

The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.



Center for
Children and
Families

Workshop

Adolescents, Anxiety, and the Tasks of Development

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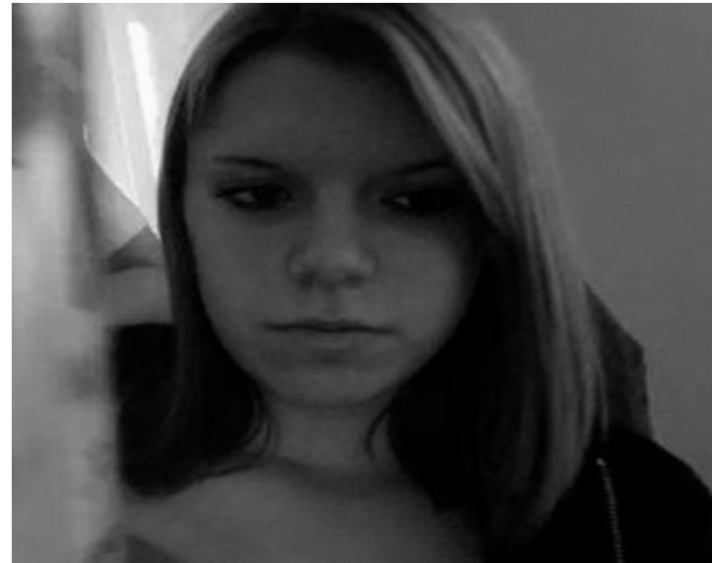
Overview

- When it all begins...
- Treatment as it now stands...
- The storm and stress of anxiety in adolescence
- A developmentally informed treatment model

Part 1 of 4

Where do we begin?

**Anxiety is developmental, multifactorial,
and transactional.**



Developmental aspects

- **Anxiety is expected and normal**
- **Temperament sets the stage....**
- **Manifestations of anxiety vary with age**

Developmental Progression

All children express fear

Preschool: Imaginary, Objects/situations

**Grade School: Health/harm,
Scrutiny/Competence**

Adolescence: Social Adequacy & Performance

Progression of anxiety disorders

Preschool: Objects/situations

Grade School: Worry

Adolescence: Evaluation/Rejection/Panic

What are the risks for anxiety?

Temperament

Genes

Parenting
style

Early
Experience

Coping
resources

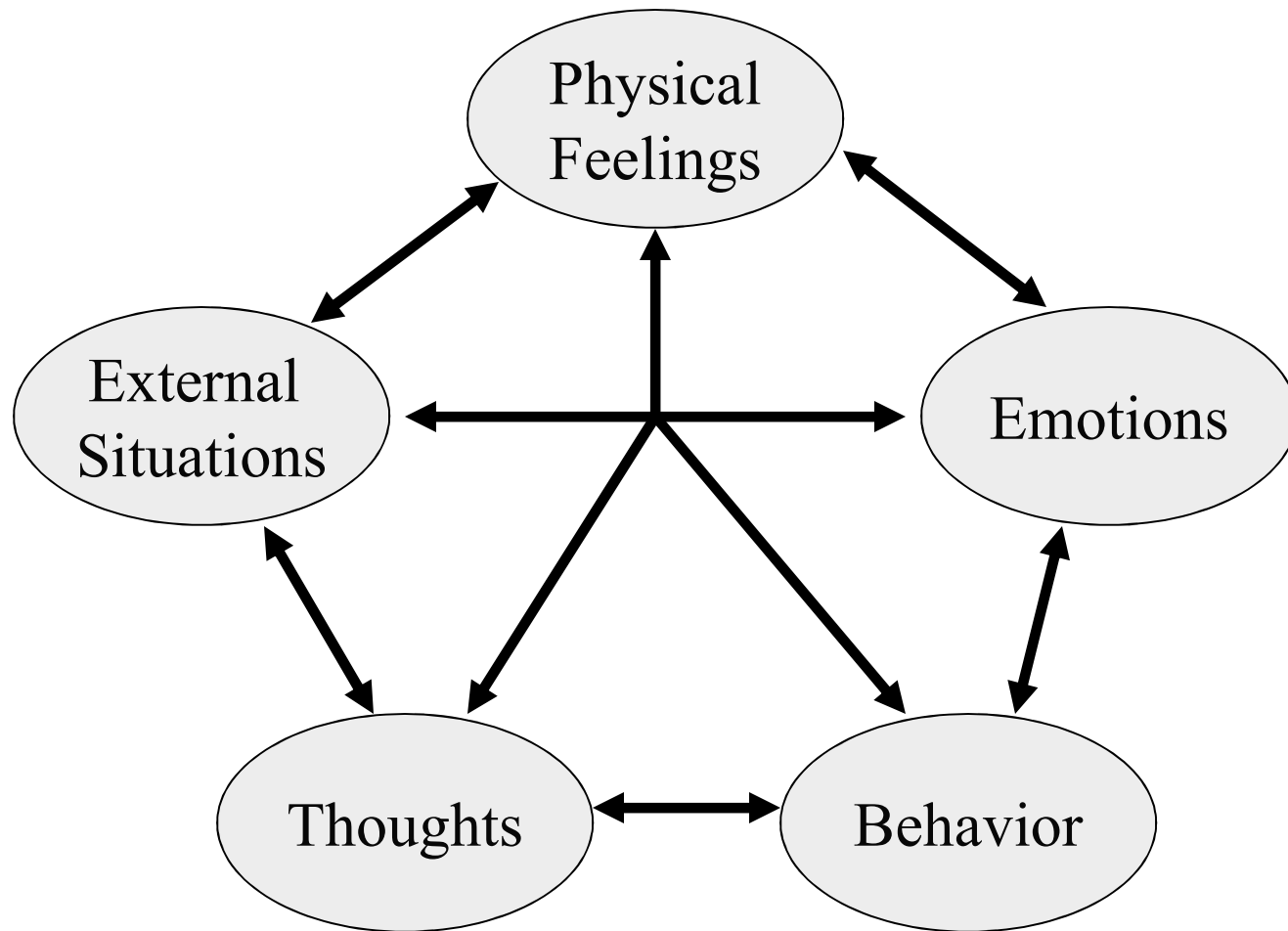
Parental anxiety
or depression



Transient episodes of anxiety

- **Are expected and cause relatively little interference in functioning**
- **Are associated with circumscribed events (e.g., thunder; new situations; oral report; teasing)**
- **Are overshadowed by the cumulative effect of positive reinforcement delivered by peers, parents, and teachers (habituation occurs)**

What sets off anxiety?



When is anxiety a "disorder"?

- Avoidance
- Interference
- Distress
- Duration



Slide borrowed from
Philip Kendall and his
students

DSM-IV Anxiety Disorders

- **Separation Anxiety Disorder**
- **Social Phobia**
- **Generalized Anxiety Disorder**

- **Panic Disorder with/without Agoraphobia**
- **Agoraphobia without history of Panic Disorder**
- **Obsessive Compulsive Disorder**
- **Specific Phobia**
- **Post Traumatic Stress Disorder**

- **(Selective Mutism)**

Child Anxiety “Triad”

Separation Anxiety Disorder

Social Phobia

Generalized Anxiety Disorder

Highly comorbid, similar course, and similar response to same treatments

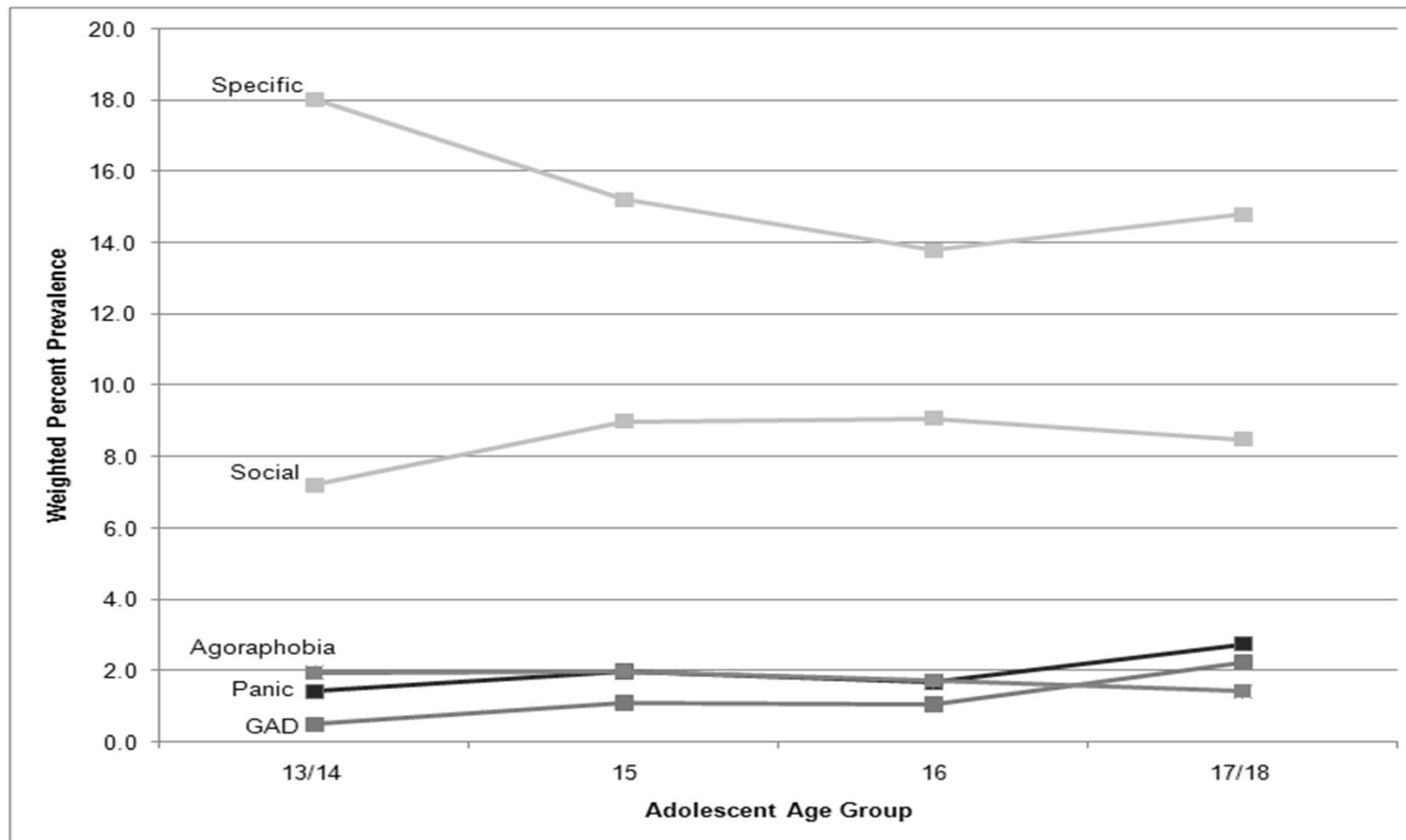
Weighted Prevalence Rates for 12-Month Anxiety Disorders by Sex

	Male (n=4953)		Female (n=5170)	
	%	% SE	%	% SE
Anxiety Disorder				
Agoraphobia	0.9	0.2	2.7*	0.3
GAD	0.8	0.2	1.5*	0.3
Social Phobia	6.1	0.6	10.6*	0.7
Specific Phobia	12.5	0.8	19.3*	1.1
Panic Disorder	1.4	0.3	2.4	0.2
Separation	0.7	0.1	2.5*	0.3
Any Anxiety	18.9	0.8	31.1*	1.6

NCS-A, ages 13-17, N=10,148

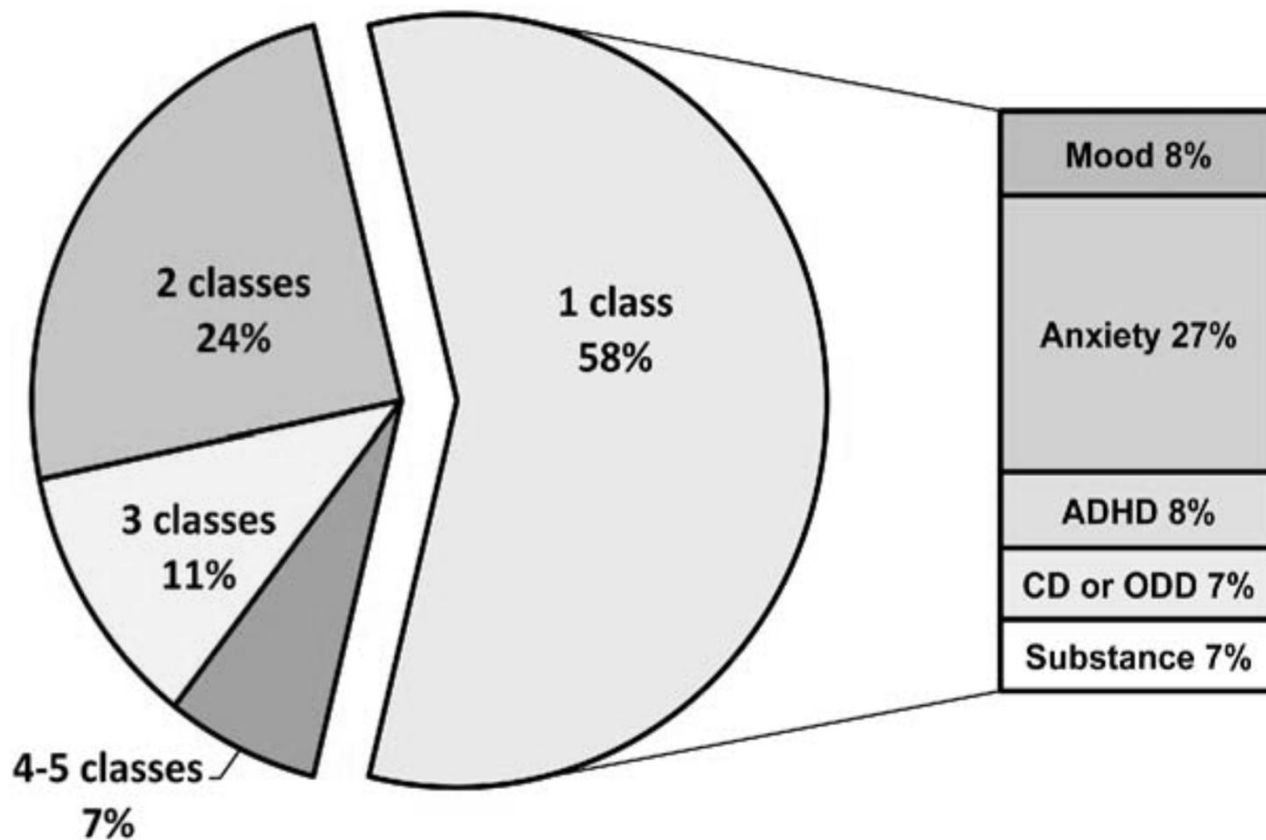
From Burstein et al., 2010

Weighted Prevalence Rates for 12-Month Anxiety Disorders by Age



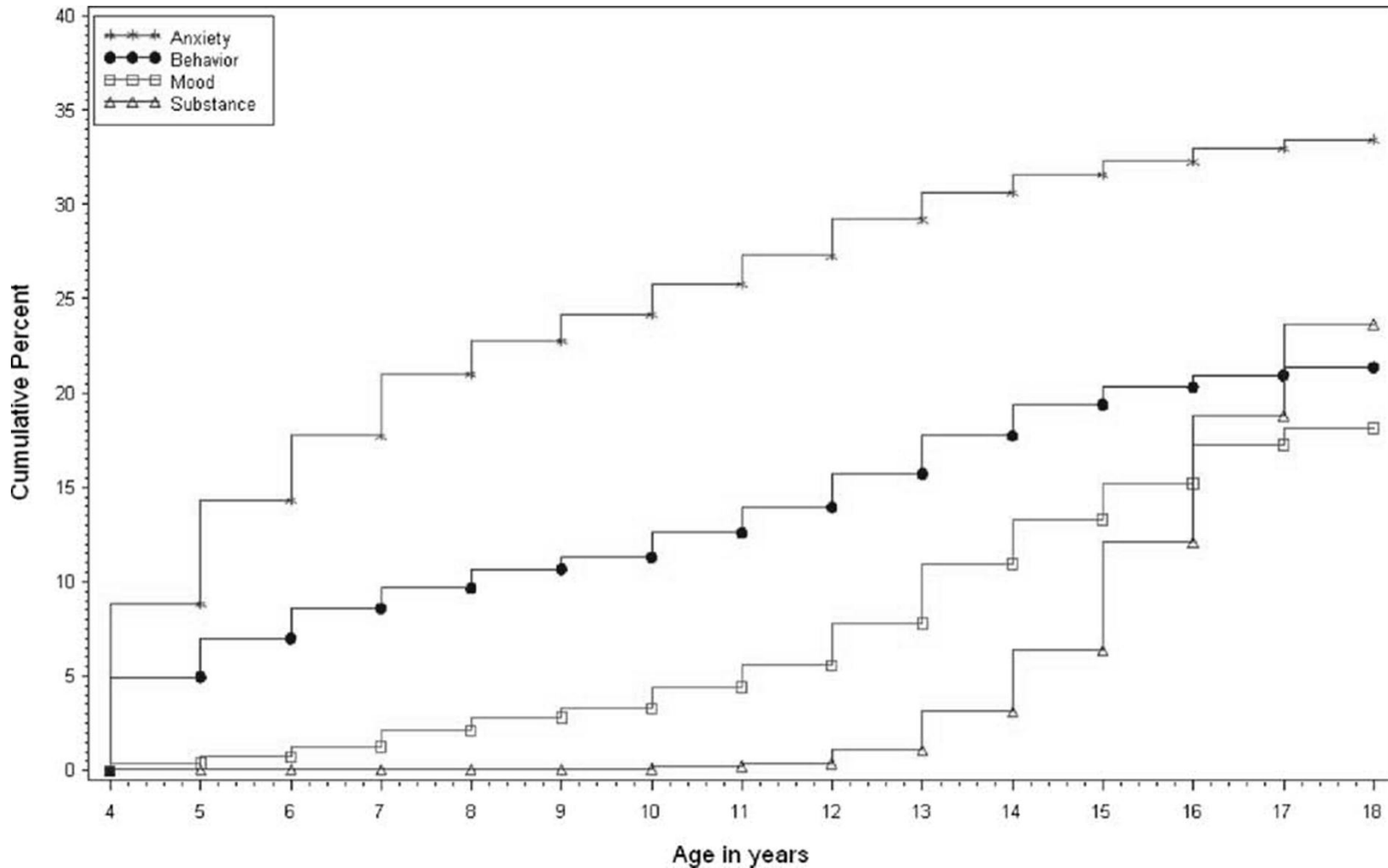
NCS-A, ages 13-17, N=10,148
From Burstein et al., 2010

Distribution of the major classes of DSM-IV disorders among adolescents with at least 1 disorder



N=6,483; Merikangas et al., 2010, *JAACAP*

Cumulative lifetime prevalence of major classes of DSM-IV diagnoses



NCS-A, N=10,123; Merikangas et al., 2010, *JAACAP*

Anxiety as a Gateway Disorder to Nicotine, Alcohol and Illicit Drug Use Disorders

- SAD, Social Phobia, PTSD, Panic Disorder and Specific Phobia:
 - Precede the onset of substance abuse disorders
 - Associated with increased probability of initial onset of SUD
 - Place youth with anxiety at high risk for at least one form of substance dependence

Significance of Anxiety Disorders in Childhood

- Highly prevalent (10% to 20% of youth)
- Significantly impairs social, academic, family and independent function
- Highly comorbid with mood and substance abuse
- Commonly persists into adulthood

Long Term Service Use

- Anxiety in childhood confers 23-fold increased odds of long-term treatment
- Depression in childhood confers 14-fold increased odds of long-term treatment
- May reflect the persistent course of anxiety and/or less success at obtaining symptom relief

Treatment of Anxiety in Youth

- Empirically supported therapies:
 - Cognitive behavioral psychotherapy
 - Medication
 - Combined CBT plus Medication

Goals of CBT

- Educate the adolescent
- Teach self-soothing/somatic management
- Identify and change anxious thinking
- Increase proactive approach behavior
- Extinguish avoidance behavior
- Increase healthy problem-solving
- Facilitate insight and self-efficacy
- Solidify gains and promote generalization

Anxiety-Specific Interventions

- Fear and Avoidance Hierarchies
- Psychoeducation
- Somatic Management
- Cognitive Restructuring
- Exposure plans
- Between-session exposure
- Generalization training and going a step beyond
- Relapse prevention

Child/Adolescent Anxiety Multimodal Study (CAMS)

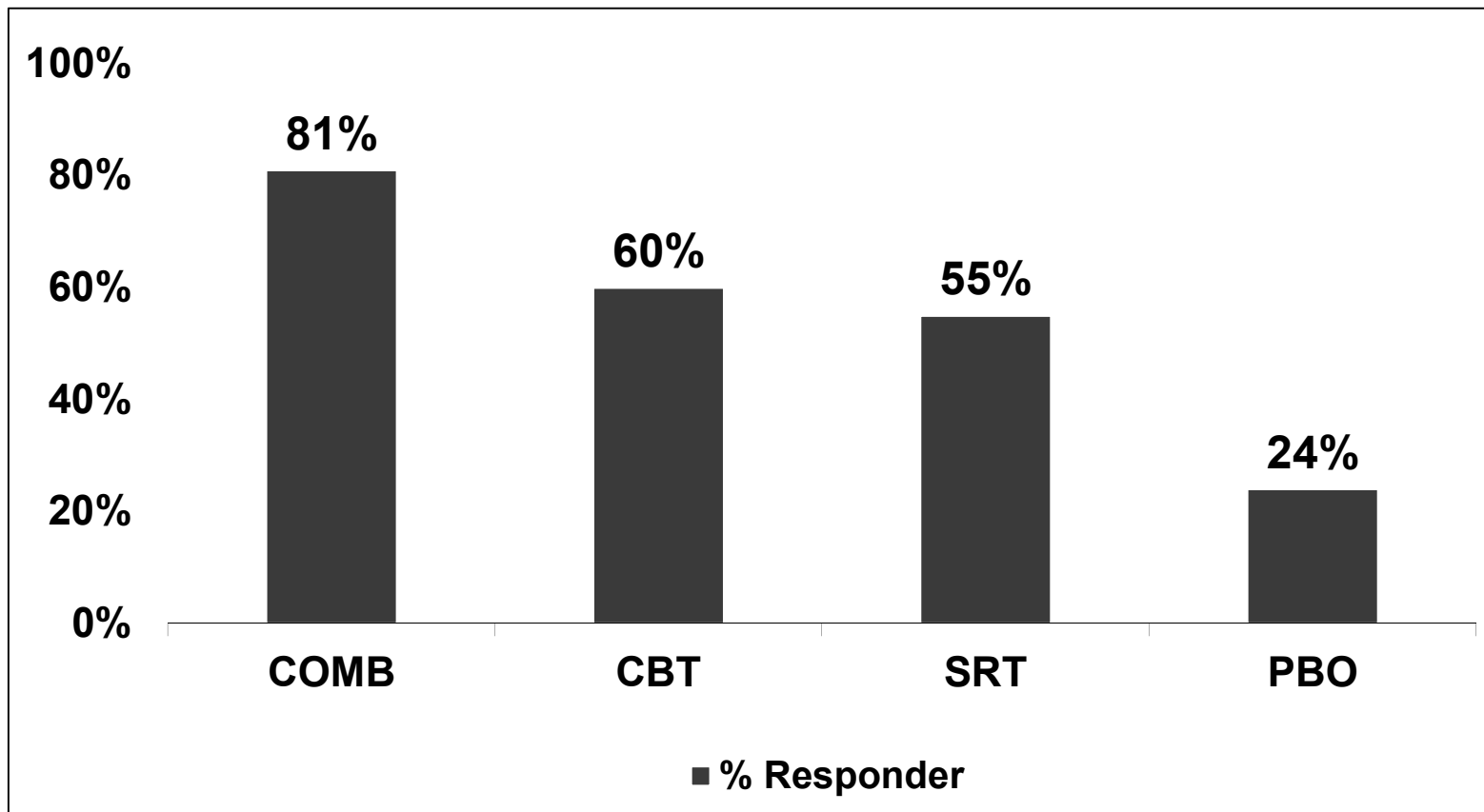
- John Walkup MD, Johns Hopkins
- Anne Marie Albano PhD, NYSPI/Columbia
- John Piacentini PhD, UCLA
- Boris Birmaher MD, WPIC/U Pittsburgh
- John S. March MD, Duke
- Philip C. Kendall PhD, Temple

- Scott Compton PhD, Data Center at Duke
- Joel Sherrill PhD, NIMH

CAMS Overview

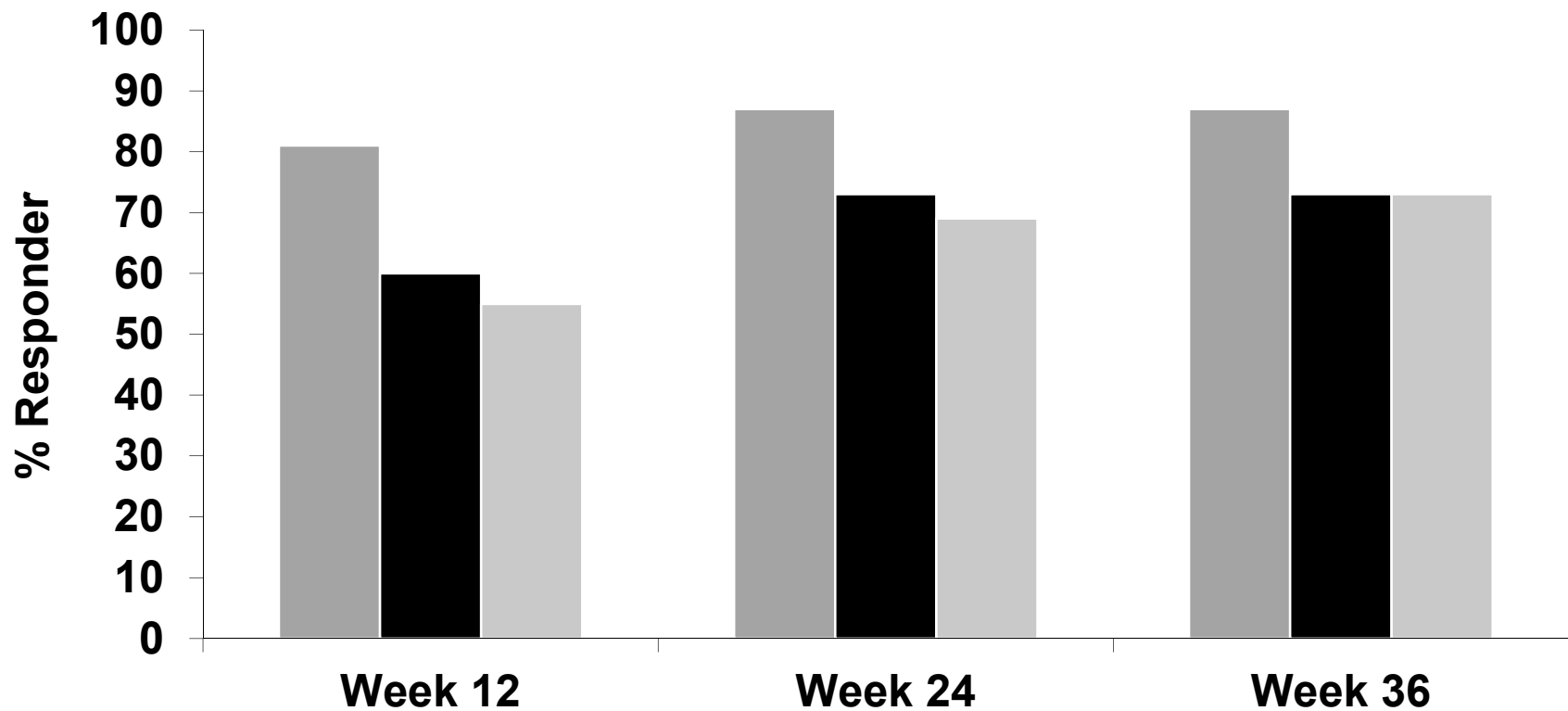
- SAD, SoP, GAD
- N = 488, ages 7-17
- 12-week acute trial: CBT, SRT, Comb, Pill PBO
- Pills-only double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders

Child/Adolescent Anxiety Multimodal Study Acute Outcomes



Walkup, Albano et al., 2008

CAMS Long term Response



Piacentini et al., in
preparation

■ COMB ■ CBT ■ SRT

Limitation of Response Rate Outcomes

- Focus is on symptomatic improvement
 - Less anxious overall
- Functional impairment may persist
 - Still does not attend school; call friends
- Developmental trajectory is not addressed
 - Is the child/adolescent on par with age-related tasks?

Part 2 of 4

The Storm and Stress of Adolescence



Why does anxiety increase in adolescence?

- Complex social cognitive skills develop
- Social comparison skills are formulated
- Peer-group approval becomes important
- Academic demands increase
- Independent social functioning is expected with greater frequency
- Puberty x environment interaction?

Developmental Scourge of Anxiety in Adolescence

- Peer relationships suffer
- Academic decline – school refusal
- Lowers self esteem, self-efficacy
- Limits independent functioning
- Family struggles
- Comorbidity builds quickly over time
- Failure to achieve developmental milestones

Anxiety-provoking situations

- Interviews (college, work)
- Speaking in class/small groups
- Dating
- Unstructured social situations (e.g., parties)
- Meeting unfamiliar people
- Initiating or maintaining conversations
- Assertive behavior
- Talking to authority figures
- Being observed by others
- Taking tests (class, SATs)
- Making independent decisions
- Being wrong
- Performance situations
- Being the center/focus of attention

Adolescent Developmental Milestones

- Emotional independence from parents
- Develop self identify (This is who I am)
- Behavioral independence from parents (assertiveness, task completion, initiative)
- Manage money responsibly
- Make and keep long term friendships
- Take control of personal self care (e.g., sleep, health care, exercise, diet, self-soothing)

More developmental milestones

- Sexual identity
- Form romantic relationships
- Formulate long-term vocational goals
- Complete educational requirements
- Establish financial independence
- Live independently

What does an adolescent need in order to mature?

- Problem solving skills
- Social skills
- Emotion regulation skills
- Realistic thinking
- Perspective
- Anxiety and stress/time management skills

Key *skills* to teach adolescents:

- Self soothing
- Delay of gratification (ouch!)
- Affect regulation strategies
- Positive health behaviors (exercise, diet, sleep hygiene)

What's missing from our
treatments for adolescents?

Bizarro

AT THE RISK OF SOUNDING CLICHE, DOCTOR,
LET ME SAY THAT I HAVE CERTAIN UN-
RESOLVED ISSUES REGARDING MY PARENTS.



PIRARO

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Family Enhancement of Anxious Responding

- FEAR Effect: Barrett, Rapee, Dadds, & Ryan (1996)
 - Family interactions influence child's solutions
 - Non clinic families decreased avoidant responses; Clinic families increased
- Chorpita, Albano, & Barlow (1996)
 - Post-discussion problem interpretation and avoidant plans were related to parental anxiety

Family Interaction Patterns in Adolescents with Social Phobia

- 23 Adolescents: 10 males; 13 females
- Age range 13-17, M=14.39 (1.34); all Caucasian
- Teen provided with ambiguous situation and asked to rate anxiety (0-100) and answer “What would you do?”
- Parents then join teen and discuss how to handle the situation. Discussion is taped and stopped at 10 minutes.
- Teen again seen alone and asked to re-rate anxiety and again answer “What would you do?”

(Albano, Logsdon-Conradsen, DiBartolo, Holt, Heimberg, & Barlow, unpublished)

Ambiguous Situations

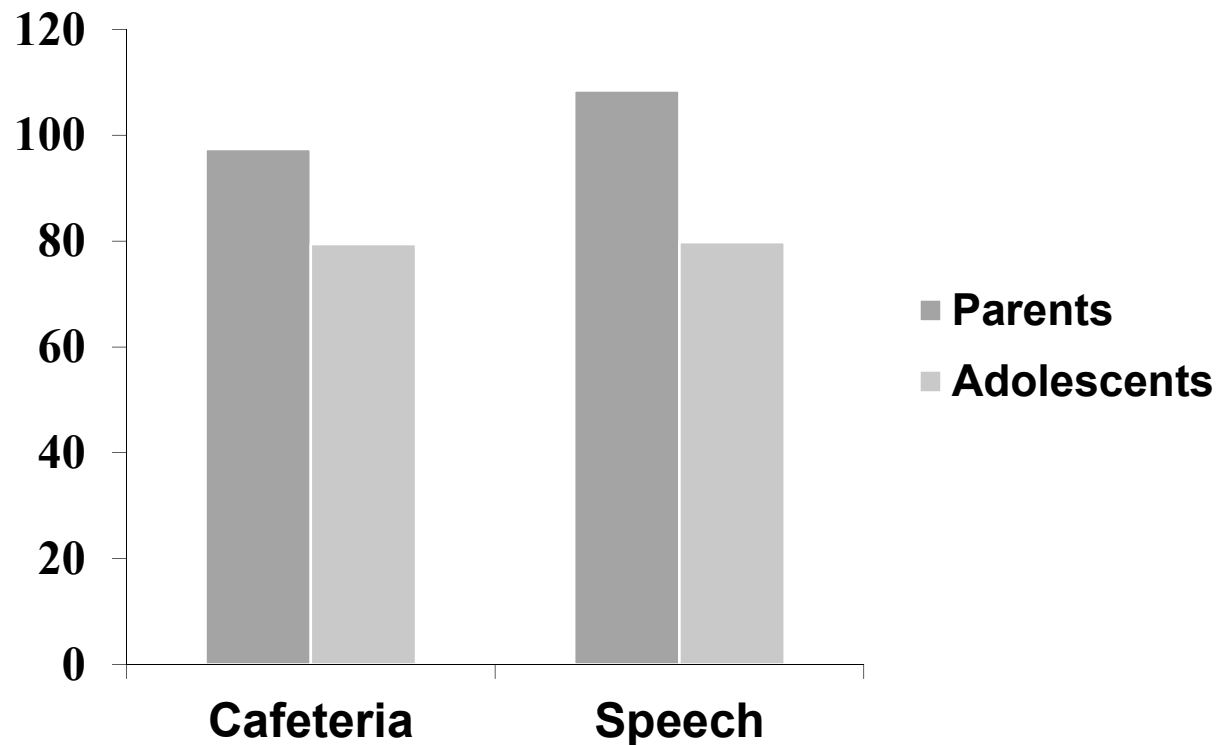
- Cafeteria Scene: *“You go into the cafeteria and sit with a group of kids. Some you know, some you don’t too well. Some of them are popular. Everyone is talking about plans for the weekend. How anxious would you feel? What would you do?”*
- Oral Report Scene: *“You have been assigned an oral report that will weigh heavily in your final grade. It can be about anything you want, but you haven’t been doing too well in that class. There are some popular kids in the class. How anxious would you feel? What would you do?”*

Coding System for Parent-Child Interactions

- Coding of utterances
 - e.g., on/off task, speaker, addressee, affect tone, content
- Content codes
 - Based strictly on what is spoken; minimal interpretation
 - 28 content categories
- Parental anxiety variables
 - Ratio of anxious or anxious-agreement statements to total number of non-anxious statements made by parent

Parents are doing all the talking . . .

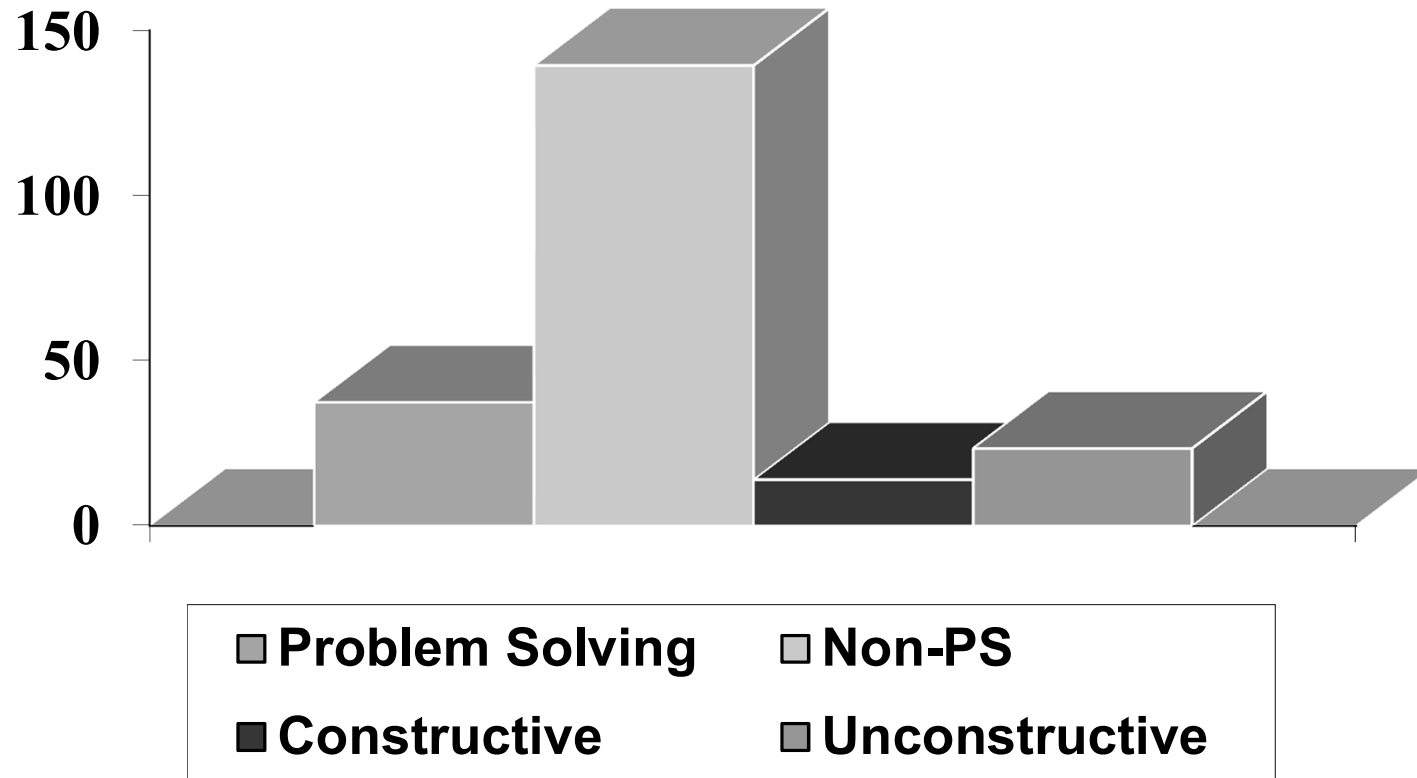
(Means for Codable Statements)



Cafeteria: $t(22) = -2.13, p < .05$

Speech: $t(22) = -3.95, p < .001$

Cafeteria: Mean Code Values



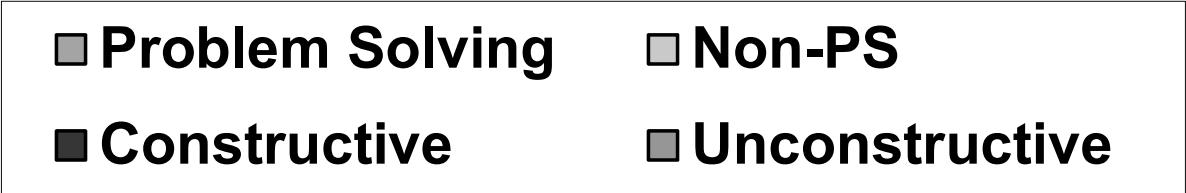
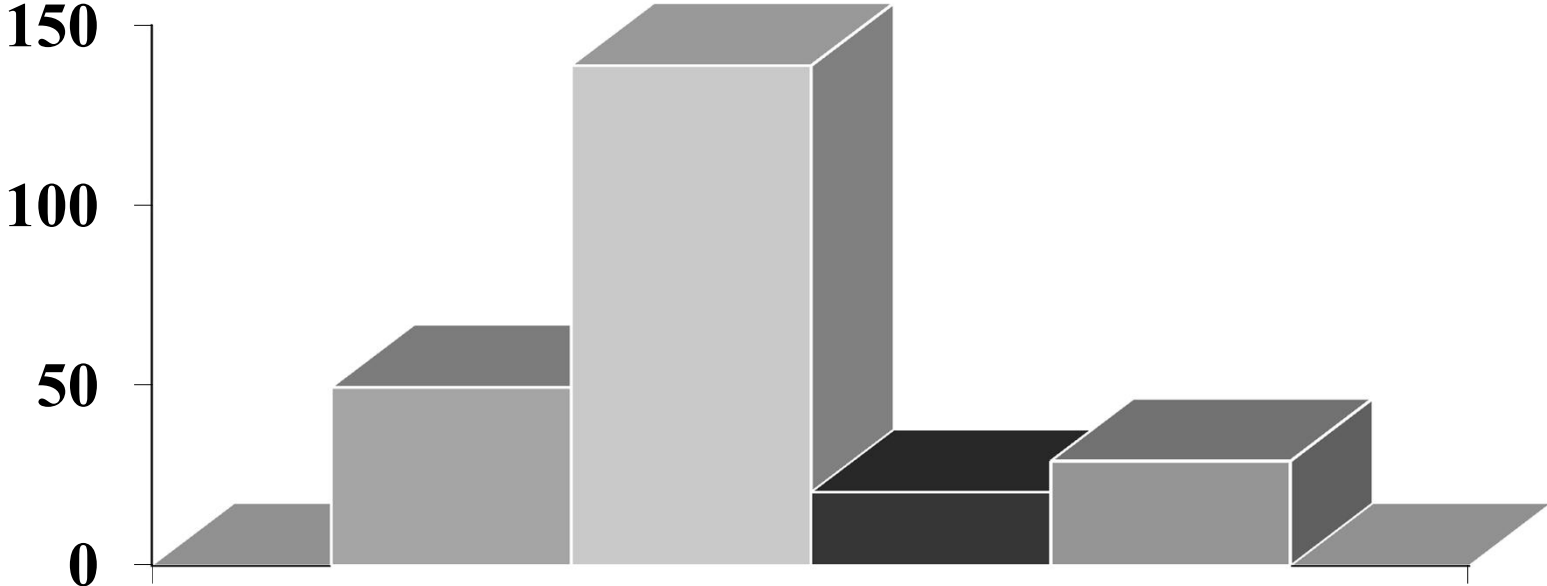
What did the parents say?

- Problem solving
 - What do you think you can do?
 - You could try saying hello to one of the kids who you sort of know.
- Non-problem solving
 - Take out a book and read while you eat.
 - Eat as fast as you can and excuse yourself.
 - Think about vacation or something nice so you don't feel bad about being there.

What did the parents say?

- Constructive
 - If you have something you can share, offer it to the others.
 - If you smile and look up at the kids, they'll talk to you.
- Unconstructive
 - She said there were popular kids there. Won't you feel funny around these kids?
 - You don't go out with any of these kids, so you really won't know what they like to do.

Speech: Mean Code Values



What did the parents say?

- Problem solving
 - You can rehearse this at home a few times before you do it at school.
 - Would you feel better using index cards?
- Non-problem solving
 - Talk as fast as you can.
 - Just look at a spot on the back wall, over everyone's heads.
 - Sometimes you can do an extra written report instead of the oral.

What did the parents say?

- Constructive
 - Remember that everyone gets nervous, not just you.
 - How do you feel after you've accomplished something?
- Unconstructive
 - I always hated giving talks in school. I'd be sick and miss those days.
 - If someone laughs at you, then you should laugh during their talk.

Parental Involvement

- Anxious anticipation of upcoming events
- Attentional focus on social threat cues
- Anticipation of their child experiencing negative thoughts about self and negative evaluation by others
- OVERPROTECTION TRAP

Adapted from Heimberg, 1998

Partial support for the FEAR effect

- Evidence of parental anxious behavior was significantly higher for adolescents who changed from a proactive pre-plan to an avoidant post-plan
- FEAR effect found for cafeteria condition only
- Demands of the speech (awarded a grade) may have led to an “endure with distress” mode

Implications of the study

- Families were not assisting with constructive problem solving
- May further a sense of ineffectiveness and hinder the development of autonomy in the adolescent

Cyber Comfort?

- Adolescents with symptoms of social anxiety or depression:
 - Prefer on line to in person conversation
 - Seek support on line when feeling isolated or depressed
 - Develop new relationships on line

Caplan 2003; 2007; Gross et al. 2002; Morahan-Martin & Schumacher 2003; Peter et al. 2005; Ybarra et al. 2005

Further concern for parents....

- Mothers' undermining of teens' autonomy and relatedness in interactions at age 13 predict youths' preference for on-line communication and relationships at age 20
- These on-line relationships are of poor quality

Szwedo, Mikami & Allen, 2011,
J Res on Adolesc

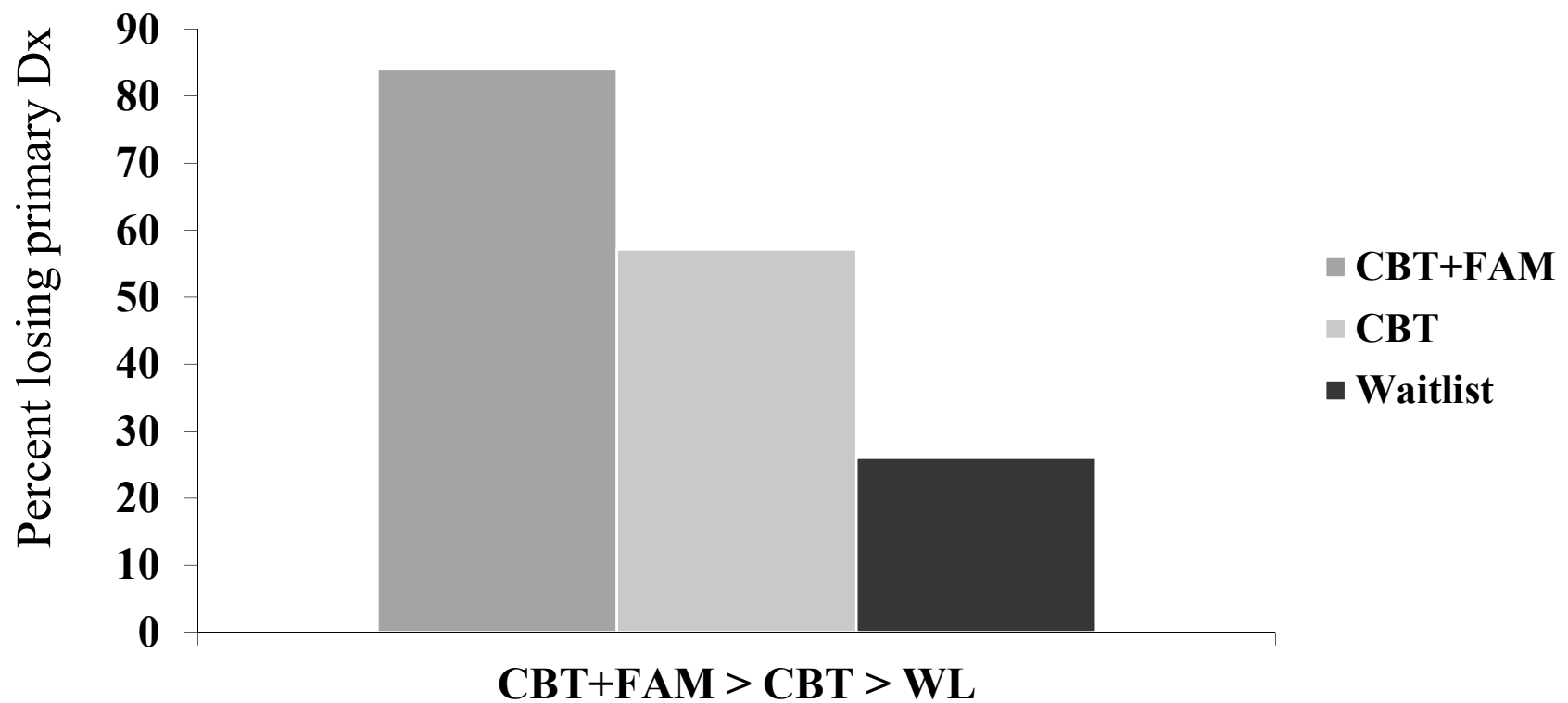
Parent-Training in CBT for Anxiety Disorders

- Teach parents to:
 - Reward child's courageous behavior
 - Extinguish child's fear behaviors
 - Control their own (parent's) anxiety
 - Communicate, problem-solve and model effective coping
 - Contingency management strategies
- Parents often are inadvertently drawn into the cycle of negative affectivity
 - Provide model of negative affect and education
 - Parents as “coaches”/ Transfer of control

Support for Parent Involvement in the Treatment Process

- Studies have shown parent-training (PT) programs together with CBT to be beneficial in the treatment of anxiety
 - Barrett, Dadds & Rapee (1996)
 - Barrett (1998).
 - Cobham et al. (1998).
 - Mendlowitz et al. (1999).
 - Spence, Donovan & Brechman-Toussaint (2000).
 - Shortt et al. (2001)
- These studies used different combinations of parent training components

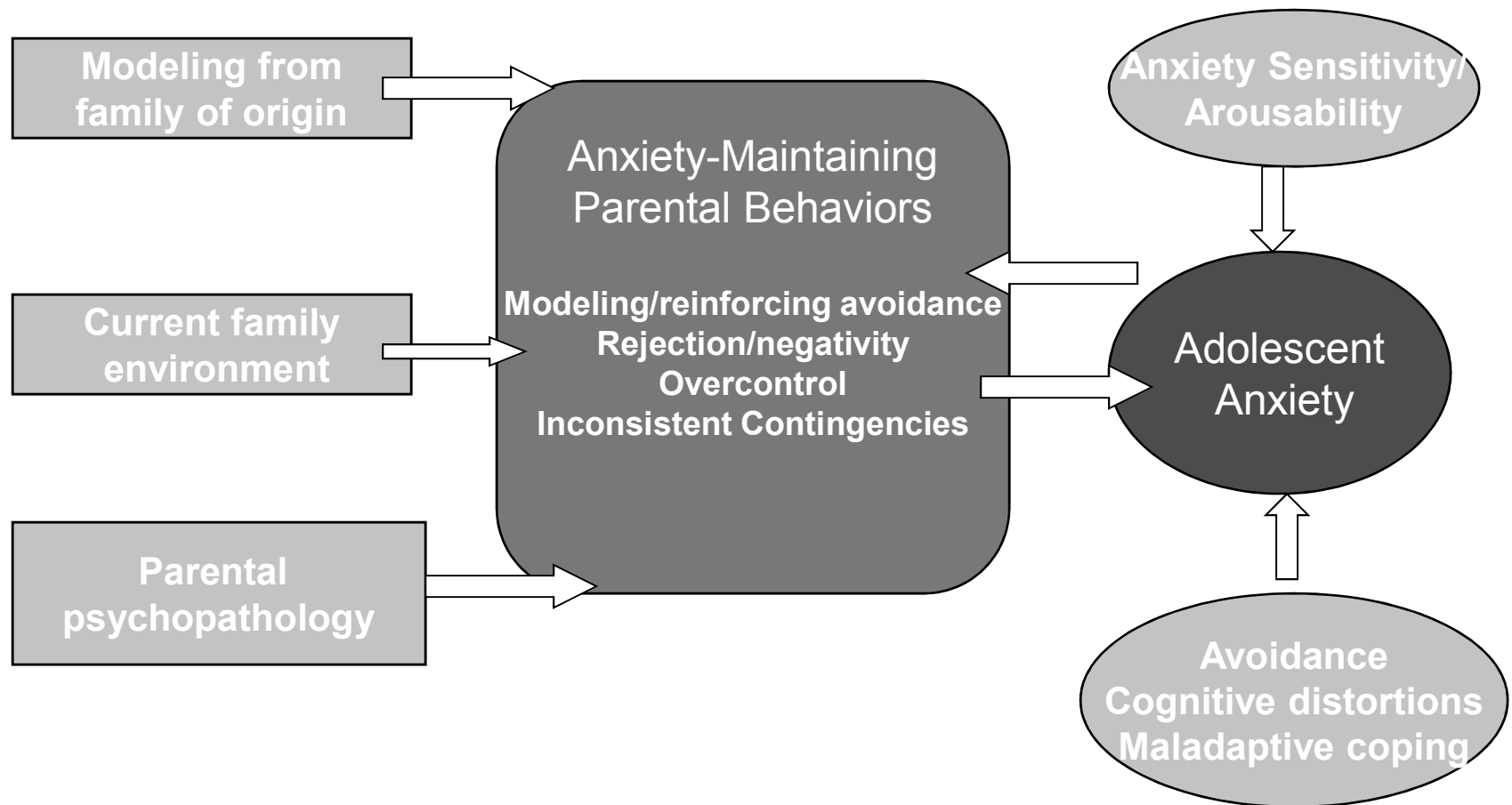
CBT Plus Family for Anxiety Triad



p < .05; Ages 7-14 years, N=79; Barrett et al., JCCP, 1996.

- Yet, some studies report little evidence that parents add anything above the effects of child-focused CBT (Nauta et al., 2003; Barmish & Kendall, 2005).

Model of Parent Involvement in Maintenance of Anxiety

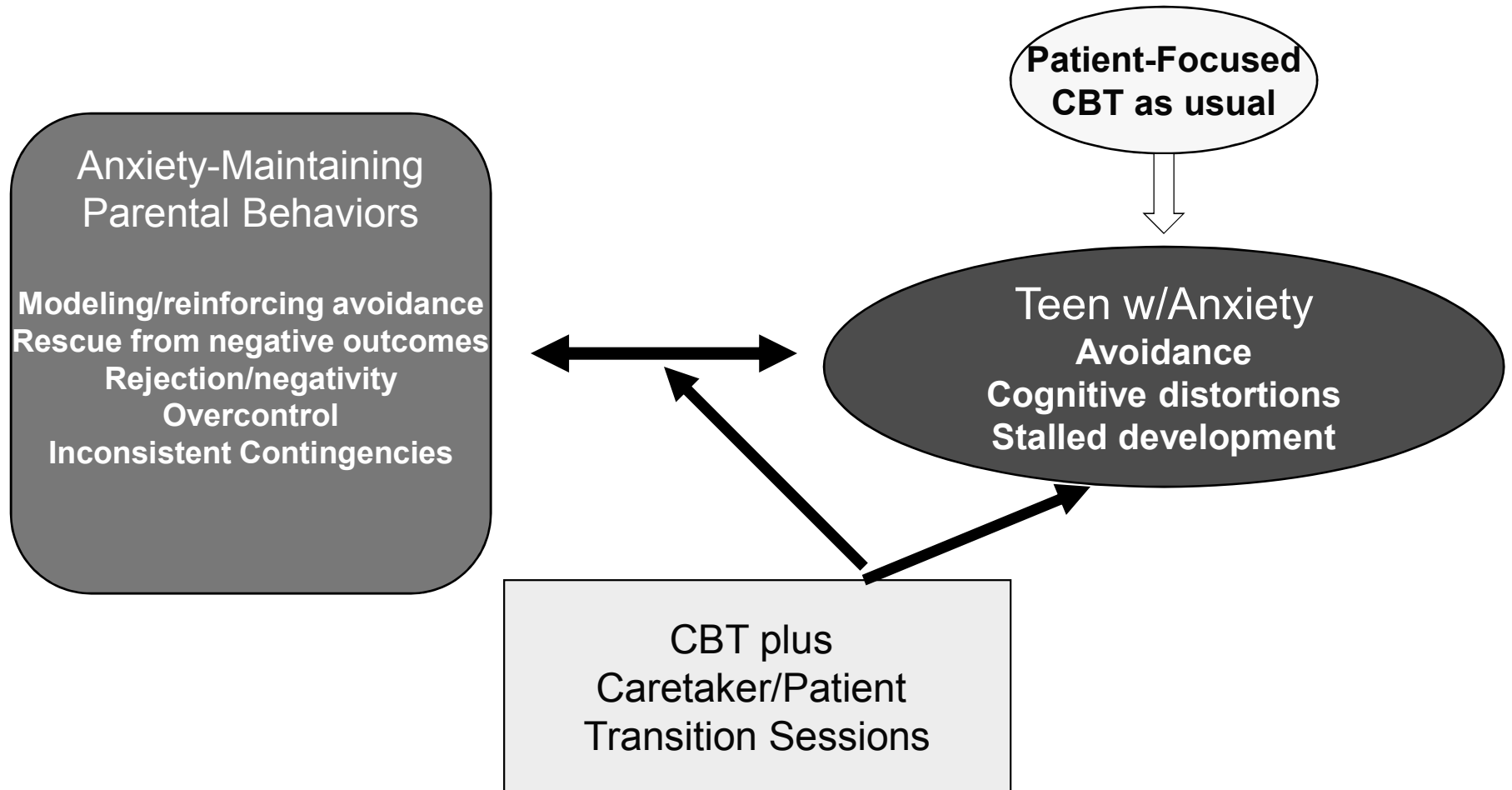


Part 3 of 4

Developmental Model

- Problems are partly maintained by parental overprotection (POP) or overcontrol
- Anxiety is maintained through avoidance, escape and withdrawal
- Interaction of POP and Anxiety results in stalled developmental tasks

Model for Parent Involvement in CBT for Adolescent Anxiety Disorders



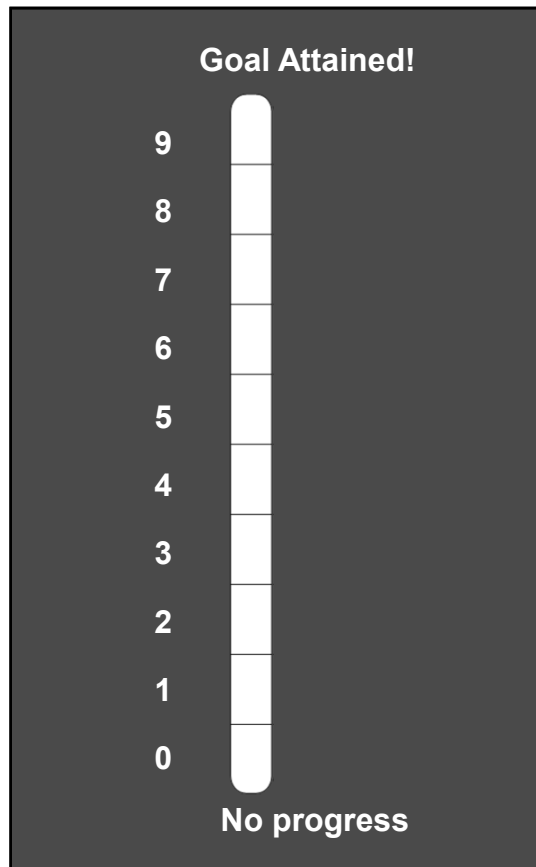
Goals: Developmentally-Informed CBT

Independent functioning & anxiety management

- Education and communication training for parents and adolescent—together
- Devise hierarchy of situations targeting developmental milestones
- Weekly developmental goals
- Parent-sessions: Letting Go!

Developmental Hierarchy

Goal Status



Transition Tasks

Situation	Goal?
Going to a college interview out of town on my own	10
Calculating my own taxes for the IRS	8
Planning, buying and making my own meals for the month	7
Going to the doctor's on my own	6
Handling my own checking account	5
Calling to arrange an interview (job, college or internship)	3
Doing my own laundry	2

Outcome Targets

- Anxiety
 - Reduce symptoms including avoidance/escape
 - Improve behavioral skills
 - Increase interpersonal interactions
 - Increase self-soothing
 - Change self-defeating thinking style
- Transition Tasks
 - Independence in productive work and/or educational activity
 - Responsible for own medical/mental health
 - Handles finances
 - Meets deadlines (applications)
 - Maintains (appropriate) independent living activities

Separation Anxiety Disorder: Adolescent Treatment Targets

- Sleeping alone
- Staying alone at home for extended periods during the day or evening
- Attending school
- Going away on school trips or to camp
- Sleepovers
- No contact with parent during the day
- Apply for/seek more separation activities (sleep away camp; part time summer work; after school activity)
- Visiting colleges on own during senior year
- Traveling short distances alone

Social Phobia: Targets

(aka: *The Anxiety Disorder of Adolescence*)

- Oral reports
- Taking tests
- Assertiveness—ask for help, saying no
- Attending parties
- Breaking into conversations with others
- Dating
- Authority figures
- Extending invitations
- Seek opportunities to meet new people-e.g., volunteering
- Scheduling interviews-jobs, college, intern
- Ordering own food
- Interacting with sales clerks
- Improv!

Generalized Anxiety Disorder: Targets for Teen Worriers

- Making mistakes---on purpose
- Handing in homework without having it reviewed
- Handling negative feedback
- Extending one's self to reach a goal...
- Having limited information
- Going to a medical appointment ... alone
- Not knowing what will happen in the future
- Receiving bad news (e.g., rejection letter)

Symptoms of Anxiety

- Anxious anticipation of upcoming events
- Attentional focus on anxiety threat cues
- Negative thoughts about self competency
- Increased physiological arousal

Adapted from Heimberg, 1998

Core Beliefs in Anxiety

- Stem from anxious apprehension:
- *That terrible thing can happen (again) to me but I can't predict when or where so I must be prepared at all times and yet I don't have the skill, knowledge, ability to deal with it!*

Adapted from D.H. Barlow, 2004

Core Predictions in Anxiety

- Anxiety-provoking situations WILL invariably lead to:
 - Embarrassment
 - Humiliation/Rejection
 - Loss of control
 - Catastrophe
 - Loss of social status
 - Death/Physical Illness

Psychoeducation for Teens

What is Anxiety?

- Anxiety is normal and helpful in small doses
- 3 component model: Think, Feel, Do

Why me?

- Genes and temperament
- Experience in the world
- Development of “thinking traps”
- Escape and avoid = More and more anxiety
- Knowledge is power!

Somatic Management

- Breathing Retraining
- Progressive Muscle Relaxation
- Cue Controlled Relaxation
- Key----practice skills during challenging exposures

Goals

- Develop tolerance of normal, expected levels of anxiety
- Learn & utilize strategies to calm self during stressful/ fear provoking situations or tasks

Somatic Management: Healthy diet and exercise

- Eating healthy improves overall physical and mental health
- Physical exercise (walking, dancing, jogging) improves mood and decreases anxiety
- Exercise with a friend
- Journals help to keep track of healthy habits



Daily Monitoring Log

Name: _____ Date: _____

Time and place	People present	Things I did or said	Things other people said or did	Things I felt in my body	Things I thought	SUDS (1-100)

CBT Goals: Cognitive Restructuring Component

1. Provide corrective information about anxiety and threat
2. Identify automatic thoughts and treat these as hypotheses
3. Develop means to dispute ATs with realistic evidence
4. Develop rational responses to automatic thoughts

Questions to dispute ATs

- Am I 100% sure that ____ will happen?
- Do I have evidence that ____ will happen?
- How many times has ____ happened before?
- Is ____ really so important that my whole future depends on its outcome?
- What is the likelihood that ____ ?
- Does ____'s opinion reflect that of everyone else?
- Do I have a crystal ball?
- Am I responsible for this entire conversation?
- What is the worst that could happen?
- What can I do to cope/handle this situation?

Cue Card for Disputing ATs

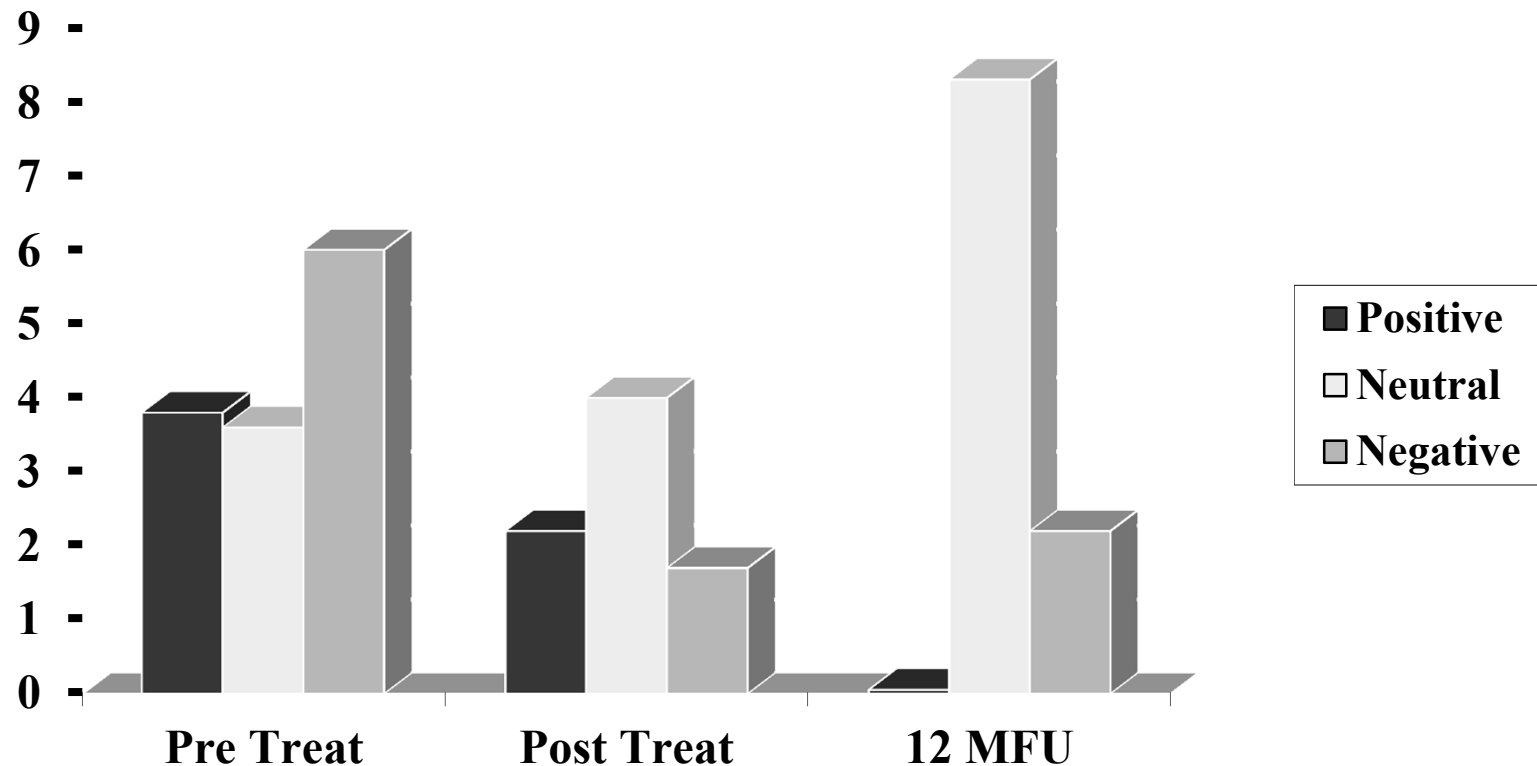
- *How would an objective observer view this situation?*
- *What alternative explanations are there for this situation?*
- *What if you saw a friend struggling . . . What would you think or do?*

Part 4 of 4

Key: Cognitive Restructuring with Adolescents

- Role play
- Role play
- Role play
 - You can't do enough role plays.....
 - Supplement with teen taking notes....
 - Use cue cards.....

Thought Listing Ratings During Behavior Tests: Adolescents



Total average for two tasks combined.

From Albano et al., 1995

CBT Goals: Behavioral Exposures

- Provide experience performing in and managing anxiety-provoking situations
- Practice and refine cognitive, social, and problem solving skills
- Gather evidence to refute ATs
- Habituation to anxiety

Situational Exposures

- Fear and Avoidance Hierarchy
- Graduated exposure to increasingly challenging situations (imaginal/*in-vivo*)
- Provide experience for success & mastery
- Coping Practice
- Decreased use of “safety signals” = let go of ma and pa
- Contingent reinforcement

Exposures are EVERYWHERE

- Riding the bus....
- Returning items to a store....
- Asking for an extension on a project
- Turning in a job application
- Improv and open mikes
- Interviews
- Dealing with the unknown----miscommunication, change of plans at last minute
- Going somewhere alone....for the first time

Exposure Procedures

- Define the situation
- Define observable goals
- Generate Automatic Thoughts
- Dispute AT's
- Choose Rationale Response
- Conduct 10 minute exposure
- (Therapist) tracks SUDS and goals

Exposure Goal Setting

- Observable behavior
- Realistically attainable
- Concrete and specific
- Easily monitored
- Under the patient's control
- Stated in terms of behavior and not anxiety

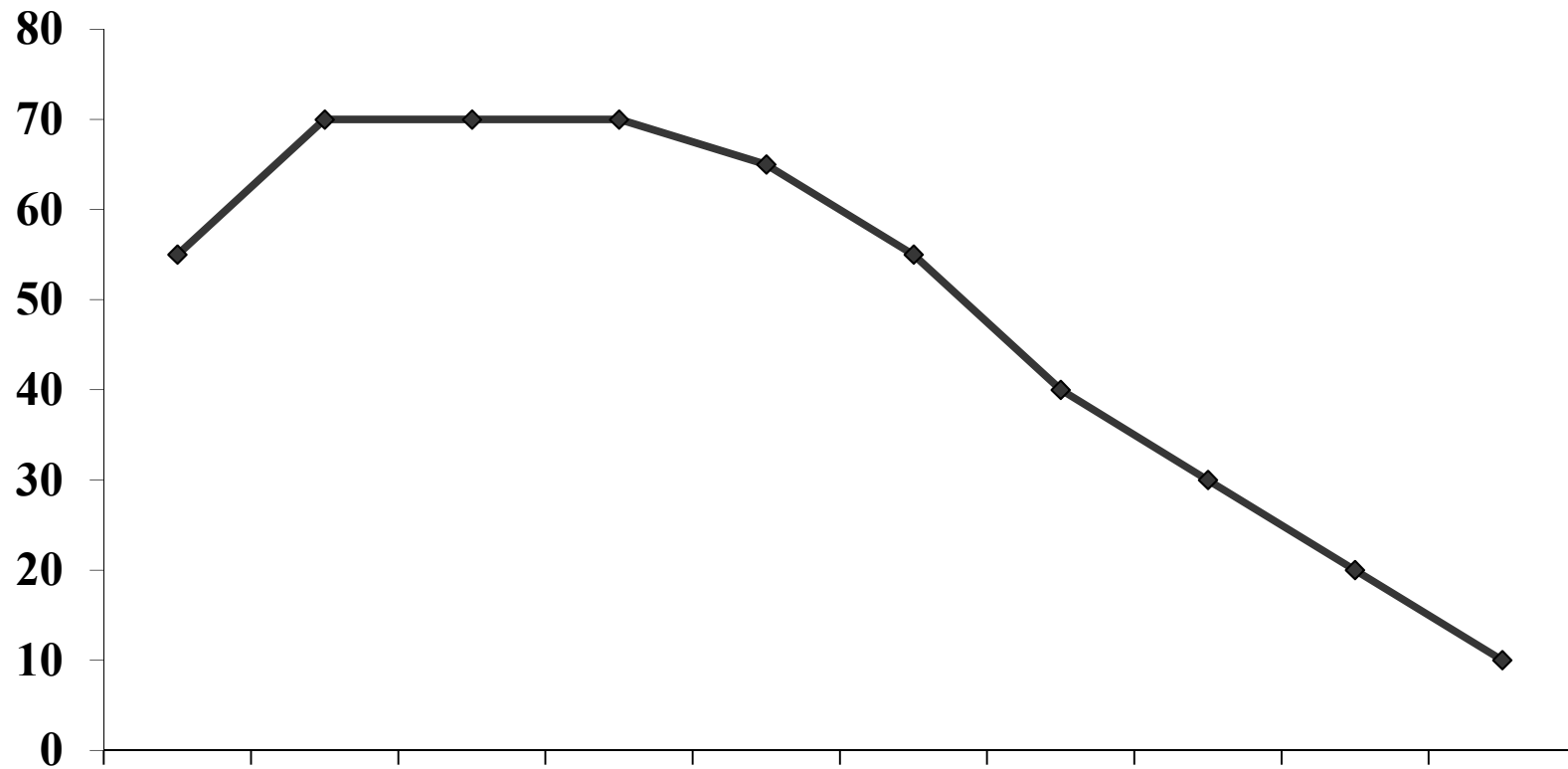
Transition Goals for “Finding My Way Scavenger Hunt”

- Teen is given instruction to take public transportation to a novel (but safe) location: Brooklyn Bridge at the ice cream shop
- Must purchase own metro fare card
- Must ask at least 3 different persons for assistance in understanding subway connections
- Ask someone to take a photo of you with bridge in the background
- Reverse the route and return!

Processing the Exposure

- Review goals & determine goal attainment
- Review occurrence of ATs
- Review use of cognitive coping skills
- Examine SUDS ratings & relationship to ATs
- Access feedback (from group)
- Assign homework

Typical Habituation Curve



Considerations for parental involvement:

- Degree of depressive pathology and interference in functioning
 - e.g., school refusal; suicidality
- Comorbidity, especially with anxiety & externalizing
- Degree of Parent-Adolescent conflict
- Parental psychopathology
- Degree of family dysfunction and stress
 - e.g., financial, marital, health

Transition Sessions

- Identify goals: parent's and adolescent's
- Teach communication and family problem solving skills
- Developmental hierarchy
- Effective coaching for parents
- Focus on letting go (to facilitate exposures)

What is most difficult for parents?

- Letting the teen struggle
 - Mistakes promote learning and mastery
 - Fear that "situation X is too important to fail"
 - Parental "overprotection trap"
 - Limits progression towards adulthood

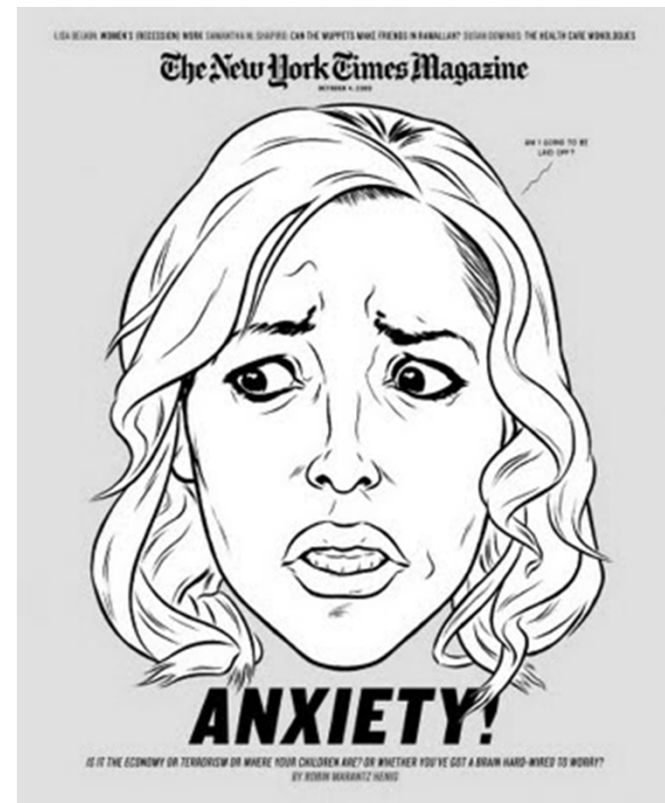


Adopt a Helpful Coaching Style

- Focus on effort, not outcome
- Evaluate the situation realistically
- Focus your adolescent on what they know and successes from the past
- Ask “How will you handle this?”
- Give opportunities for practice
- Reward (praise) all efforts, no matter how small

Manage your own anxiety....

- Transfer to your child?
- Learn to recognize your triggers
- Self-soothing
- Stick with realities
- Problem solve
- Take care of your needs!



Relapse Prevention

- Transfer of responsibility for treatment
- Development of relapse prevention plan:
 - How do you spell relief? E-X-P-O-S-U-R-E!
 - When do you call for help?
- Fading sessions
- Booster groups/planned sessions at times of high stress

Milestones for Adolescents: Making the transition to adulthood

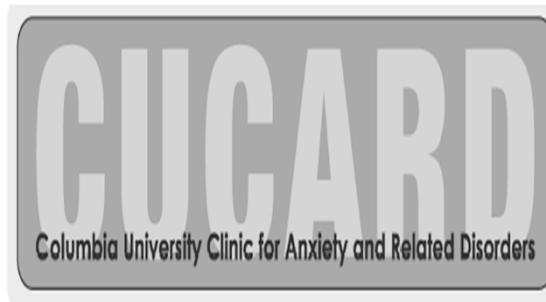
- Complete basic educational requirements
- Formulate longer-term career goals
- Enter college/workforce
- Develop independence in managing emotional and interpersonal issues
- Manage own finances
- Manage own health care and develop appropriate health case seeking behavior and doctor-patient relations
- Develop and maintain lasting social relationships
- Develop and maintain lasting romantic relationship
- Separate successfully from parents/parental figures

Heading towards “emerging adulthood”

- Age of identity explorations - in love & work
- Age of instability
- Most self-focused age of life
- Age of “feeling in-between”
- Age of possibilities and hope



From Jeffrey Jensen Arnett, 2004



For
additional
Training:

3 Columbus Circle, Suite 601
New York, NY 10019
Phone: (212) 246-5022
www.anxietytreatmentnyc.org

For more information, please go to the main website and browse for more videos on this topic or check out our additional resources.

Additional Resources

Websites:

1. The Columbia University Clinic for Anxiety and Related Disorders: <http://www.anxietytreatmentnyc.org/index.html>
2. Society of Clinical Child and Adolescent Psychology website: <http://effectivechildtherapy.com>

Books:

1. Albano, A.M., DiBartotlo, P.M., Heimberg, R.G., Barlow, D.H. (1995a). Children and adolescents assessment and treatment. In R.G. Heimberg, M.R. Liebowitz, D.A. Hope, & F.R. Schneier (Eds.). *Social Phobia: Diagnosis, Assessment, and Treatment*, pp. 387-425. New York: Guilford.
2. Albano, A.M., & DiBartolo, P.M. (2007). *Stand up, speak out: Therapist manual for cognitive behavioral therapy for social phobia in adolescents*. New York: Oxford University Press.
3. Albano, A.M., & DiBartolo, P.M. (2007). *Stand up, speak out: Adolescent workbook*. New York: Oxford University Press.

Peer Reviewed Journal Articles:

1. Barmish, A.J. & Kendall, P.C. (2005). Should parents be co-clients in cognitive-behavioral therapy for anxious youth. *Journal of Clinical Child & Adolescent Psychology*, 34 (3), 569-581.
2. Barrett, P. M., Rapee, R. M., Dadds, M. M., Ryan, S. M. (1996). Family enhancement of cognitive style in anxious and aggressive children. *Journal of Abnormal Child Psychology*, 24, 2187-203.
3. Chorpita, B. F., Albano, A. M., & Barlow, D. H. (1996). Cognitive processing in children: Relation to anxiety and family influences. *Journal of Clinical Child Psychology*, 25, 170–176.
4. Walkup, J., Albano, A.M., Piacentini, J.P., Birmaher, B., Compton, S., Sherrill, J., Ginsburg, G., Rynn, M., McCracken, J., Waslick, B., Iyengar, S., March, J.S., & Kendall, P.C. (2008). Cognitive behavioral therapy, sertraline, or a combination for childhood anxiety. *New England Journal of Medicine*, 359, 2753-2766.

