

SIG Newsletter

Advancing the Science and Practice of Youth Anxiety

April 2014

Hello Everyone,

I hope you are all having a very enjoyable and productive 2014!

It has been an active few months for the CAA SIG. Last November's ABCT convention was a busy one for SIG members – you can read a summary of SIG-related activities at the convention in the pages to come. In addition, the SIG has started developing a greater social media presence, marked by the creation of a CAA SIG Facebook page. I encourage all of you to check out the page, www.facebook.com/ABCTchildanxietySIG, to learn about or post updates relevant to child anxiety. Over the next several months, we will continue to look into additional online resources that can be helpful to all SIG members.

We have also been working on improvements to the SIG website. Currently, members can post job openings and referral information on the site. Soon, members will be able to post recently published research so that we can all have an easily accessible list of the most recent articles and books related to child anxiety.

I am also excited about this edition of the SIG newsletter. Besides summaries of last year's ABCT convention, you'll also find great information for graduate students about applying for internships, and the winning poster for the SIG's Student Travel Award by Michelle A. Patriquin, Ph.D., and her colleagues.

To conclude, I would like to acknowledge Dr. Aleta Angelosante for her strong leadership of the CAA SIG for the last two years. On behalf of all SIG members, thank you Aleta! I hope to follow in Aleta's footsteps to maintain the CAA SIG as a vibrant organization and a helpful resource to all of us dedicated to the research and treatment of child anxiety. If any of you have ideas on how to make the SIG even better, please reach out to me directly at puliafia@nyspi.columbia.edu. Enjoy the newsletter!

Tony Puliafico
SIG Leader

Be brave. In
this issue
you'll find...



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-- Published by the Child and Adolescent Anxiety SIG. The contents of this newsletter have not been reviewed, approved, or endorsed by the Association for the Advancement of Behavior and Cognitive Therapy.

ABCT Child & Adolescent Anxiety SIG

Summary of the 2013 Conference

In Nashville, TN



Impressions & Experience at the ABCT 2013 Convention

Monica S. Wu, Aubrey Edson, Christine Cooper-Vince

General Impressions & Location

The location for the 47th annual ABCT convention was situated in the Gaylord Opryland Resort & Convention Center in Nashville, Tennessee. Upon entering the venue, we were immediately met with festive garlands and whimsical decorations spanning the entire resort. Consequently, it wasn't surprising that the actual venue for the convention became the central topic of many conversations. It quickly became apparent that the conference became self-contained due to the venue, with many colleagues bumping into each other at the various eateries and convoluted hallways of the convention center. While the venue provided plenty of opportunity to joke about a future of indoor communities and ponder the similarities between the overall experience and the plot of "The Truman Show" we are very much looking forward to the more central placement of the convention venue in Philadelphia this coming November!

Child and Adolescent Anxiety SIG Preconference

The 2013 annual convention kicked off with a one-day long CAA SIG preconference, which was well attended by researchers, clinicians, and students interested in and currently contributing to the field of child anxiety treatment. The day began with a networking hour in which colleagues could catch up and settle in to the meeting, followed by opening remarks from new SIG leader Dr. Tony Puliafico. His warm welcome was followed by a set of excellent talks and research updates throughout the morning from Drs. Stephen Whiteside, Muniya Khanna, and Lynne Siqueland. After lunch, Drs. John Piacentini, Marty Franklin, and Golda Ginsburg all presented on updated research findings before several lab members informally updated the group on their current research projects. Everyone seemed to enjoy hearing about the latest studies and findings coming out of some of the field's most productive labs. Finally, many CAA SIG members reconvened at Findley's Irish Pub for perhaps one of the biggest happy hours in CAA SIG history! As in prior years, the day served as a reminder that the CAA SIG features some of the most productive and cutting-edge researchers who also happen to be some of the warmest and most fun ABCT members!

Content-Related Impressions & Experience

As usual, the ABCT 2013 convention provided a wide array of relevant presentations covering child and adolescent anxiety. Starting with the Child & Adolescent Anxiety SIG preconference event, it was a one-stop shop for learning about all the cutting-edge findings from this field. Attendees received a plethora of exciting updates, ranging from findings about brain-based changes associated with CBT for OCD to internet interventions for child anxiety and the relative efficacy of a family-based intervention for younger children. Additionally, important discussions were generated about the importance and timing of implementing exposure exercises, as well as symptom resurgence over time and complications with behaviorally challenging youth.

Once the full conference commenced, it was evident that child and adolescent anxiety was well represented across posters, panels, and symposia. In fact, there were so many great submissions accepted that they seemed to have scheduled many similar topics during the same timeslots, making it difficult to choose between presentations. Of particular relevance was the symposium presenting five-year follow-up data from the seminal Child/Adolescent Anxiety Multimodal Study. Pertinent data regarding six-month outcomes, predictors and moderators of treatment response, benefits of child-focused anxiety treatments for parents and family functioning, therapeutic relationship in CBT and pharmacotherapy, and treatment durability and predictors of remission for anxious youth were discussed. Ultimately, the findings highlighted the need for further research on factors contributing to the maintenance of treatment gains and investigating potential variables inciting treatment group convergence.

The annual CAA SIG meeting was also quite impressive and offered a chance to hear about exciting SIG activity and changes in leadership, including the official appointment of Dr. Tony Pualifico as incoming SIG Leader. We thank Dr. Aleta Angelosante for her previous years of service as immediate past SIG leader. The SIG meeting also featured a keynote talk from Dr. Jonathan Comer who spoke about the occasional case against dissemination of broad treatments for child anxiety, as well as a presentation from Student Travel Award winner Amy Kranzler, who presented her work on emotional awareness as a risk factor of anxiety and depression in children. The SIG Cocktail Hour later that evening also featured a generous showing of impressive CAA SIG posters, including the recipient of the CAA SIG Poster Award, Michelle Patriquin, Ph.D., for her work examining anticipatory heart rate and pre-sleep arousal in children with Generalized Anxiety Disorder.

Overall, the 47th annual ABCT convention delivered with great opportunities to receive updates on the most recent findings developing within the field of child and adolescent anxiety. We look forward to attending the 48th annual convention in Philadelphia in November and discussing ways to optimize CBT through the integration of multiple disciplines. Hope to see you there!

-Monica, Aubrey, and Christine

Anticipatory heart rate during a worry task and pre-sleep arousal in children with and without Generalized Anxiety Disorder

Michelle A. Patriquin, Michelle A. Clementi, & Candice A. Alfano
Sleep and Anxiety Center for Kids, Department of Psychology, University of Houston

Introduction: Current evidence indicates the presence of sleep problems in a majority of children with Generalized Anxiety Disorder (GAD; [Alfano, Pina, Zerr, & Villalta, 2010](#); [Alfano, Reynolds, Scott, Dahl, & Mellman, 2013](#)). In fact, up to 90% of children with GAD experience sleep difficulties ([Alfano, Beidel, Turner, & Lewin, 2006](#); [Alfano, Ginsburg, & Kingery, 2007](#); [Alfano et al., 2010](#)). For example, self-report and objective polysomnographic (PSG) data indicate that children with GAD take longer to fall asleep than health children without an anxiety disorder ([Alfano et al., 2013](#)). The mechanisms that contribute to these sleep problems are unknown. Since sleep and arousal represent opponent regulatory processes ([Dahl, 1996](#)), physiological hyperarousal (e.g., increased heart rate, HR) may be one mechanism through which sleep difficulties commonly develop in children with GAD. The current study therefore examined and compared the presence of physiological arousal (based on HR) during an experimental worry task in children with GAD and healthy controls. Physiological arousal also was examined in relation to subjectively-reported pre-sleep arousal in both groups.

Method: Twenty-one children including 12 with primary GAD and 9 healthy controls participated in the current study. The overall sample was 62% Caucasian, 5% African America, 5% Asian, and 14% of another or mixed race. Children with GAD ($M_{age} = 8.3 \pm .5$ years; 6 males) were diagnosed based on structured interviews using the Anxiety Disorders Interview Schedule for Children/Parents (ADIS; Silverman & Albano, 1996). The control group ($M_{age} = 8.3 \pm .5$ years; 7 males) included children without any psychiatric or sleep disorders. Children completed the Pre-Sleep Arousal Survey for Children (PSAS-C; [Gregory, Willis, Wiggs, & Harvey, 2008](#)), a measure of cognitive and somatic pre-sleep arousal, during the initial diagnostic assessment.

An experimental worry task also was conducted during this appointment. The worry task was comprised of three phases: baseline, anticipation of the task, and a worry task (see Figure 1). The experimental task was conducted in a private room with only the assessor present. During baseline, participants were instructed to sit quietly for two minutes (*“Please sit here quietly so I can make sure the equipment is working.”*). Participants were then read an anticipation script: *“In a few minutes I’m going to ask you to complete a task that might be a little bit hard for you.”* Children were asked to sit quietly for two minutes while anticipating the (ambiguous) upcoming task. Finally, children were instructed to complete the task: *“Now, I’d like you to draw a picture of the thing that makes you feel the most worried or scared.”* Children were given paper and markers to complete the task. Timex Easy Trainer Heart Rate Monitors (Time Group B.V., Middlebury, CT) were used to collect HR data (beats per minute, bpm) across the three distinct periods: baseline (2 mins), anticipation of the task (2 mins), and the worry task (4 mins).

Results: Between group comparisons revealed no significant differences in baseline [$F(1, 19) = .01, p = .95$], anticipatory [$F(1, 19) = .01, p = .09$], or worry task [$F(1, 19) = .38, p = .54$] HR. A repeated measures analysis of variance with group (GAD, control) as a between-subject factor and time (baseline HR, anticipatory HR, worry HR) as a within-subject factor was also conducted. There was a significant main effect for time [$F(1,19) = 4.47, p = .02$] but a non-significant group x time interaction [$F(1,19) = 2.00, p = .11$]. Linear regression analyses were then conducted to examine relationships between mean baseline, anticipatory, and worry-task HR, and PSAS-C cognitive and somatic scores. For all children, anticipatory HR significantly predicted PSAS-C somatic scores, $\beta = .46, t(19) = 2.26, p = .04$, with higher anticipatory HR associated with increased pre-sleep somatic arousal (Figure 3). Baseline HR marginally predicted PSAS-C somatic scores, $\beta = .40, t(19) = 1.92, p = .07$, with higher baseline HR associated with greater pre-sleep somatic symptoms across GAD and control groups.

Discussion: In the current study, we did not find differences in HR between GAD and control groups, which is consistent with research conducted among adults with GAD ([Aldao, Mennin, & McLaughlin, 2013](#); [Fisher & Newman, 2013](#); [Hoehn-Saric, McLeod, & Zimmerli, 1989](#); [Kollai & Kollai, 1992](#)). However, across both groups, higher HR while anticipating an experimental task significantly predicted increased levels of pre-sleep somatic arousal. These results indicate physiological hyperarousal in response to ambiguous, uncertain or novel situations/stimuli as one potential mechanism through which sleep problems may develop in children. Despite complaints of sleep problems in as many as 90% of children with GAD, this relationship was not specific to anxious youth. Results therefore suggest that children who demonstrate a hypersensitivity to novel or ambiguous contexts ([Ellis & Boyce, 2008](#)), in general, may be ‘primed’ for greater levels of pre-sleep somatic arousal, and by extension, sleep problems. Notable limitations of this study include a small sample, lack of an anxious (non-GAD) comparison group, and a single measure of physiological hyperarousal. Future studies are thus needed to replicate these findings in a larger sample of children and include multi-modal assessment of physiological hyperarousal and objective measures of sleep.

This research was supported by NIMH grant #K23MH081188 awarded to the last author. We offer special thanks to the families who participated in this research.



Figure 1. Worry task procedure.

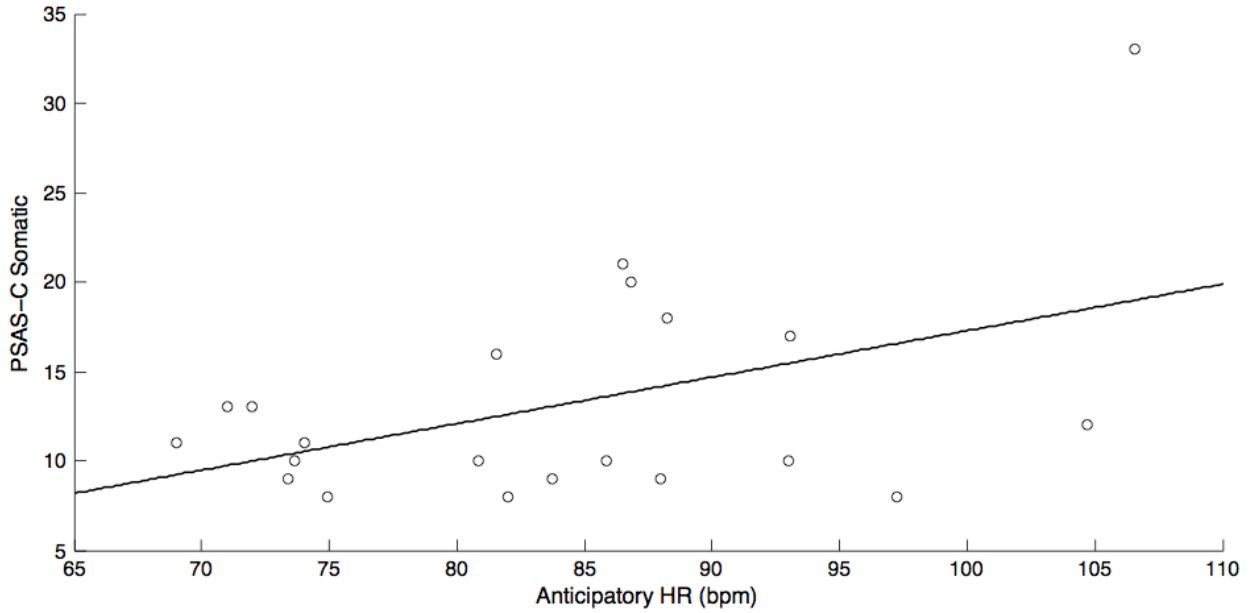


Figure 2. Anticipatory heart rate (HR) in beats per minute (bpm) significantly predicts Pre-Sleep Arousal Survey for Children (PSAS-C) somatic score.

Students' Corner

By: Christine Cooper-Vince, Aubrey Edson, & Monica Wu

Internship

Christine E. Cooper-Vince, Aubrey Edson, Monica S. Wu

Internship Corner

As many of you know, we just wrapped up the APPIC Match. CONGRATULATIONS to everyone who found a match! To applicants who have not yet found their internship match, we realize this can be a very frustrating and disappointing time. However, this is not the end of the world! In fact, many qualified applicants have found themselves in this situation, including several of our own student SIG members who graciously shared their valuable advice on this topic in the Spring 2012 issue of the Child Anxiety SIG newsletter. For those of you who are interested in learning more about this year's Match statistics, please see <http://www.appic.org/Match/MatchStatistics/MatchStatistics2014PhaseI.aspx> for further information.

Although this year's Match has just come to a close, we are aware that many 3rd and 4th year students are already eagerly looking ahead to next year's Match. In preparation for next year's internship application process, we have compiled some recommendations and helpful hints that may aid you in the application process. As you all have incredibly diverse training experiences and goals for internship, the following information is no substitute for the valuable guidance of your mentors. However, we hope that the following information may help to break down the application process and reduce some of that anticipatory anxiety we all experience leading up to internship applications. We first provide a sample timeline for the completion of the major application components followed by additional "helpful hints" related to various stages of the application process.

Sample Timeline for Application Components (Nov. 1 Due date)*August-September*

Register for the match (see APPIC website)

Prepare a draft of your CV and circulate it to your mentors for feedback

Determine your recommenders and request letters of recommendation

September

Subscribe to "Match News" listserv (see APPIC website)

Create AAPI application profile and begin the administrative portion of AAPI online

Request official transcripts

Generate a preliminary list of sites

<https://membership.appic.org/directory/search>

September-Early October

Write a draft of the four AAPI essays and circulate them for feedback

Calculate your clinical hours to date

November

Submit your AAPI online applications!

November-December

Complete mock interviews with mentors and peers (we all know exposure works, so do it!)

December-January

Interview at internship sites

February

Submit your rankings!

Helpful Hints

Before diving into the vast directory of training programs, take some time to think about your training goals for internship, as well as personal factors that may play a role in your internship rankings. The APAGS Internship workbook (Williams-Nickelson, Prinstein, & Keilin, 2012) provides a helpful structure to guide you through the internship training process, beginning with developing your internship training goals. Once you

have a sense of your training goals, then begin to review the APPIC program directory to find programs that are a strong match for your internship goals. Remember to consult throughout the process! Talk with your mentors, professional contacts, more senior students who have/ are currently completing internships, and your peers who are in the application trenches with you! Many times you will learn valuable information about the training experience at a site through these conversations that you won't get from their website. Additionally, subscribe to the "Match New" email list through APPIC, as this email list is the central source of information on late breaking news about changes to internship sites that are not necessarily reflected in the site directory or on site websites (e.g., new site tracks or positions and changes to application deadlines).

Once you have created your preliminary site list, you will then want to get to work on drafting your AAPI essays. There are a lot of great sample essays out there, which can be helpful to consult, but STOP and resist the urge to read other sample essays before you write at least one draft of your own. Although it can be helpful to read example essays to see how others approached the task, holding off on reading sample essays until you have written your own draft can help your own voice and individuality shine through. Once you have a draft, definitely circulate your essays to get feedback. It can be very helpful to get feedback from people who know the application process well, and those who know you well as an individual, to help ensure your personality comes through in your writing.

In addition to drafting your essays and cover letters, there are also less intellectually taxing components of the AAPI for which you will need to allot some time. Calculating your clinical hours is an application component that can become quite labor intensive for applicants who have not tracked their hours closely over the years. However, for those who have used tracking programs, such as "Time2Track," this will be as simple as clicking a button to generate your hours (if you are still early in your graduate training and have not yet started using such a program, do it, you won't regret it!). "MyPsychTrack" is another great option (and is directly affiliated with APPIC), and some schools have codes that allow you to utilize this valuable resource for free!

Once you have all of the components of your AAPI completed and uploaded you are ready to submit! As the application due date is November 1st for many sites, you will find that in the hours approaching 11:59pm on October 31st there are many other psychology graduate students who have also chosen to dress up for Halloween as

stressed-out last-minute APPIC Match applicants. Consequently, the site traffic on the AAPI Online portal is high and you will be more likely to receive error messages when trying to upload documents or submit your application. For this reason, it is **HIGHLY** recommended that you submit your applications at least a few days before the November 1st deadline, to avoid any computer glitches preventing your stellar application from reaching the selection committees. In order to ensure you can submit your application early, inform your recommenders of your plan, so they will upload their letters in advance as well.

Lastly, don't forget to have some fun! The internship application is a long process, so self-care is a must! At this point you've all had a lot of practice learning how to balance a demanding schedule and you probably have a good sense of what you need to do to recharge your batteries, so just don't forget to make time and do it! As many of you will have others in your cohort applying for internship simultaneously, take this opportunity to be a support network for each other. This could be checking in with one another about application goals and progress, or even just scheduling in some group self-care activities. Regardless of the form this takes, having the support of others who are also in the process with you can be a really great boost!

Helpful Resources:

Williams-Nickelson, C., Prinstein, M.J., and Keilin, W.G. (2012). Internships in Psychology:

The APAGS Workbook for Writing Successful Applications and Finding the Right Fit, 3rd Ed. Washington, DC: American Psychological Association.

APPIC Website: <http://www.appic.org>

AAPI Application Portal: <https://portal.appicas.org/>

Internet Interventions for Child Anxiety

Resources compiled by Muniya Khanna, Ph.D.

Dr. Khanna provided a review of internet interventions helpful in treating child anxiety at the SIG's preconference meeting in November, 2013. Below is a list of the resources she highlighted in her presentation. Dr. Khanna will also be reviewing these interventions in the upcoming publication of *The Behavior Therapist!*

Apps Helpful in Treating Child Anxiety

Mindshift (www.anxietybc.com)

SmartCAT (www.hari.pitt.edu/RESEARCH/SmartCAT.aspx; Pramana, Parmanto, Kendall, & Silk, 2014)

Internet-Based Treatments for Child Anxiety

BRAVE/children (March, Spence & Donovan, 2009)

BRAVE/adolescents (Spence et al., 2011) www.brave.psy.uq.edu.au

Cool Teens (Cunningham et al., 2009; Wuthrich et al., 2012)

Problem-Solving Training (Hoek et al., 2012)

Cognitive Bias Modification (Sportel et al., 2013)

Internet-Assisted Treatments for Child Anxiety

Camp Cope-A-Lot (Khanna & Kendall, 2010) www.workbookpublishing.com

Think, Feel, Do (Stallard et al., 2011)

<http://www.bath.ac.uk/health/research/child-adolescent-mental-health/think-feel-do/>

Internet-Based Parent-Training for Parents of Anxious Youth

Child Anxiety Tales (Kendall & Khanna, 2014; Khanna, Carper & Kendall, in prep)

www.copingcatparents.com

Websites with evidence-based information and resources for the public on Child Anxiety

www.aboutourkids.org

www.adaa.org

www.anxietybc.com

www.childanxiety.net

www.childanxiety.org

www.clinicalchildpsychology.org

www.copingcatparents.com

www.ocfoundation.org

www.selectivemutism.org

www.worrywisekids.org

References

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Hoek, W., Schuurmans, J., Koot, H.M., Cuijpers, P. (2012). Effects of Internet-Based Guided Self-Help Problem-Solving Therapy for Adolescents with Depression and Anxiety: A Randomized Controlled Trial, *PLoS One*, 7, DOI: 10.1371/journal.pone.0043485

Kendall, P.C. & Khanna, M.S. (2008). *Camp Cope-A-Lot: The Coping Cat DVD* [DVD] Ardmore, PA: Workbook Publishing Inc. ISBN: 978-1-888805-32-1

Kendall, P.C. & Khanna, M.S. (2014). *Child Anxiety Tales*©. Workbook Publishing Inc. Retrieved from: http://www.copingcatparents.com/Child_Anxiety_Tales

Khanna, M., Carper, M.M., Harris, M.S. & Kendall, P.C. (in prep). Web-based parent-training for parents of youth with impairment from anxiety.

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- Mayo Clinic. (2012). *Anxiety Coach*. Retrieved from <https://itunes.apple.com/us/app/anxietycoach/id565943257?mt=8>
- Pramana, G., Bambang-Parmanto, M., Kendall, P. C., & Silk, J. (2014). The SmartCAT: An mHealth platform for Ecological Momentary Intervention (EMI) in child anxiety treatment. *Telemedicine and E-Health*, 20(5). DOI:10.1089/tmj.2013.0214.
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- Stallard, P., Richardson, T., Velleman, S. and Attwood, M. (2011) Computerized CBT (Think, Feel, Do) for depression and anxiety in children and adolescents: outcomes and feedback from a pilot randomized controlled trial. *Behavioural and Cognitive Psychotherapy*, 39, 273-284.
- Wuthrich, V.M., Rapee, R.M., Cunningham, M.J., Lyneham, H.J., Hudson, J.L., & Schniering, C.A. (2012) A randomized controlled trial of the Cool Teens CD-ROM Computerized Program for Adolescent Anxiety, *Journal of the American Academy of Child and Adolescent Psychiatry*, 51, 261-270.

Membership Renewal Form

If you have not yet renewed your SIG membership for the 2013-2014 academic year, here's your chance! You can either complete and mail this form with your dues check or complete the membership renewal form online at www.childanxietysig.com. Thanks for renewing your membership!

Name: _____

Please check one: ___ I am renewing my SIG membership
 ___ I am joining the SIG

Membership Status: ___ Professional (\$10 annual dues)
 ___ Student (\$5 annual dues)

Address: _____

Phone: _____

Email: _____

Are you currently a member of ABCT? ___ Yes ___ No

(You must be a member of ABCT to be a member of the SIG)

Would you like to be added to the SIG listserv? ___ Yes ___ No

Dues Payment Instructions

Please send a check or money order in US funds), payable to Child and Adolescent Anxiety SIG, to:

Courtney Weiner, Ph.D.
Child & Adolescent OCD, Tic, Trich, and Anxiety Group
University of Pennsylvania
3535 Market Street
Suite 600 North
Philadelphia, PA 19104

OR

Use **Paypal** in 5 easy steps:

1. Go to www.paypal.com. To complete the following steps, you must be a registered PayPal member. If you aren't registered already, follow their directions to "Sign Up," then continue with the following steps:
2. Login to your account.
3. Click on the "Send Money" tab.
4. Enter **childanxietysig@yahoo.com** as the recipient's email address.
5. Enter the amount (\$5 for Students and \$10 for Professionals) and currency type, then hit "Continue."
6. Enter credit card information, review, and hit "Send Money."

Save the Dates:

ABCT's 48th Annual Convention

