

# The Child & Adolescent Anxiety

# S I G Newsletter

*Advancing the Science and Practice of Youth Anxiety*

*May 2019*

Dear SIG Colleagues,

Hope this newsletter finds you all well!

I'd like to start by introducing myself as the new SIG leader. I am excited to take on this role in continuing to build the SIG and planning for an exciting ABCT conference in Atlanta this November! You might have noticed that this edition of our newsletter is somewhat delayed, which was due to my maternity leave. Thanks for your patience as I welcomed my own little Coping Cat into the world.

I would like to thank Adam Weissman, PhD for his outstanding leadership and hard work over the previous year in planning a truly excellent preconference event and annual conference meeting. Thanks Adam!!

Given that Adam and I were unable to attend ABCT in November due to unforeseen circumstances, I would also like to extend sincere thanks to Anna Swan, Muniya Khanna, Brian Chu and numerous others who were instrumental in helping our SIG conference events run smoothly in our absence. Many thanks as well to our outstanding conference presenters, including Brian Chu, Laura Reigada, David Langer, Doug Woods, Cathy Creswell, Maaike Nauta, Muniya Khanna, Anne Marie Albano, and Dean McKay. Your expertise continues to astound and enrich our academic community.

Congratulations again to our Travel Award Winner Andrew Guzick, M.S. of the University of Florida, who presented his study entitled "Expectancy Violations During Exposure and Response Prevention for Childhood Obsessive-Compulsive Disorder." Congratulations as well to our poster award winner Erin O'Conner for her poster "Instruction in Cognitive Reappraisal and Maternal Accommodation of Child Anxiety Symptoms."

Next, I am pleased to announce the results of our recent SIG election. Please join me in congratulating Dr. Jennifer Blossom who is our new Leader-Elect, Dr. Anna Swan as our new Membership/Treasury Chair, and Drs. Audrey Carpenter and Laura Skriner as our Newsletter Co-Editors. I would also like to welcome our new Student Representatives Charissa Chamorro and Rachel Terry. Continued thanks to our returning executive committee members Dr. Jennifer Hudson (Listserv manager), Dr. Monica Wu (Website Manager), Chris LaLima and Sophie Palitz (student representatives).

We hope you enjoy this spring edition of our newsletter and we're looking forward to an exciting year for the CAASIG! Please feel free to contact our newsletter editors for any comments about the newsletter or if you'd like to contribute to future editions. Furthermore, as we plan for the 2019 ABCT conference events, if there are any hot topics regarding anxiety in youth that you would like to see represented, please feel free to reach out to me by email ([readk@uw.edu](mailto:readk@uw.edu)).

Happy Coping Thoughts!  
Kendra Read, PhD

CAA SIG Leader

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## Did you know?

May 9<sup>th</sup> is National Children's Mental Health Awareness Day!

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**We'd like to congratulate the winning research contributors  
from the 2018 ABCT Convention.**

**Student Travel Award**

**Andrew Guzick, M.S.**, Expectancy violations during exposure and response prevention for childhood obsessive-compulsive disorder

**SIG Poster Expo Winner**

**Erin E. O'Connor, PhD.**, Instruction in Cognitive Reappraisal and Maternal Accommodation of Child Anxiety Symptoms

## Expectancy violations during exposure and response prevention for childhood obsessive-compulsive disorder

Andrew Guzick, M.S.

**Introduction:** Exposure and response prevention (ERP) is the key component in cognitive-behavioral therapy (CBT) for youth with obsessive-compulsive disorder (OCD; Freeman et al., 2014). Understanding the mechanisms of ERP may help refine CBT and improve treatment outcomes. Craske and colleagues (2008; 2014) provided the most recent, comprehensive review of the mechanisms of exposure, proposing an “inhibitory learning” approach that emphasizes violating feared expectations to promote extinction learning.

Unfortunately, feared outcomes cannot always be violated during ERP, as childhood fears may be vague or not directly refutable (e.g., fears of losing salvation for religious wrongdoing). Further, children with OCD often engage in rituals without articulating an associated feared outcome (Geller et al., 2001). An alternative could be violating expectations of distress, as people often overestimate the magnitude of their negative emotional reactions, a phenomenon termed “affective forecasting” biases (Wilson & Gilbert, 2013). If youth expect that ERP tasks will be more distressing than they actually are, they may learn that exposure is more tolerable than anticipated, facilitating associations between a feared stimulus and manageable emotional reactions, which may also enhance therapeutic engagement and self-efficacy.

One study has investigated affective forecasting during ERP, finding a non-significant relationship between expectancy violations and treatment outcome (Kircanski & Peris, 2015). This study built on this work by investigating the following aims: 1) to estimate how often affective expectancy violations occur during ERP, 2) to test whether expectations become more accurate across the course of therapy, and 3) to evaluate whether youth who make more substantial, frequent over-predictions of distress experience improved treatment outcome.

**Methods:** Participants were 33 youth (ages 8-17) with OCD participating in CBT. The parent-report Children’s Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) was administered every session. Expectations of distress and actual distress caused by the first exposure of each session were measured with a 0-10 subjective units of distress scale (SUDS). Prediction accuracy was measured by subtracting the actual SUDS from the expected SUDS, and were considered expectancy violations when the actual SUDS fell outside one standard unit of measurement of the expected SUDS, which was calculated to be 1.46 units (Harvill, 1991). Multilevel modeling (MLM) was used to assess prediction accuracy and symptom severity across treatment.

To test whether expectancy violations change across therapy, an MLM was conducted with expected distress as the dependent variable and actual distress as the first covariate.

Other independent variables were session number, age, psychotropic medication status, baseline symptom severity, and treatment frequency (daily vs. weekly). To test whether prediction accuracy corresponded with treatment outcome, an MLM using the CY-BOCS as the dependent variable was conducted using the same control variables described above. The final nested model tested the interaction between session number and child predictor status (i.e., whether children who were categorized as over-predictors experienced improved treatment outcome) and the interaction between session number and the standard deviation of each child's prediction accuracy (i.e., whether variability in prediction accuracy corresponded with treatment outcome).

**Results and Discussion:** Across 322 ERP sessions, over-predictions occurred 36% of the time and accurate predictions occurred 53% of the time. Eight youth (24%) were “over-predictors,” while 24 (72%) were “accurate predictors” based on their average expected SUDS vs. actual SUDS discrepancy.

The MLM predicting expectancy violations did not find age, treatment frequency, or medication status to improve the fit of the model,  $ps > .10$ . Under-predictions were less common towards the end of therapy as youth experienced less severe OCD,  $b = .11$ ;  $p = .001$ .

The MLM predicting CY-BOCS scores did not find medication status, treatment frequency, or age to improve the fit of the model,  $ps > .23$ . Expectancy violation variables significantly improved the fit of the model,  $\chi^2(2) = 10.81$ ,  $p = .004$ , with a significant interaction between session and expectancy variability,  $b = -.29$ ,  $p < .01$ ; youth with greater variability in prediction accuracy were found to experience more symptom reduction across treatment. The half of the sample with higher prediction accuracy variability experienced a 13-point CY-BOCS reduction, while the lower half evinced a 9-point reduction. A partial correlation between the SD of prediction accuracy and number of over-predictions when controlling for total number of predictions was positive and significant,  $r = .38$ ,  $p = .033$ , suggesting that youth with more variable prediction accuracy had a higher proportion of over-predictions.

Findings suggest that youth with more frequent affective expectancy violations during ERP experience more symptom reduction during CBT, supporting the inhibitory learning approach to exposure therapy. The frequency of over-predictions of distress was less common than expected, as children and adolescents accurately forecasted their SUDS within one unit over half of the time. Under-predictions of distress were more common at the beginning of therapy.

The present study was the first to demonstrate the importance of expectancy violations in promoting symptom reduction during CBT for childhood OCD or anxiety. Clinicians may consider attempting to design ERP exercises that maximize expectancy violations. Future research should continue to investigate other mechanisms of exposure for childhood anxiety.

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## Instruction in Cognitive Reappraisal and Maternal Accommodation of Child Anxiety Symptoms

Erin E. O'Connor, Ph.D.,<sup>1</sup> David A. Langer, Ph.D.,<sup>2</sup> Jonathan S. Comer, Ph.D.,<sup>3</sup> & Martha C. Tompson, Ph.D.<sup>4</sup>

1. Alpert Medical School of Brown University, ABCT member
2. Suffolk University, ABCT member
3. Florida International University, ABCT member
4. Boston University, ABCT member

Family accommodation, the involvement of caregivers in facilitating avoidance of or alleviating distress caused by anxiety-provoking stimuli, is an important mechanism in the development and maintenance of youth anxiety. Clinical literature and treatment manuals acknowledge the potential for parent accommodation to reduce the effectiveness of treatments, yet many do not offer theory-based recommendations for how to directly address it.

This multimodal investigation used data from a larger study examining correlates of maternal accommodation among treatment-seeking anxious youth (ANX, n=18) and non-anxious community control youth (CC, n=29). This study examined maternal distress in the context of child distress and attempted to reduce maternal distress and accommodation using a brief one-session intervention. Mothers of youth aged 4-9 completed self-report measures and viewed what they believed to be their child's distress level during a quiz game while self-reported distress and likelihood of accommodation (reducing child quiz game difficulty) were measured. These measures were then re-administered following a brief experimental intervention in which mothers were randomized either to receive cognitive reappraisal instruction (EXP) or a control condition (CON).

Contrary to hypotheses, mothers of ANX youth did not demonstrate a greater likelihood of accommodation during the child distress task. Although the child distress task did not significantly invoke maternal distress, mothers in the EXP group showed greater decreases in likelihood of accommodation following the intervention compared to the CON group. These findings provide preliminary support for using instruction in reappraisal to impact accommodation. Providing specific strategies to assist parents in modulating their anxiety may help reduce parental accommodation in interventions for youth anxiety.

## **Kids FACE FEARS Trial: A Landmark Comparative Effectiveness Study Comparing Face-to-Face and Online CBT for Child Anxiety**

As summarized by:  
Aubrey Carpenter, PhD  
University of Vermont

This newsletter is pleased to spotlight the recently funded “Kids FACE FEARS” trial, a large-scale, multi-site pragmatic child anxiety treatment study, otherwise known as the “Face-to-face And Computer-Enhanced Formats Effectiveness study for Anxiety and Related Symptoms” The study is funded by a roughly \$12 million dollar contract from the Patient-Centered Outcomes Research Institution (PCORI), awarded to Donna Pincus, PhD (Boston University and the Center for Anxiety and Related Disorders), Lisa Fortuna, MD, MPH (Boston Medical Center) Jonathan Comer, PhD (Florida International University and the Mental Health Interventions and Technology Program) and Michelle Porche, Ph.D. (Boston University and the Wheelock College of Education). Across four U.S. regions, the Kids FACE FEARS trial will compare face-to-face versus online/digital treatments for youth anxiety in a sample of almost 2,000 children and adolescents identified with elevated anxiety in primary care and pediatric health settings.

Designed to address known shortages in the accessibility and acceptability of quality CBT for child anxiety, Kids FACE FEARS aims to leverage technology and to utilize frontline providers in pediatric health settings (rather than anxiety treatment specialists) to expand the reach and scope of quality care. We are excited on behalf of the field to emphasize that this is the largest study of child anxiety treatment to date, and will include at least 9 different frontline care settings across the country (some of which include our very own CAA SIG members!). Below we provide an overview of the study’s aims, eligibility criteria, and timeline. We look forward to highlighting the team’s findings in several years, which will undoubtedly benefit the clinical and research initiatives at the heart of our SIG.

**Study Aims:** The Kids FACE FEARS study aims to compare two different methods of CBT delivery —i.e., therapist-led, face-to-face care (from frontline therapists receiving CBT training consultation) versus self-administered, online intervention with biweekly therapist phone support – for youth with mild to moderate anxiety presenting to diverse pediatric health settings across the country. Whereas the primary aim of the Kids FACE FEARS trial is to compare the effectiveness of face-to-face versus online treatment for youth anxiety in diverse pediatric healthcare settings, an important aspect of this study, afforded by the large sample size and diverse subject pool, is the emphasis on evaluating mediators and moderators of treatment response by subpopulation. This study aims to investigate key factors that may explain heterogeneity in responses to both acute care and maintenance of gains over a two-year follow-up. A unique aspect of this study is the research team’s emphasis on optimizing patient-centeredness and generalizability of



gains by including parents, patients, providers, and key stakeholders across all aspects of the project.

**Study Description:** Participating youth will be those identified in universal screenings in primary care and pediatric health settings who are ages 3-18 with mild to moderate anxiety and who speak English or Spanish. Identified youth will be randomly assigned to either face-to-face treatment (conducted by frontline providers in pediatric health settings who are receiving CBT training and consultation) versus online treatment with minimal therapist involvement. Face-to-face and online treatments for each child are drawn from age-matched programs from the *Cool Kids* suite of therapist-led and computer-based CBT programs developed by Ronald Rapee, PhD and colleagues. In addition to evaluating patient perspectives and independent evaluator ratings of patient-centered outcomes and overall treatment response, the research team is evaluating the specific contributions of patient-specific and contextual factors (e.g., technological literacy, Internet access, distance to clinic, resources, comorbid mental health problems), therapist factors (e.g., therapist attitudes about exposure therapy and evidence-based treatments, therapist attitudes about technology-based treatments), and organizational factors (e.g., organizational climate and support). Outcomes will be evaluated based on assessment of child- and parent-report of anxiety symptoms, anxiety-related interference on functioning, family stress, treatment satisfaction, and feedback on the intervention itself.

**Involved Leadership:** The project is beginning with nine sites across four major U.S. regions who will identify eligible patients. Major academic institutions and hospital networks involved include Boston Medical Center (Boston MA), Boston University (Boston MA), Florida International University (Miami FL), Nicklaus Children's Hospital (Miami FL), Johns Hopkins Medical Center (Baltimore MD), University of Washington (Seattle WA), and Seattle Children's Hospital (Seattle Washington). Key PIs, co-Investigators, and collaborators for the collaborative Kids FACE FEARS trial include Donna Pincus PhD, Lisa Fortuna MD, Jonathan Comer PhD, Michelle Porche PhD, Kathleen Myers MD, Ronald Rapee PhD, Andrea Spencer MD, Dana McMakin PhD, Larry Wissow, MD MPH, Jami Furr PhD, Molly Adrian PhD, Kendra Read PhD, Jennifer Hudson PhD, and Stefany Coxe PhD. In addition, several core committees have been created to oversee the various aspects of the project. These include the **Research Core** (Dr. Pincus, Dr. Fortuna, Dr. Comer, Dr. Porche, Dr. Wissow, and Dr. Rapee) is focusing on the organization and management of each site's team, qualitative interviews, and engagement of stakeholders. The **Training and Fidelity Core** (led by Dr. Pincus, and including Annie Dantowitz MSW and Jami Furr PhD) is responsible for providing CBT training and consultation to all study clinicians across the four regions. The **Technology Core** is managing access to the *Cool Kids* suite of programs, and is led by Ron Rapee PhD, and Jennifer Hudson PhD, the co-creators of the programs. Finally, the **Data and Statistical Core** is responsible for data collection, management, and analysis, and is led by Dr. Comer and biostatistician Stefany Coxe PhD.

As they say, it takes a village, and we are excited that this village has teamed up to further our understanding of how to optimize and expand access to CBT for child anxiety for youth presenting to a broad range of diverse healthcare settings. Congratulations to the research team, and we look forward to learning about your findings over the coming years!



## **Anxiety in the Media: An interview with director of UNSTUCK: An OCD kids movie**

As summarized by:  
Laura Skriner, PhD  
Behavioral Care Center of New Jersey

In 2017, filmmakers Kelly Anderson and Chris Baier released their film, UNSTUCK, which documents OCD through the eyes of kids and teens with the disorder. Recently, I had the chance to interview Kelly and learn about her inspiration for and experience making the film. Kelly is a filmmaker and professor at Hunter College and the director of the film. She is also the mother of a child with OCD. Kelly was lucky enough to find her way to exposure and response prevention treatment for her daughter and through the film has been able to inform a broad audience about treatment. Below is a recap of our recent conversation:

**I understand that your daughter has OCD, and that is what inspired you to make the film. Can you tell me a little about your journey to finding evidence-based treatment?**

My daughter was already diagnosed with Autism Spectrum Disorder and had a therapist to help manage that, but when the OCD came on it was pretty dramatic and clear that we needed something targeting OCD. I joined a Yahoo OCD Parent group and ended up connecting with Chris Baier, who I ended up making the film with. His child also had OCD, and he was putting together a support group for parents of kids with OCD. It was through this support group that I found out about Dr. Ariz Rojas's clinic at Mount Sinai focused on Tics and OCD. She was running a support group for kids with OCD. My daughter started attending the group and eventually started seeing Dr. Rojaz for ERP. It was really effective, the ERP really worked! And it was actually shocking to me that it was so effective.

**How did you then come up with the idea to make UNSTUCK and to profile kids as OCD experts telling about their experiences with OCD and ERP.**

I met a lot of other parents from attending the groups at Mount Sinai; and when you're a parent of a kid with OCD you're kind of in another world. So we were all feeling kind of desperate and upset. At the same time, I was trying to figure out what to do for my next film project and realized I wasn't really doing my own research because I was just obsessively trying to deal with this OCD situation and so I thought, 'maybe I should turn my lens on this.' I quickly realized that there wasn't a lot of good media out there with kids, but I didn't want to show the kids going through ERP because of the ethics of that; I didn't want to exploit them. Then, one day I was driving my daughter and some of the other kids home from an OCD summer camp and I heard the kids talking in the back of

the car about their OCD with such smart and articulate language, and it was really so insightful. I thought, ‘oh, this is what we should do. Have no grown-ups and just have the kids speaking as the experts they are, telling their story from a position of strength. So that’s how the idea came.

**Can you tell me a bit about the feedback you have received about the film?**

Having the kids be the experts was really important, because kids don’t really listen to grownups and therapists the way they listen to other kids. So we had this experience where kids hearing other kids was an incredible motivator to participate in therapy. And it was really great to see it working in that context. Therapists are now showing the film to other kids who are then getting motivated. We get Facebook messages from parents saying, “My kid just watched the film and are now trying exposures on their own.” So you never know what is going to happen with films. We actually thought it would mostly be for parents and it ended up being really useful in therapy contexts for the kids. And it’s getting used in other ways too, like in universities in Psych 101 classes, something we never intended.

**It seems like the film has had quite an impact, can you tell me a little more about how the film has been used?**

I think the film has alerted some to the value of CBT and ERP. I think a lot of people end up going to a therapist who ends up just putting their kid on medication and they don’t understand that that’s not really the first line treatment. It was nice to make a film that showed that if you can get to the right therapy it can have a significant impact on this illness. And so that was something that we wanted to share with parents. As far as broader impact, all the major OCD facilities, like Rogers, McLean, UCLA, have bought the film and are using it as a first introduction to families to give them the lay of the land. Schools and public libraries have been buying it to help increase general awareness. It’s also been screening all over the country as a part of a festival called Real Abilities. We’ve translated it into several different languages and had screenings globally in places like Russia and Greece. The global reach has been really important because it’s even harder to access treatment in other countries.

**What do you think were some of the most important parts of the film and how did you choose what to highlight?**

There were different things that were really important for us to include in the film. Like even the definition of obsessions and compulsions. And we really wanted to highlight common experiences. For example, one kid in the film, Jake, says “We were going to all these therapists who thought they knew how to treat OCD but they really didn’t,” and including that was really important to us because so many people have that experience. Another important part was when Ariel said, “At first I was on a 6 hour a day program and then was doing so well they let me do 3 hours a day,” that was really important for us to include to show how serious OCD is, that it’s not just a minor inconvenience.

**Did the kids have any reactions to being in the film?**

Yes, because they became like superstars. When we premiered the film at the OCD Conference in San Francisco 2017, they were all on a panel and they got a standing ovation. It was this incredible, feel good moment. So for the kids to stand up and say, “I have OCD, and I fought it and I’m a resource for you,” has been incredibly transformative for them. And a lot of them have changed their sense of what they want to do with their life. A lot of them want to do something in the health careers to help others with OCD.

**Was there anything that you’ve learned from making the film that really surprised you?**

I learned that tools that kids learn in OCD treatment are so applicable to life and to the things that we are all dealing with. And that was a really moving thing. At the end of the film, Ariel says, “You know, I learned that just because I think something doesn’t mean it’s true.” So I think the lessons in the film really speak even beyond the OCD community. And I was pretty surprised at how articulate and self-aware the kids were. I think it had to be through the therapy that they received. So it made me really believe in CBT, and made me really appreciate behavioral therapy.

**What else has come from making the film, how else have you been getting the message out about OCD and ERP?**

We made a 5 part series of short films called “Unstuck: Extra Help,” which are short videos for therapists to use in session with the kids talking about topics like “My first exposure.” And Chris does a ton on social media. He just did an online conference called OCD Construct that several thousand people joined and that you can watch online, and he does a thing on Facebook where guest kids come and do a live question and answer sessions. And the OCD Foundation just created a Youth Hero Award named after the film.

**Thank you so much for taking the time to share more about the film!**

For those readers interested in learning more or viewing the film, please visit the website at <http://www.ocdkidsmovie.com>. In addition to the movie, there is a wealth of helpful resources and links.

**The film is available for one-time rental or purchase at:**

<https://www.newday.com/film/unstuck-ocd-kids-movie>

And for our newsletter readers can get a **20% discount** with the code:

**UN SABCT19**



## Who's In the News?

Check out two recent NYT articles below for some relevant pieces on child anxiety and intensive treatments for anxiety and OCD!

The New York Times

### ***With Short, Intense Sessions, Some Patients Finish Therapy in Just Weeks***



This article highlights several nationwide programs that specialize in providing intensive treatments for anxiety and OCD for both children and adults. It also features several research updates, including a brief summary of the noteworthy meta-analysis published by Dr. Lars-Goran Ost and Dr. Thomas Ollendick in 2017, which evaluated intensive and standard CBT for anxious youth. Check it out if you haven't done so already!

<https://www.nytimes.com/2018/08/13/health/ocd-concentrated-therapy-cbt.html>

The New York Times

### **How to Help a Child With an Anxiety Disorder**

When worrying gets in the way of a child's functioning, parents need to get help rather than arranging the child's life to avoid the occasions of anxiety.



This article, written by a pediatrician, highlights the September 2018 report on child anxiety put out by the Child Mind Institute, and features some thoughtful commentary from CMI staff and Dr. Kathleen Merikangas of the NIMH. This piece nicely summarizes our most up to date understanding of the prevalence of child anxiety disorders, how to work with our multidisciplinary colleagues in pediatrics and education to identify and make appropriate referrals when child anxiety is present.

<https://www.nytimes.com/2018/10/01/well/family/how-to-help-a-child-with-an-anxiety-disorder.html>

# SAVE THE DATE!

## ABCT 2019 Convention



**Atlanta, GA**  
**November 21<sup>st</sup> – 24<sup>th</sup>**

Check out the [www.childanxietysig.com](http://www.childanxietysig.com) page for information about the 2019 Child Anxiety SIG pre-conference scheduled for November 21<sup>st</sup> – details coming soon!

To register for the pre-conference, follow the instructions at the bottom of the ABCT Pre-Conference page:  
<http://www.childanxietysig.com/2473.html>

## Call for Poster Submissions

Please see the SIG website for details regarding submission requirements.  
Submissions will be due no later than **August 15, 2019**

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## Call for Student Travel Award Submissions

Please see the SIG website for details regarding submission requirements.  
Submissions will be due no later than **August 15, 2019**

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## Call for Applications for Membership on the Executive Committee

This year's open positions include:

### SIG Leader Elect

This position will entail serving from November 2021 until November 2022. Please contact Kendra Read for more information about this position;

[kendra.read@seattlechildrens.org](mailto:kendra.read@seattlechildrens.org)

### Website Editor

Please contact Monica Wu for more information about this position;

[monicawu@mail.usf.edu](mailto:monicawu@mail.usf.edu)

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Finally, just a friendly reminder to **please pay your annual dues by August 15, 2019** to ensure you are up to date ahead of submission time and the conference itself! Please visit [www.childanxietysig.com](http://www.childanxietysig.com) for more information about paying dues via PayPal or check. Looking forward to seeing everyone in November!