditioning, 238 unconditional stimulus (US), 236 conduct disorder, 68 Conner's Rating Scales, 43 Coping Questionnaire (CQ-C, CQ-P), 395 corticotropin-releasing hormone (CRH) gene, 170 counterfactual thinking, 142 craintes, 5 Crichton, Alexander, 7–8 Crichton-Brown, James, 12, 14-15 cultural differences prevalence of anxiety disorders, 65-66 cultural influences normal development of fear, 83-84 Darwin, Charles, 17-18 depression comorbidity with anxiety disorders, 68 overlap with anxiety, 56-57 Development and Well Being Assessment (DAWBA), 58,66 developmental issues classification schemes, 36-37 diagnosis of anxiety disorders, 36-37 normal fears and anxieties, 26 developmental level anxiety research issues, 129-132 versus age, 91-93 Diagnostic and Statistical Manual of Mental Disorders. See DSM diagnostic criteria, 27-38 categorical approaches, 27-32 comorbidity, 32 comparison of approaches, 35-36 current developments, 37-38 developmental issues, 36-37 dimensional approaches, 32-35 DSM, 27-30 functional analytic approach, 35 ICD, 27-28, 30-31 nature of eliciting stimuli, 35 tripartite model, 33-34 validity issues, 31-32

Diagnostic Interview for Children and Adolescents (DICA), 39 Diagnostic Interview Schedule for Children (DISC), 39, 64, 65, 66, 382 dimensional approaches to diagnosis, 32-35 advantages, 34 limitations, 34-35 transdiagnostic approach, 33, 34 tripartite model, 33, 34 Direct Observation Form (DOF), 44 direct observation methods of assessment, 43-45 disability criterion for anxiety disorders, 64-65 Dominic pictorial interview, 58 DSM, 27-30 adjustment disorder with anxiety, 30 agoraphobia, 29 anxiety disorder due to general medical condition, 30 anxiety disorder not otherwise specified (ADNOS), 30 comorbidity, 32 generalized anxiety disorder (GAD), 28-29, 141 mixed anxiety and depressed mood, 30 obsessive-compulsive disorder (OCD), 30 panic disorder, 29 post-traumatic stress disorder (PTSD), 30 separation anxiety disorder (SAD), 28 social phobia, 29 specific phobias, 29-30 substance-induced anxiety disorder, 30 three-component model of anxiety, 26 validity issues, 31-32 Duke Validity study, 65 Early Adolescent Temperament Questionnaire (EAT-Q), 202 Early Adolescent Temperament Questionnaire-Revised (EATQ-R), 209 education historical view of ill effects, 7, 9, 13, 20 effortful control (EC) dimension, 201, 202 egocentrism concept, 130 eliciting stimuli approach to diagnosis, 35 Emminghaus, Hans, 12, 13, 15-16 emotion definition, 179 Emotionality, Activity, and Sociability Scales (EAS), 204 endophenotypes, 172 environment influences on brain-behavior associations, 186 - 187environmental influences equation for estimation, 162 epidemiology of childhood anxiety disorders, 56-70 comorbidity, 66-70 prevalence, 56-66 epigenetic processes, 166, 171-172 equifinality concept, 327 escitalopram, 370 Esquirol, J. E. D., 9, 10, 12 estrogen receptor (ESR) gene polymorphisms, 170 ethnic differences prevalence of anxiety disorders, 65-66

evolution role of childhood fears, 80-81 extraversion/surgency dimension, 201, 202 familiality of anxiety, 161 Family Anxiety Coding Schedule, 44 fear definition, 180 distinction from anxiety, 25-26 normal and abnormal, 180 normal fears, 26 See also normal development of fear FEAR effect (family enhancement of aggressive or avoidant responses), 303-304 Fear Survey Schedule, 90, 94 Fear Survey Schedule for Children-Revised (FSSC-R), 41, 77-78, 94, 96, 395 field perspective, 132-133, 134-135 Field's model of fear acquisition, 245-248 Five Minute Speech Sample (FMSS), 305 fluoxetine, 370 fluvoxamine, 370 fMRI studies of pediatric anxiety attention orienting, 190 fear conditioning and extinction, 188-190 individual differences in amygdala function, 188 memory, 190-191 normal development of neural circuitry, 188 normal development of the amygdala, 188 reward anticipation, 192-194 threat appraisal, 191-192 frayeurs, 5 Freud, Sigmund Little Hans, 19, 20 FRIENDS program, 350-351, 356, 360 functional analytic approach to diagnosis, 35 future hypothetical thinking, 142 Gall, Franz Joseph, 7 gamma-aminobutyric acid (GABA) system polymorphisms, 169-170 gender differences development of fear, 82-83 heritability of anxiety, 165-166 prevalence of anxiety disorders, 63-64 generalized anxiety disorder (GAD), 28, 56 adult models, 143-145 adult models in children and adolescents, 145-148 age of onset, 29, 141 applicability of adult models, 141-148 cognitive avoidance theory, 143-144, 146-147 comorbidity with overanxious disorder (OAD), 66-67 continuity between adult and child diagnoses, 141-143 counterfactual thinking, 142 DSM criteria, 28-29, 141 future hypothetical thinking, 142 influence of cognitive development, 142 intolerance of uncertainty theory, 143, 144, 146 meta-cognitive beliefs model, 143, 145, 147 negative problem orientation, 144-145

pharmacological management, 377-378 positive beliefs about worry, 144 prevalence, 28-29 role of worry, 142, 143, 145-146 treatment, 148 genetic basis of anxiety, 161-173 adoption studies, 163 age differences in heritability estimates, 165 anxiety-related phenotypes, 164-165 association studies, 163 behavioral genetic research, 172 brain-derived neurotrophic factor (BDNF) genes, 170 candidate genes, 169-170 catechol-O-methyltransferase (COMT) gene polymorphism, 169 comorbidity, 167-169 corticotropin-releasing hormone (CRH) gene, 170 dopamine receptor (DRD4) gene polymorphism, 169 effects of rater differences, 166 endophenotypes, 172 environmental influences, 170-171 epigenetic processes, 166, 171-172 estimation of environmental influences, 161-163 estimation of genetic influence, 161-163 estimation of non-shared environment influence, 161-163 estimation of shared environment influence, 161-163 estrogen receptor (ESR) gene polymorphisms, 170 evidence for, 161-164 familiality of anxiety, 161 future research directions, 172-173 gamma-aminobutyric acid (GABA) system polymorphisms, 169-170 gene-environmental interactions, 170-171 genome-wide association and linkage studies, 163-164 heritability of anxiety, 164-167 linkage studies, 163 mechanisms, 171-172 persistence from childhood to adolescence, 167 phenotypic variance equation, 162 plexin A2 (PLXNA2) candidate gene, 170 quantitative trait loci, 163-164 range of conceptions of anxiety, 164 role of genes in treatment response, 172-173 search for the genes involved, 163-164 serotonin transporter (5-HTTLPR) gene polymorphism, 169 sex differences, 165–166 state and trait anxiety, 165 twin studies, 161-163, 164-165, 166, 167-169, 170-171 genetic factors influences on brain-behavior associations, 186-187 genome-wide association and linkage studies, 163-164 Great Smoky Mountains Study (GSMS), 63, 64, 65, 67, 69, 260, 268, 311, 312

Greding, Johann Ernst, 7-8 grief reactions, 270 Griesinger, W., 9, 10, 12 Group CBT (GCBT), 338–339 Group CBT for Social Phobia (GCBT for SOP), 338 Hall, Stanley, 14, 18-19 harmful dysfunction in anxiety disorders, 26-27 heritability of psychiatric illness historical view, 8-9 heterotypic comorbidity, 32 heterotypic continuity, 69 Hippocrates, 5 historical perspective, 3-20 anxiety, 11–12 anxiety and anxiety disorders in psychiatry, 14-16 associationism, 11 assumptions about limited prevalence in children, 10 blind spots in professional thinking, 3-4 causes of psychiatric disturbance in children, 8-9 challenges of historical research, 4-5 changing terminology, 4-5 classifications of anxiety disorders, 16-17 contours of child and adolescent psychiatry, 7-8 contributions from psychology and other sciences, 17-19 course of mental illness in children, 10 demonology view of psychiatric illness, 6-7 description of obsessive-compulsive symptoms, 16 description of panic attacks, 16 effects of illness in parents, 13 effects of intensive schooling, 7, 9, 13, 20 effects of upbringing, 9, 13 general line of development, 5 heritability of psychiatric illness, 8-9 Hippocrates, 5 impact of social changes, 19 impact of the Industrial Revolution, 19 importance of the historical record, 3-4 influence of hereditary factors, 13 influence of upbringing, 13-14 interest in child development, 17-19 interpretation within a social context, 4 language barriers, 4-5 lessons from the historical record, 3-4 masturbation and mental illness, 9, 14, 16, 20 Middle Ages, 4, 5-7 origins of child and adolescent psychiatry discipline, 12-14 pharmacotherapy, 17 phobias, 11 psychological explanations for mental illness, 7 recognition of childhood anxiety disorders, 19-20 role of the nervous system, 7 treatment of psychiatric disorders, 17 homotypic comorbidity, 32 homotypic continuity, 69 hysteria historical diagnostic category, 4 ICD, 27-28, 30-31 children's anxiety disorders, 31

424 Index

ICD (cont.) comorbidity, 32 phobic anxiety disorder of childhood, 30 sibling rivalry disorder, 30 social anxiety disorder of childhood, 30 validity issues, 31-32 imipramine, 371 individual CBT (ICBT), 338-339 Infant Behavior Questionnaire, 302 inflated responsibility model of OCD, 137, 138-139 information processing biases in anxiety, 103-119 acquisition model, 114 adult models, 113 attentional bias, 103, 104-110 covariation bias, 111-112 developmental models, 113-115 developmental perspective, 104 emotional reasoning, 111-112 environmental risk factors, 116-117 evidence in children and adolescents, 104-113 genetic risk factors, 116-117 inhibitory processes to threat and anxiety, 104-106 integral bias model, 113-114 intergenerational transmission, 117-119 interpretation bias, 103, 110-113 mechanisms of development, 117-119 moderation model, 114 role of developmental change, 116–117 selective attention to threat, 107-108 theoretical frameworks, 113-115 underlying learning systems, 117-119 visual search and anxiety, 108-110 intergenerational transmission of anxiety, 281, 300 internal conflict and mental illness, 10 International Classification of Diseases. See ICD Internet-based CBT, 402-403 interviews, 38-40 intolerance of uncertainty theory of GAD, 143, 144, 146 Itard, Jean, 7 Jarvis, E., 9 Kiddie-Schedule for Affective Disorder and Schizophrenia, 382 Kierkegaard, S., 19 language barriers in terminology, 4-5 learning and fear acquisition, 237-248 classical conditioning, 228 combined pathways to fear, 235-236 conditioned emotional responses, 233-235 conditioning model of fear, 237-244 contemporary models, 244-248 Davey's model, 244-245 definition of anxiety, 227-228

impact of television programs and films, 235 Little Albert study (Watson), 233–234 Mineka and Zinbarg's model, 244-245 observational learning in rhesus monkeys, 230-231 pathways to fear, 228 personality factors, 244 post-traumatic stress disorder (PTSD), 234 predisposition to fear and anxiety, 244 reactivity to stimuli, 244 theoretical models, 237-248 tripartite model of emotional response systems, 228 verbal threat information, 228-230 vicarious/observational learning, 228, 230-233 Leiden Public Speaking Task, 92 lypemania, 4 magical thinking in young children, 130, 138 Manheimer, M., 12, 13, 17 masturbation and mental illness, 9, 14, 16, 20 Maudsley, H., 12, 13, 14, 15, 16 melancholia, 4, 16 memory emotionally modulated, 185 fMRI studies, 190-191 neural circuitry, 185 mental handicap distinction from mental illness, 7 Mercurialis, Hieronymus, 6 Metacognitions Questionnaire, adolescent version (MCQ-A), 147 Metacognitions Questionnaire, child version (MCQ-C), 147 meta-cognitive beliefs model of GAD, 143, 147 meta-cognitive beliefs model of OCD, 138, 139-140 Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) Study, 64,65 Middle Ages treatment of children, 4 views on childhood anxiety, 5-7 MindMatters program, 360 mirtazapine, 374 mixed anxiety and depressed mood (DSM), 30 monoamine oxidase inhibitors (MAOIs), 372-373 Moreau (de Tours), P., 12, 17 motor response in anxiety, 26 Multidimensional Anxiety Scale for Children (MASC), 39, 41, 91, 92, 93, 357, 382, 394 multifinality concept, 327 nefazodone, 373 negative affectivity (NA) dimension, 201, 202, 203 negative affectivity/neuroticism (NA/N) factor, 204, 207 negative imagery social anxiety symptom, 136 Network of Relationships - Revised, 334 normal development of fear, 76-85 adaptive explanation, 80-81 bridge between normal and abnormal fear, 84-85 children's self-reports of fears, 77-78

definition of fear, 227-228

fear conditioning, 233-235

Field's model, 245-248

disorders, 227

development of normal fears and anxiety

impact of news reports in the media, 235-236

direct traumatic experience, 233-235

425 Index

common childhood fears, 76 cultural influences, 83-84 developmental patterns, 79-80 distinction from anxiety disorders, 76 evolutionary explanation, 80-81 explanations of normal fears, 80-82 gender differences, 82-83 influence of cognitive development, 81-82 influence of gender role orientation, 82-83 interviews with children, 77 moderators of normal fears, 82-84 parental reports of children's fears, 78-79 questionnaires for children, 77-78 socioeconomic influences, 83-84 what children fear, 76-80 normal fears and anxieties, 26 observer perspective in social anxiety disorder, 132-133, 134-135 obsessions definition, 30 obsessive-compulsive disorder (OCD), 28 age of onset, 30, 136-137 applicability of adult models, 136-141 cognitive-behavioral treatment (CBT), 137, 140-141 cognitive models, 137-140 definition of compulsions, 30 definition of obsessions, 30 DSM criteria, 30 early description of, 16 inflated responsibility model, 137, 138-139 magical thinking in children, 138 meta-cognitive beliefs model, 138, 139-140 OCD-related cognitions across development, 140 pharmacological management, 375-376 prevalence, 30 similarities in adults and children, 136-137 thought-action fusion (TAF) model, 130, 137-138, 139 treatment, 138, 140-141 oppositional defiant disorder, 68 overanxious disorder (OAD), 28, 56 comorbidity, 68 comorbidity with generalized anxiety disorder, 66-67 overt threat definition, 180 Paediatric Anxiety Rating Scale (PARS), 43 panic, 56 panic attacks early descriptions of, 16 link with agoraphobia, 29 panic disorder, 28, 56 age of onset, 29 comorbidity with separation anxiety, 68 DSM criteria, 29 prevalence, 29 pantophobia, 4, 14-15 parent-child relationship. See attachment theory; parenting parenting and child anxiety, 299-317 anxiogenic parental behaviors, 301-311

clinical implications, 316-317 effects at different developmental stages, 300 familiality of anxiety disorders, 299, 300 FEAR effect, 303-304 interactive effects, 300 intergenerational transmission of anxiety, 300 interplay of factors, 315-316 lack of autonomy-granting, 304-307 lack of warmth, 307-308, 309-311 maternal and paternal interactions, 300, 313-315 methodological issues, 299 models of development of child anxiety, 300-301 parental anxiety and behavior, 308-311 parental control, 304-307, 309-311 parental negativity, 307-308, 309-311 relative contribution of parental factors, 299 specificity of effects, 311-313 threat information transfer, 303-304 verbal information transfer, 309 vicarious/observational learning, 301-303, 308-309 wider parenting practices, 308, 311 parenting style and social anxiety in children, 98 influence on mental health of children, 13-14 Parkinson, James, 9 Pediatric Anxiety Rating Scale (PARS), 394 peer interactions and social anxiety in adolescents, 98 peer relationships, 323-327 benefits of successful relationships, 323 close friendships, 325 developmental aspects, 324 peer acceptance, 324-325 peer victimization, 326-327 romantic relationships, 326 peer relationships and anxiety, 323-324, 327-339 assessment, 333-334 aversive peer experiences as traumatic events, 328 CBT interventions, 334-339 empirical data, 328-333 equifinality concept, 327 interventions for anxiety disorders, 334-339 interventions for social anxiety disorder, 334-338 multifinality concept, 327 peer rejection, 328, 329-330 peer selection and socialization processes, 328 peer victimization, 328, 330-331 problematic relations as significant stressors, 327-328 problems in close friendships, 331-332 research challenges, 324 romantic relationships, 332-333 theoretical perspectives, 327-328 Penn State Worry Questionnaire for Children (PSWQ-C), 146 Perfect, W., 8 Personal Rating of Public Speaking Anxiety, 94 personality and temperament hierarchical models, 203-204 personality concept, 198-199 Phaer, Thomas, 6 pharmacological management, 367-386 adverse events, 379-381

426 Index

pharmacological management (cont.) anti-anxiety agents, 370-375 antidepressants, 370-374, 379-381 atypical antidepressants, 373-374 benzodiazepines, 374-375, 381 discontinuing medication, 384 dosing, 383 evidence base in children, 375-379 future directions, 385 generalized anxiety disorder (GAD), 377-378 how early to treat, 385 how long to treat, 385 how to do it well, 381-384 maintenance treatment, 384 management of partial or non-response, 384 monoamine oxidase inhibitors (MAOIs), 372-373 neurotransmitter systems, 368-369 obsessive-compulsive disorder (OCD), 375-376 obtaining informed consent, 382-383 optimizing treatment, 385 personalized treatment, 385 pharmacokinetics, 369 preliminary work-up, 381-382 PTSD, 379 rationale for treatment, 367-368 second-generation antidepressants, 373-374 selective serotonin reuptake inhibitors (SSRIs), 370-371, 379-381 separation anxiety disorder, 377-378 social phobia, 377-378 specific phobias, 378 starting the medication, 383 strategies to improve partial response, 384 tricyclic antidepressants, 371-372, 381 pharmacological treatment compared to CBT, 399-400 late nineteenth-century treatments, 17 phobias comorbidity among the phobias, 67 historical perspective, 11 See also specific phobias (DSM category) phobic anxiety disorder of childhood (ICD), 30 phrenology, 7 physiological hyperarousal (PH) dimension, 203 physiological response in anxiety, 26 Piaget, Jean, 130, 131, 132, 142 Pinel, Philippe, 7, 8 plexin A2 (PLXNA2) candidate gene, 170 Positive Affect and Negative Affect Schedule for Children, 34 positive affectivity (PA) dimension, 203 positive affectivity/surgency (PA/S) factor, 204 Positive and Negative Affectivity Scales (PANAS), 204, 208 positive emotional evaluative system (PES), 113 Post Traumatic Cognitions Inventory, children's (cPTCI), 267 post-mortem after social encounters social anxiety symptom, 135-136 post-traumatic stress disorder (PTSD), 28, 257 broad reactions to trauma, 268-269 changes in arousal physiology, 268 cognitive-behavioral treatment (CBT), 271-272

cognitive risk factors, 267-268 comorbid psychiatric disorders, 268-269 course of PTSD, 265 definitions of traumatic events, 257-258 demographic risk factors, 266-267 DSM criteria, 30, 259-260 ICD criteria, 259-260 incidence, 264-265 origin of the term, 259-260 personal vulnerability factors, 266–267 pharmacological management, 379 prevalence, 30, 264-265 rates following trauma exposure, 234 risk by number of traumatic exposures, 265-266 risk by severity of traumatic exposure, 266 risk by type of traumatic exposure, 265 risk factors, 265-268 treatment, 271-272 triggers for flashbacks, 239-240 post-traumatic stress reactions clinical features, 258-260 diagnostic features, 258-260 prefrontal cortex (PFC). See brain-behavior associations Preschool Age Psychiatric Assessment (PAPA), 58 prevalence of anxiety disorders, 56-66 age differences, 63 all data sets, 62 children aged 13 to 18 years, 61 children aged 6 to 12 years, 61 cultural differences, 65-66 data for meta-analyses, 57 disability criterion for diagnosis, 64–65 methods for meta-analyses, 57 preschool children, 57-61 racial/ethnic differences, 65–66 sex differences, 63-64 prevention of anxiety disorders, 347-362 barriers to implementation of prevention programs, 358-361 Child Anxiety Prevention Study (CAPS), 353 consent for interventions, 358-359 early intervention as prevention, 350 engagement with interventions, 358-359 extent of evidence base, 361 FRIENDS program, 350-351, 356, 357, 360 future research, 361-362 identification of target children, 359 implementation method, 360 indicated interventions, 349, 355-356 maintenance of early gains, 359-360 moderators of prevention effects, 356-357 point of access to children, 360 selective interventions, 349, 353-355 sociopolitical imperative, 360-361 sustainability of programs, 360 treatment-based prevention, 350 universal interventions, 349, 350-353 Preyer, W., 17-18 psychiatric disorders comorbidity with anxiety disorders, 68-69 sychopathology hierarchical models, 202-203 psychopathology concept, 198-199

psychosocial development and social anxiety disorder, 93 psychotropic drugs prescription to children and adolescents, 4 pubertal development and social anxiety, 91-93 Pubertal Development Scale, 92 puberté, 4 Pussin, Jean Baptiste, 7 quantitative trait loci, 163-164 racial differences prevalence of anxiety disorders, 65-66 ratings by significant others, 42-43 reboxetine, 374 Revised Behavior Problems Checklist, 43 Revised Child Anxiety and Depression Scales (RCADS), 42, 96, 199 Revised Children's Manifest Anxiety Scale (RCMAS), 40-41, 199, 355, 394 Revised Peer Experiences Questionnaire, 334 reward anticipation fMRI studies, 192-194 reward processing neural circuitry, 186 rhesus monkeys (Macaca mulatta) observational learning of fear, 230-231 Rush, Benjamin, 10, 11 Rutter Scales, 43 safety behaviors social anxiety symptom, 135 Savage, G. H., 13–14 Schedule for Affective Disorders and Schizophrenia in School-Age Children (K-SADS), 39 School Refusal Assessment Scale, 35 Screen for Child Anxiety Related Emotional Disorders (SCARED), 41-42, 94, 210, 382, 394 second-generation antidepressants, 373-374 selective serotonin reuptake inhibitors (SSRIs), 169, 370-371 adverse events, 379-381 Self Perception Profile for Adolescents, 334 Self Perception Profile for Children, 334 self-report measures, 40-42 semi-structured interviews, 38-40 separation anxiety disorder (SAD), 56 age of onset, 28 comorbidity with panic disorder, 68 DSM, 28 historical perspective, 20 pharmacological management, 377-378 prevalence, 28 sequential comorbidity, 69 serious emotional disturbance (SED), 64 serotonin transporter (5-HTTLPR) gene polymorphism, 169 sertraline, 370 sex differences. See gender differences Shrecken, 5 sibling rivalry disorder (ICD), 30 simple phobia. See specific phobias Skills for Social and Academic Success (SSAS), 337

social anxiety disorder, 90-99 adolescent peer interactions, 98 and non-clinical social fear, 90-91 and parent-child relationship, 98 and psychosocial development, 93 anxiety-provoking interpretations, 135 applicability of adult models, 132-136 as normal fear gone awry, 90-91, 97-98 attentional bias to social threat information, 133-134 developmental level versus age, 91-93 developmental pathways, 97-98 developmental trends, 90-91 etiological models, 97 features in adults, 132-133 features in children, 133-136 generalized anxiety subtype, 93-94, 97-98 heritability, 98 influence of cognitive development, 93 influence of pubertal development, 91-93 level of avoidance, 95 level of continuity, 98 level of distress, 95 level of interference with daily life, 95 maturational factors, 91-93 negative expectations of social events, 135 negative imagery, 136 non-generalized anxiety subtypes, 94-95, 97-98 observation of developmental trends, 91-97 observer perspective, 132-133, 134-135 performance anxiety, 97-98 post-mortem after social encounters, 135–136 relative versus absolute levels of social fear, 95-96 research methodologies, 91-97 response to threatening social cues, 134 role of normal development, 98 safety behaviors, 135 self-focused attention, 134 social fear factors, 93-95 specific anxiety subtypes, 94-95, 97-98 subtypes, 97–98 treatment based on adult models, 136 vulnerability factors, 98 See also social phobia social anxiety disorder of childhood (ICD), 30 Social Anxiety Scale for Adolescents, 94, 334 Social Anxiety Scale for Children-Revised, 334 Social Effectiveness Therapy for Children (SET-C), 334-337 Social Experiences Questionnaire - Self Report, 334 social phobia, 28, 56 age of onset, 29 DSM criteria, 29 pharmacological management, 377-378 prevalence, 29 See also social anxiety disorder Social Phobia and Anxiety Inventory (SPAI), 394 Social Phobia and Anxiety Inventory for Children (SPAI-C), 131 Social Support Scale for Children, 334 socioeconomic influences normal development of fear, 83-84 somatoform diseases, 13

428 Index

specific phobias, 28, 56 age of onset, 29-30 DSM criteria, 29-30 pharmacological management, 378 prevalence, 29–30 Spence Child Anxiety Scale (SCAS), 42, 394 Spurzheim, Johann, 7, 10 State-Trait Anxiety Inventory for Children (STAIC), 41, 394 Strange Situation Procedure, 281, 283 Strengths and Difficulties Questionnaire, 40, 43 Strengths and Difficulties Questionnaire Emotional Symptoms scale (SDQ-E), 394 Stroop task, 104, 107 structured interviews, 38-40 subjective response in anxiety, 26 substance-induced anxiety disorder (DSM), 28, 30 substance use or abuse, 68, 69 Sully, J., 18 Teacher Report Form (TRF), 43, 334, 394 temperament and anxiety, 198-216 assessment issues, 199 behavioral activation system (BAS), 201 behavioral inhibition, 211-213 behavioral inhibition system (BIS), 201 comorbidity among disorders, 202-203 complication model, 205-206 continuity model, 205 definitions of temperament, 199-200 diathesis-stress model, 204-205 effects of cognitive factors, 213-214 effects of environmental stressors, 213 effects of parenting style, 214-215 effortful control (EC) dimension, 201, 202, 207 empirical relations between, 207-209 evolution of the temperament concept, 200-201 extraversion/surgency dimension, 201, 202 Gray's model of temperament, 201 hierarchical models of personality and temperament, 203-204 hierarchical models of psychopathology, 202-203 history of the study of temperament, 199 integrated hierarchical models, 204-206 measurement issues, 199 measuring temperament, 201-202 model linking temperament and problematic anxiety, 207 models linking temperament and psychopathology, 204-206 models of temperament, 199-201 negative affectivity (NA) dimension, 201, 202, 203 negative affectivity/neuroticism (NA/N) factor, 204, 207 pathoplasticity model, 205-206 personality concept, 198-199 physiological hyperarousal (PH) dimension, 203 positive affectivity (PA) dimension, 203 positive affectivity/surgency (PA/S) factor, 204 possible mediating/moderating factors, 213-215 predisposition model, 204-206 psychopathology concept, 198-199 Rothbart's model of temperament, 200-201 scar model, 205

temperament and psychopathology, 209 temperament and specific anxiety measures, 209–211 temperament concept, 198-199 theoretical debates, 199-200 tripartite model of anxiety and depression, 203, 204, 207 terminology changes over time, 4-5 language barriers, 4-5 therapeutic alliance, 409-410 thought-action fusion (TAF) model of OCD, 130, 137–138, 139 threat appraisal fMRI studies, 191–192 neural circuitry, 185 threat evaluation system (TES), 113 threat information and fear acquisition, 228-230 Tracking Adolescents' Individual Lives Survey (TRAILS), 209 transdiagnostic approach, 33, 34 transprocess approach. See transdiagnostic approach traumatic events, 257-272 acute stress disorder (ASD), 260 anxiety disorders other than PTSD, 269 broad reactions to trauma, 268-269 changes in arousal physiology, 268 childhood traumatic grief (CTG), 270 cognitive-behavioral treatment (CBT), 271-272 cognitive risk factors for PTSD, 267-268 course of PTSD, 265 cultural issues in reaction to trauma, 263-264 definitions, 257-258 demographic risk factors for PTSD, 266-267 depression following exposure, 269-270 developmental issues in reaction to trauma, 262-263 disruptive behavior disorder after exposure, 270 dose-response relationship for PTSD, 265-266 frequency of exposure to, 260-261 incidence of PTSD, 264-265 number of traumatic events and PTSD risk, 265-266 personal vulnerability factors for PTSD, 266-267 post-traumatic stress disorder (PTSD), 257, 259 - 260post-traumatic stress reactions, 258-260 prevalence of PTSD, 264-265 psychopathology following, 268-269 risk and vulnerability factors, 261-262 risk factors for PTSD, 265-268 severity of events and PTSD risk, 266 substance use disorder after exposure, 270 traumatic grief reactions, 270 treatment of post-traumatic stress, 271-272 type of event and PTSD risk, 265 trazodone, 373 treatment adult anxiety disorders, 129 CBT compared to active, credible comparison control, 395-396 CBT compared to pharmacological treatment, 399-400

CBT using individual or group treatment approaches, 399 CBT with or without parent/family involvement, 396-399 characteristics of youth anxiety treatment research, 393-395 childhood anxiety disorders, 129 computer-assisted CBT, 402-403 effectiveness of CBT in community-based clinics, 404-405 effects of safety behaviors, 410-411 evaluative reviews, 392-393 Internet-based CBT, 402-403 long-term follow-up of CBT, 400-402 mediators of treatment outcome, 407-409 moderators of treatment outcome, 405-407 summary of studies, 411-412 therapeutic alliance, 409-410 treatment processes, 409 tricyclic antidepressants, 371-372 adverse events, 381

Trier Social Stress Task, child version (TSST-C), 92 tripartite model, 26, 33, 34, 203, 204, 207, 228 twin studies, 161-163, 164-165, 166, 167-169, 170-171 Twins Early Development Study (TEDS), 58 unstructured interviews, 38 upbringing effects of, 9 influence on mental health, 13, 14 venlafaxine, 370, 374 Virginia Twin Study, 311, 312 Wechsler Adult Intelligence Scale, 93 West, Charles, 12, 13, 14 Weyer, Johann, 6 Youth Self-Report Questionnaire (YSR), 33, 40, 42, 43, 209