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Conference Programme

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| 08.00- 09:00 | Registration and coffee | |
| 09:00- 09:15 | Welcome and Practicalities | Associate Professor Ingrid Leth |
| 09:15- 09:35 | Opening address | Lisbeth Zornig, Danish National Council for Children |
| 09:35- 10:35 | <u>Keynote:</u> Psychopathology and assessment of anxiety disorders in youth | Thomas H. Ollendick, Ph.D. |
| 10:35- 11:00 | <i>Tea/Coffee</i> | |
| 11:00- 12:30 | Symposium (in Danish) And Open paper session (in English) | Symposium convener: Prof. Einar Heiervang Paper session chair: Dr. Sean Perrin |
| 12:30- 13:30 | <i>Lunch</i> | |
| 13:30- 14:15 | <u>Keynote:</u> Disorder Specific Treatments for Childhood Anxiety | Dr. Sean Perrin |
| 14:15- 15:30 | Two parallel open paper sessions | Paper sessions' chairs: Dr. Barbara Hoff Esbjørn Thomas Ollendick, Ph.D. |

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| 15:30- 16:00 | <i>Tea/Coffee</i> | |
| | <u>Keynote:</u> | |
| 16:00- 16:45 | Taking effective treatment of childhood anxiety disorders into everyday practice: Experiences from Western Norway | Prof. Einar Heiervang |
| 16:45- 17:45 | Meet the researchers: Poster presentation with refreshments | |
| 17:45- 18:00 | Concluding remarks | Dr. Barbara Hoff Esbjørn |

Book Stands at the Conference:

In the morning Pearson International will be represented by a booth in the lobby.

Dansk Psykologisk Forlag will also have a booth, where the book *'Angst hos Børn, Kognitiv terapi i teori og praksis – En håndbog for professionelle'* by Leth, I. & Esbjørn, B. (eds.) will be available for purchase.

Welcome

Welcome to the First Nordic Conference on Childhood Anxiety. The conference takes place at the Faculty for Social Science; the research group Copenhagen Child Anxiety Project - CCAP at the Department of Psychology and the National Council of Children are partners and host the conference.

The objective with the conference is to provide a platform where clinicians and researchers may share experiences and knowledge. Providing a platform for professionals within the field of childhood anxieties, not only benefits the researchers, who may exchange ideas and get feedback on on-going work, but also professionals who are working with children in their everyday professional live. Increased knowledge provides for better understanding, identification, assessment and treatment of the children. It thus surely makes sense to develop high quality of research and argue for better treatment facilities for children in a context where children with anxiety disorders often are neglected.

Why is this a *Nordic* conference? The Nordic countries have a historically been closely connected, but also provide a welfare and healthcare system that much resembles each other's. The pioneering work conducted in Norway, where research and everyday practice in the psychiatric service for children (R-BUP) may provide a new paradigm of integrating research and applied strategies for the benefit of anxious children and families.

It is our hope that being together to day and exchange the research results and dilemmas among us will be the beginning not only for a new Nordic conference but also raise the general awareness of the necessity to take childhood anxiety disorders seriously.

On behalf of the organising committee

Ingrid Leth and Barbara Hoff Esbjørn

About CCAP at the Department of Psychology

The Copenhagen Child Anxiety Project (CCAP) conducts theoretical and treatment research within the area of childhood anxiety. CCAP was established in the summer of 2007, and the fruitful meeting with the leading researchers within children's anxiety disorders, coming from the US, UK, Holland, Australia and Scandinavia increased our the incentive to carry on working within the field. CCAP is located at the Department of Psychology, University of Copenhagen at the University Clinic.

Since 1950 an outpatient clinic has been attached to the Department of Psychology. The aim of the clinic was to provide education in clinical practice and carrying out clinical research projects. Previously the clinic has been working with childhood problems under the auspices of different methods, in particular a psychodynamic approach. However, this changed during the beginning of the century, and conducting clinical research became the primary objective with the clinic.

The head of CCAP Dr. Barbara Hoff has received the Marie Curie International Outgoing Fellowship to carry out research during a period of 27months partly at the School for Social Research, NYC, partly at the Department of Psychology, Copenhagen

About the National Council for Children in Denmark

The National Council for Children works to safeguard the rights of children. The council focus and provide information on conditions for children in society. The council offer advice and consultancy to authorities on issues concerning children's conditions and take children's views on board in the councils work. The National Council for Children assesses the conditions under which children in Denmark live in relation to the UN Convention on the Rights of the Child. The National Council for Children deals with all aspects of children's lives. Since 1998, the National council has had a children's panel including almost 2,000 children from Danish 4th to 9th grades forms spread across the whole of the country, volunteer their opinions on the subjects taken up by the Council. The panel fulfils the article 12 and 13 in the convention of the rights of children which secures the children's right to express their opinions and to be heard. It is the National Council for Children's brief to speak out on behalf of children in the public debate. In particular, the spotlight is on factors that may have an inappropriate influence on children's lives and development. Where legislation or practice directly ignores or fails to accommodate children's needs, the Council's task is to point this out.

Opening Address



LISBETH ZORNIG ANDERSEN

Chairman of the National Council for Children, Lisbeth Zornig Andersen, is an MA of political science and has previously worked as IT-strategic adviser to a number of companies. She has also been the managing director of Specialisterne (The Specialists) – a social economic IT-enterprise which has a large number of employees diagnosed with Autism. Lisbeth Zornig Andersen was appointed Chairman of the National Council for Children in 2010. The Council has an interprofessional make-up, consisting of a chairperson and six members. Together, the Council represents broad-based insight into the development, rights, needs and perspectives of children. The Council's day-to-day work is undertaken by the National Council for Children's secretariat, currently made up of 12 people. As a child Lisbeth Zornig Andersen was placed in various residential care homes. Today she is using those experiences as a writer and public speaker and in her work for the National Council for Children.

The Keynote Speakers



TOM OLLENDICK

Thomas H. Ollendick, Ph.D., is University Distinguished Professor in Clinical Psychology and Director of the Child Study Center at Virginia Polytechnic Institute and State University, Blacksburg, Virginia, USA. He is the author or co-author of over 300 research publications, 75 book chapters, and 25 books. His books include *Clinical Behavior Therapy with Children* (Plenum Press), *Child Behavioral Assessment: Principles and Procedures* (Pergamon Press), *Handbook of Child Psychopathology* (Plenum Press), *Developmental Issues in the Clinical Treatment of Children* (Allyn and Bacon), *Phobic and Anxiety Disorders in Children and Adolescents: A Clinician's Guide to Effective Psychosocial and Pharmacological Interventions* (Oxford), and *Handbook of Interventions that Work with Children and Adolescents* (Wiley). He is the past Editor of the *Journal of Clinical Child Psychology*, past Associate Editor of the *Journal of Consulting and Clinical Psychology*, current Editor of *Behavior Therapy*, and founding Co-Editor of *Clinical Child and Family Psychology Review*. He also serves on the editorial boards of 13 other journals, including *Anxiety and Depression*, *Journal of Anxiety Disorders*, and *Journal of Behavior Therapy and Experimental Psychiatry*. In addition, he is Past-President of the Association for the Advancement of Behavior Therapy (1995), the Society of Clinical Psychology (1999), the Society of Clinical Child and Adolescent Psychology (2003), and most recently the Society for the Science of Clinical Psychology (2010).

The recipient of several NIMH grant awards, his clinical and research interests range from the study of diverse forms of child psychopathology to the assessment, treatment, and prevention of these child disorders from a social learning/social cognitive theory perspective. He is a frequent speaker at national and international conferences and holds adjunct professorships at Roehampton University in London and Griffith University in Brisbane, Australia. He received an Honorary Doctorate from Stockholm University in 2011.

Keynote Speech

The Psychopathology and Assessment of Childhood Anxiety Disorders

This address will briefly review the etiology, epidemiology, and assessment of the various childhood anxiety disorders. In doing so, it will focus on differential etiologic pathways including genetics, temperament, attachment, peer relationships, learning histories, information processing biases and emotion regulation difficulties. It will illustrate the individual and synergistic effects of these pathways. The address will also feature new and evolving strategies for the assessment of these disorders and these contributing factors. Overall, a developmental psychopathology perspective will be enlisted that will inform the selection of effective treatment approaches.



SEAN PERRIN

Dr Perrin was born and raised in New York City. He received his Bachelors of Arts in psychology from the State University of New York at Buffalo and his PhD in Clinical Psychology from Nova Southeastern University. For the past 17 years he has worked as a Clinical-Academic Lecturer at the Institute of Psychiatry (King's College London) and Maudsley Hospital. Dr Perrin helped establish the first specialist (NHS) clinical services for youth with anxiety and PTSD and the first post-graduate CBT training programme for child mental health professionals in the UK. He assisted in the development of (and lectures on) the recently launched Children and Young Persons version of the Department of Health's Increased Access to Psychological Therapies training programme. Dr Perrin has worked on behalf of UNICEF and the Children and War Foundation in Bosnia, Turkey, Sudan and the Former Soviet Republics of Central Asia developing and evaluating screen-and-treat programmes for traumatized children and their families. His research has focused on the aetiology and treatment of childhood anxiety disorders. He is principal investigator on a National Institute of Health Research (NIHR, UK) funded trial of cognitive therapy for Generalized Anxiety Disorder in children and adolescents. He is co-principal investigator on a programme grant awarded to the Biomedical Research Centre for Mental Health at King's College London to develop and test innovative CBT approaches for anxious/depressive comorbidity in youth with morbid obesity, Anorexia Nervosa, and Autistic Spectrum Disorders. In 2012 Dr Perrin was appointed Senior

Lecturer at the Institute for Psychology at Lund University (Sweden) and now splits his time between London and Lund.

Keynote Speech

Treatment of Childhood Anxiety Disorders

The development of theory-driven and largely cognitive models of specific anxiety disorders has led to significant improvements in treatment outcomes for adults with PTSD, Generalized Anxiety Disorder, OCD, Panic and Social Phobia. Nevertheless the disorder-specific approach is not without its detractors who note significant comorbidity among anxiety disorders, the proliferation of disorder-specific manuals and training courses, and the obstacles to dissemination that arise from a disorder-specific approach. With the exception of PTSD and OCD, cognitive behavioural approaches to childhood anxiety have not been disorder specific. Instead they have emphasized the need for training children (and parents), who usually present with 2-3 anxiety disorders, to better use emotion-regulation skills to address their anxiety. This keynote will look at the evidence in favour of this trans-anxiety disorder approach and contrast it with the limited evidence available for anxiety disorder-specific treatments. The implications for future research and dissemination efforts will also be discussed.



EINAR HEIERVANG

Einar Heiervang is Professor and Chair of Child and Adolescent Psychiatry at the University of Oslo, Norway. After finishing his clinical specialty in 1995, he has been continued clinical work along with research on a range of child mental health issues, ranging from brain imaging to epidemiology and intervention studies. He has been responsible for translation of the SDQ and DAWBA assessment instruments in Norway, and also for training of clinics and research centres in Norway and other countries. Heiervang was a visiting scholar for one year at the University of Oxford, and has extended ongoing collaboration with scientists in the Nordic countries and elsewhere. He is head of the Anxiety Research Network of Western Norway, and Principal Investigator for an effectiveness study of CBT for anxiety in outpatient clinics.

Keynote Speech

Taking effective treatment of childhood anxiety disorders into everyday practice: Experiences from Western Norway

In a survey of child mental health in Western Norway, we found that anxiety disorders were the most prevalent but the least treated group of disorders. Funded by the regional health authority, we therefore started an RCT of CBT for anxiety in 7 outpatient clinics in the region. The aim was to demonstrate the effectiveness of CBT in regular clinics with referred children, and train clinicians to detect and treat anxiety disorders in line with evidence-based practices.

We here report on some preliminary outcome results, as well as steps taken to involve clinics and keep them involved over 5 years until finish of the 1-year follow-up of treated children. Although demonstrating transportability, feasibility and effectiveness are necessary steps, the challenges ahead of us are even greater; to implement effective practices on a system level, and to increase access to these services for children with anxiety disorders and their families.

The Symposium

The symposium will be held in Danish

EFFEKTEN AF MANUALISERET BEHANDLING AF BØRN MED ANGSTLIDELSER, BEHANDLING AF NONRESPONDERE, IMPLEMENTERING AF BEHANDLING I KLINISK PRAKSIS, SAMT MEDIATORER FOR BEHANDLING.

Symposium Convenor og Chair: Einar Heiervang

Kognitivt adfærdsterapeutiske programmer har i en række forskningsstudier vist sig at have effekt ved behandling og forebyggelse af angstlidelser hos børn og unge (for eksempel Cool Kids, Coping Cat, Friends for life). Der mangler imidlertid viden om, hvorvidt programmerne har effekt i andre kulturer og ved andre forskningsgrupper end hvor de oprindeligt er afprøvet, ligesom effekten af implementeringen af programmerne i almindelig klinisk praksis, samt hvordan spredning og implementering af programmerne bedst muligt finder sted, ikke er tilstrækkeligt undersøgt. Nogle børn har ikke tilstrækkelig effekt af manualiseret behandling. Der er brug for viden om, hvad der karakteriserer disse børn, samt hvordan de hjælpes bedst muligt. Endelig mangler der viden om, hvilke elementer af behandlingen, der har effekt. I dette symposium vil foreløbige resultater fra et randomiseret ventelistekontrolstudie af effekten af Cool Kids programmet; design, pre-post resultater og casestudier fra non-respondere fra Cool Kids behandlingen, samt resultater fra implementering af Cool Kids programmet i klinisk praksis i Danmark blive præsenteret. Desuden vil indholdet i en implementeringsplan for Friends for Life i Vestnorge og de faglige vurderinger den bygger på blive præsenteret i lys af relevant implementeringsforskning. Endelig vil foreløbige analyser af hjemmearbejde og self-efficacy som mulige mediatorer i Cool Kids behandlingsprogrammet blive diskuteret.

A RANDOMIZED WAIT-LIST CONTROLLED TRIAL OF THE EFFICACY OF THE COOL KIDS/CHILLED ADOLESCENTS ANXIETY PROGRAM

Arendt, K. & Thastum, M.

University of Aarhus, Denmark

The Cool Kids/Chilled Adolescents Anxiety program is a manualized CBT program for treating anxiety disorders in children and adolescents, developed and evaluated at Macquarie University, Australia (Hudson et al., 2009). The program was translated and implemented at the Youth Anxiety Clinic at the Department of Psychology, Aarhus University, Denmark, in 2009. The objective of the study is to evaluate The Cool Kids/Chilled Adolescents Anxiety program in a Danish context, and thereby as the first study independently replicate the original Australian evaluation study (Hudson et al., 2009). The study is a randomized wait-list controlled trial aiming to include a total of 110 participants (aged 7-15 years) with an anxiety diagnosis as the primary diagnosis. Participants are randomly allocated into either a 3 month wait-list control condition or a treatment condition. The treatment consists of 10 2-hour group sessions with 6 children and their parents. Results are measured by independent diagnostic interviews with the children and their parents at post-treatment and at 3-month follow-up, ADIS-C/P (Albano & Silverman, 1996), as well as by self-report child and parent scales pre- and post-treatment, and at 3- and 12 month follow-ups. At the time of the conference we expect to be able to present preliminary post-treatment results for about 80 families.

Keywords: Youth anxiety, CBT, Cool Kids/Chilled Adolescents program

HOMEWORK AND SELF-EFFICACY AS MEDIATORS OF TREATMENT EFFICACY IN A MANUALIZED CBT PROGRAM FOR TREATING ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS

Thastum, M. & Arendt, K.

University of Aarhus, Denmark

Changes in self-efficacy (one's belief in one's ability to succeed in specific situations) may mediate the effects of CBT on anxiety symptoms, e.g. by increasing willingness to perform exposure tasks between sessions. Alternatively, performing successful exposure tasks may increase self-efficacy. To test if changes in self-efficacy and amount of homework mediates anxiety symptoms in children with an anxiety disorder. At the beginning of each session of the 10 session group FCBT Cool Kids treatment program, children and parents completed a questionnaire on 1. Beliefs in being able to obtain the desired treatment goals, 2. Amount of time used on homework since last session, and 3. The child's level of anxiety since last session. In addition children completed a self-efficacy questionnaire before and after treatment. At the time of the conference we expect to present preliminary mediator analyses for about 50 participating children and their parents

Keywords: Mediators, Self-efficacy, Homework

DESIGNING AND IMPLEMENTING INDIVIDUALISED TREATMENT FOR CHILDREN WITH ANXIETY DISORDERS, WHO DO NOT RESPOND TO MANUAL BASED CBT: PRELIMINARY FINDINGS.

Lundkvist-Houndoumadi, I. & Thastum, M.

University of Aarhus, Denmark

Cognitive behavioural therapy of children that suffer from anxiety has been found to be effective in both short- and long-term in several effectiveness studies. Nevertheless, the non-response rate is 30-40 % while there is a lack of knowledge concerning how these children can be reached effectively. To evaluate quantitatively as well as qualitatively the outcome of an individualised treatment plan for children, who have not responded adequately to the Cool Kids/Chilled Adolescents Anxiety program at the Research and Teaching Clinic, Dept. of Psychology, Aarhus University. Three months after the end of a manual based group treatment, children who show a limited response or a lack thereof (measured by the Clinical Global Impression-Improvement of Anxiety scale), are offered additional individualized treatment, if they do not receive treatment elsewhere and the primary problem is still in the internalising/negative affect area. At a clinical conference a case formulation is created for the child and an individualised treatment plan is made in consultation with the parents. The effectiveness of the treatment is assessed on the basis of notes on the course of therapy, DVDs of therapy sessions, case studies written by psychology students and semi-structured interviews, as well as self-report measures completed by children and parents (pre-, post-treatment and 3-, 12- months after the end of treatment), diagnostic interviews (ADIS-CP) and Children's Global Assessment Scale completed by the therapists. At the time of the conference we will present the design, pre-post results and preliminary case studies on the non-responders' treatment.

Keywords: Childhood anxiety, non-responders, case based cognitive behavioural treatment

**EFFECTIVENESS OF GROUP COGNITIVE-BEHAVIORAL TREATMENT
FOR CHILDHOOD ANXIETY DISORDERS IN COMMUNITY-BASED
SCHOOL COUNSELING SERVICE & PSYCHIATRIC CLINICAL PRACTICE:
CLINICAL SIGNIFICANCE & BENCHMARKING AGAINST EFFICACY**

Johnson, H. & Thastum, M.

University of Aarhus, Denmark

To evaluate the outcomes of evidence based, manualized group cognitive-behavioural treatment (CBT) for children and adolescent with anxiety disorders, when delivered in an outpatient Child and Adolescent Psychiatry or in a community based School Counselling Service in Denmark. Psychologists and psychiatrists from four Child and Adolescent Psychiatry clinics and four community bases School Counselling Services are trained and supervised in a manualized group CBT treatment program (Cool Kids) for Childhood anxiety. Ninety-six children with anxiety disorders aged 7 - 14 are expected to be included, equally divided between Psychiatric clinics (n = 48) and School Counselling services (n =48). The treatment consists of 10 2-hour group sessions with 5-6 children and their parents. Results are measured by independent diagnostic interviews with the children and their parents at pre- and post-treatment and at 3-month follow-up (ADIS-C/P (Silverman & Nelles, 1988), as well as by self-report child and parent scales pre- and post-treatment, and at 3- and 12 month follow-ups. Parents' symptoms of anxiety and depression are also measured. At the time of the conference, we expect to be able to present preliminary post-treatment results for about 30 children and their parents. Furthermore, pre-post changes, as well as percent of post-treatment diagnosis and pre-treatment severity will be benchmarked against efficacy data from a Danish RCT from the University-clinic. Implications of the findings for the use of the Cool Kids program in a community based and/or psychiatric clinical practice in Denmark will be discussed

Keywords: Youth anxiety, CBT, Cool Kids/Chilled Adolescents program, effectiveness

A PLAN FOR IMPLEMENTING AN EVIDENCE-BASED PROGRAM FOR ANXIOUS YOUTH IN NORWAY

*Storm Mowatt Haugland, B.; Fauskanger Bjåstad, J.; Høye Rogde, A.
RKBU Vest, Norway*

Manualised cognitive behavioural therapy programs have been found effective for the treatment and prevention of anxiety disorders in children and adolescents (e.g., “Coping Cat”, “FRIENDS”, and “Cool Kids”). In Norway, the “FRIENDS” program has been evaluated as a treatment program in an RCT study and as an indicated prevention program in two open-trial pilot studies. The next step is a larger implementation of the program. Educating professionals in the specialist mental-health service and municipality sector is needed. Achieving a satisfactory level of quality in delivering the program is an important objective (i.e. adherence to the program and competence in delivering the program). This necessitates a plan for training and supervision of professionals. We have developed an implementation plan for the dissemination of the “FRIENDS” program in western Norway. The plan specifies the prerequisites for entering and completing the training, such as educational background, training program and supervision, evaluation of competence, and the need for organisational support. The contents and rationale of the implementation plan will be presented in relation to relevant implementation research.

Keywords: Friends, Cognitive behavioural therapy, dissemination, implementation, anxious youth

Morning Paper Session

Recent Advances in CBT Treatment

Chairperson: Sean Perrin

CONVERGENT VALIDITY OF K-SADS-PL BY COMPARISON WITH MASC AND TRF IN A NORWEGIAN CLINICAL SAMPLE

Villabø, M.¹; Skirbekk, B.^{1,2}; Kristensen H.^{1,2}

¹Center for Child and Adolescent Mental Health, Oslo, Norway

²Lovisenberg Diakonale Hospital, Nic Waals Institute, Oslo, Norway

Diagnostic interviews are important tools when assessing children and adolescents referred to mental health services (CAMS). The Schedule for Affective Disorders and Schizophrenia for School Age Children, Present and Lifetime Version (Kiddie-SADS-PL) has been translated into Norwegian and is widely used in CAMS in Norway. However, validation of the translated version is lacking. To examine the convergent validity of the Kiddie-SADS-PL by comparison with the Multidimensional Anxiety Scale for Children (MASC) and the TRF (ASEBA) in a clinical sample and in non-referred controls. A total of 141 children aged 7-13 years were assigned to four groups according to the Kiddie-SADS-PL interview with the mothers; 41 children with AnxD; 39 children with ADHD; 25 children with comorbid AnxD/ADHD and 36 controls. Mothers completed the MASC and teachers the TRF. The teachers were blind to the diagnostic status of the child. Children with AnxD or AnxD/ADHD did not differ on the total MASC score, but both groups had a higher score compared to children with ADHD and controls. There were no differences between the two latter groups. On the TRF, all clinical groups obtained a higher T-score than controls on both the internalizing and externalizing scales. Among the diagnostic groups, the AnxD group had a higher internalizing score than the ADHD group and a lower externalizing score than both the AnxD/ADHD and the ADHD group. Evidence of convergent validity was found when comparing diagnostic categories on the Kiddie-SADS-PL with results on the MASC and TRF.

***Keywords:** Kiddie-SADS-PL, validity, anxiety disorders*

EXPLORING THE EFFECTIVENESS OF WORKING MEMORY TRAINING IN REDUCING ANXIETY AND IMPROVING EDUCATIONAL ACHIEVEMENT IN YOUNG PEOPLE

Richards, H. J.; Hadwin, J. A.

University of Southampton, United Kingdom

Conceptual frameworks suggest that working memory capacity is lowered in individuals with elevated anxiety due to interference from worry-related thoughts (Processing Efficiency Theory; Eysenck & Calvo, 1992) and a tendency to focus attentional resources on task-irrelevant threatening stimuli in preference to stimuli that are relevant for successful cognitive performance (Attentional Control Theory; Eysenck, Derakshan, Santos & Calvo, 2007). In young people, there is evidence to suggest that poor working memory is a mechanism that underlies the relationship between elevated anxiety and lowered academic achievement (Owens, Stevenson, Norgate & Hadwin, 2008). The current paper presents findings from a randomised controlled trial in which young people reporting elevated anxiety and lowered attentional control were allocated to a computerised working memory training program (Cogmed, 2001) or a group-based CBT program (FRIENDS; Barrett, 2006). The effectiveness of the working memory and CBT programs in reducing anxiety, improving attention (as indexed by cognitive tasks related to working memory, inhibitory control and attention to threat) and increasing academic achievement will be discussed. The results have implications for understanding the pathways to underachievement in school and for developing a viable intervention protocol that could be used within the school environment to ensure that young people with elevated anxiety can achieve a positive learning outcome and experience reduced anxiety.

Keywords: working memory, inhibition, academic achievement, threat-related attentional bias, CBT

A NORWEGIAN MODEL FOR TREATMENT OF PRESCHOOL CHILDREN WITH SELECTIVE MUTISM

Oerbeck, B.; Kristensen, H.

Centre for Child and Adolescent Mental Health Eastern and Southern Norway, Norway

Children with selective mutism (SM) can talk but are characterized by a consistent lack of speech in important social situations. SM has a prevalence of about 1 % and is considered hard to treat. There is a great need for treatment studies. The authors have developed a multimodal treatment for SM, starting at home and continued in the child's kindergarten for a maximum of 6 months using predefined treatment goals in terms of speaking levels, from I (Speaks to the therapist in a separate room with a parent present) through to VI (Speaks in *all* kindergarten settings without the parent or the therapist present). Treatment outcome was favourable in a pilot efficacy study with seven preschool children. A larger Norwegian treatment study is now running (N=24) where nine preschool children participates. To investigate the effect of this treatment in preschool children with SM from these two studies. 16 children with SM aged 3-5 years (3 boys) were enrolled. Treatment effect was measured at 3 and 6 months and one year after end of treatment. Main outcome measures were the obtained treatment goal, the Bergman Selective Mutism Questionnaires and the Clinical Global Impression scale. There was a significant increase in speaking behaviour in the treated preschool children. The 1 year follow up results are not yet analysed but preliminary results will be presented at the conference. The home- and kindergarten-based treatment appears to be promising for preschool children.

Keywords: Selective Mutism, Anxiety Disorders, Treatment

ENHANCED COGNITIVE BEHAVIOURAL TREATMENT FOR OBSESSIVE-COMPULSIVE DISORDER IN CHILDREN WITH AUTISM SPECTRUM DISORDERS

Ahlqvist, J.; Lindheim von Bahr, P.

Dept of Child and Adolescent Psychiatry in Stockholm, Sweden

Children with Autism Spectrum Disorders (ASD) often suffer from other psychiatric comorbidity. Research has shown that children with Asperger's Syndrome are 14 times more likely to develop Obsessive-compulsive Disorder (OCD), compared with the normal population. At present, research regarding treatment for OCD with concomitant ASD is very limited. However, existing research (primarily case studies) shows promising results of Enhanced Cognitive Behavioural Therapy (ECBT). It is of great importance to further evaluate treatment for these conditions scientifically. BUP-Signal, a specialist unit for children with ASD and other psychiatric comorbidity within the Dept of Child and Adolescent Psychiatry in Stockholm, have several years of clinical experience in ECBT for OCD in children with concomitant ASD. Based on research on autism and OCD, and also clinical experience, BUP-Signal has developed a treatment manual. During 2012 BUP-Signal also conducts a pilot study in order to evaluate this treatment manual. Participants in the study are children and adolescents referred to the clinic with diagnose within the autism spectrum and diagnosed OCD. The study's main purpose is to determine if ECBT provides symptom reduction in clinician ratings (CGI) as well as the primary outcome measure CY-BOCS. In today's seminar background, methodology and preliminary results from the study are presented and limitations are discussed.

Keywords: Enhanced Cognitive Behavioural Treatment, Obsessive-compulsive Disorder, Autism Spectrum Disorder

Afternoon Paper Session I

Theoretical Understanding at the Frontier

Chairperson: Barbara Hoff Esbjørn

SOCIAL FACTORS IN THE AETIOLOGY AND MAINTENANCE OF CHILD ANXIETY DISORDERS: AN EXAMINATION OF DIAGNOSTIC SPECIFICITY

Crosby, J.; Creswell, C.; Cooper, P.

University of Reading, United Kingdom

Anxiety disorders are the most common form of psychopathology in children (Last, et al., 1996). Previous research has addressed the role of both parenting (e.g. Wood et al., 2003) and environmental adversity (e.g. Shanahan, et al., 2008) on the aetiology and maintenance of childhood anxiety disorders. To date, however, studies have tended to group together separate childhood anxiety disorders, despite the disparities in their presentation, age of onset, and course. The idea that there is diagnostic specificity of social risk factors has received scant attention, despite some emerging supportive evidence (e.g. Tiet, et al., 2001). The current study examines diagnostic specificity in association with parenting and environmental adversity for the four most prevalent anxiety disorders in childhood: (i) Social Phobia, (ii) Separation Anxiety Disorder (SAD), (iii) Generalised Anxiety Disorder (GAD), and (iv) Specific Phobias (Costello & Angold, 1995). A sample of 210 anxious children aged 7-12 years and their mothers were recruited. Mother-child dyads were observed during a series of mildly stressful interaction tasks, including a presentation task, a tangram task, and a discussion task. Children and their parents also completed standardised questionnaires assessing recent negative life events, family dysfunction, and environmental adversity. The data will be examined to determine whether these factors operate differentially for the different forms of anxiety disorder. This research aims to further understanding regarding the involvement of familial/social factors in the aetiology and maintenance of specific childhood anxiety disorders, thereby informing the development of interventions and treatments that target specific risk factors for specific disorders.

Keywords: Childhood Anxiety, Separation Anxiety Disorder, Social Phobia, Generalised Anxiety Disorder, Specific Phobia, Environmental Adversity

DO ANXIOUS AND NON-ANXIOUS CHILDREN DIFFER IN THEIR PERCEPTION OF BODILY SYMPTOMS?

Alkozei, A; Creswell, C.; Cooper, P.

University of Reading, United Kingdom

The idea that anxious populations infer danger and validate their fears on the basis of their bodily symptoms has been termed “emotional reasoning” (Beck& Emery, 1985). There has been little investigation of emotional reasoning in relation to anxiety in children. However, on the basis of studies with community populations that found that anxiety was not associated with emotional reasoning in pre-adolescents, it has been proposed that emotional reasoning is not fully developed in childhood (Muris, Merckelbach and van Spauwen, 2003). Nonetheless, it is important to note the possibility that differences between clinically anxious and non-anxious children may exist, but were not picked up during this study, as the community population of children did not vary widely in terms of the severity of their anxiety symptoms. Therefore, this study aimed to apply Muris et al’s (2003) methodology with a clinically anxious (n=50) and non-anxious (n=50) group of 7-12 year olds. The findings of this study will form an understanding of the relationship between cognitions about bodily symptoms and childhood anxiety disorders. Implications for the treatment of childhood anxiety disorders will be discussed.

Keywords: Child anxiety, bodily symptoms, emotional reasoning, anxiety sensitivity

DOES CHILDREN'S ANXIETY BIAS THEIR PERCEPTIONS OF PARENTING BEHAVIOUR?

Lau, M.P.Y.; Creswell, C.; Murray, L.

University of Reading, United Kingdom

Standardised questionnaires have been widely used to establish the role of parenting behaviour in the development of child anxiety problems. However, there are two central methodological concerns. First, the use of standardised parenting questionnaires assumes that children's responses reflect the parenting constructs researchers intend to measure. Yet, this assumption is largely untested and the construct validity of parenting questionnaires is questionable. Second, parenting questionnaires measure children's perceptions of parenting, which may be biased by their levels of anxiety. This study aimed to investigate (1) if child-report parenting reflects parenting constructs that researchers intend to capture (i.e. testing construct validity of previously used parenting questionnaires, including EMBU-C questionnaire and Rapee (2009) perceived parenting scale), and (2) if increased anxiety is associated with a tendency to perceive parenting more negatively. Using a semi-structured interview, 80 8- to 11-year-olds from a community sample in the UK were asked to describe particular parenting behaviours in response to a selection of parenting questionnaire items. Responses were coded according to theoretical definitions of parenting constructs falling under 3 over-arching themes, including warmth/ rejection, overprotection/ low overprotection and anxious rearing/ challenge. In addition, 18 parenting scenarios were developed to investigate how children with differing levels of anxiety interpret different parenting constructs. Each scenario was designed to tap each of the parenting constructs as above and children's responses were evaluated to assess the extent to which they reflected these constructs. The study findings have important implications for the use of parenting questionnaires in child anxiety research.

Keywords: Anxiety; Parenting; Questionnaires; Construct validity; Cognitive bias; Semi-structured interview

DO ANXIOUS AND NON-ANXIOUS CHILDREN DIFFER IN THEIR PHYSIOLOGICAL AROUSAL AT REST AND IN RESPONSE TO STRESS?

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Clinical descriptions of anxiety disorders typically include heightened physiological reactions to a stressor (Lang, 1968). However, while some studies suggest that anxious children show heightened sympathetic (e.g. heart rate) and parasympathetic activity (e.g. heart rate variability, HRV), others have failed to find differences from non-anxious children (e.g. Beidel, 1991; Schmitz et al., 2011). Methodological factors are likely to account for the inconsistency of findings, including sample characteristics (e.g., considering anxiety disorders generally or social phobia specifically), differences in whether baseline and/or response to stress is assessed, and the use of study designs that are likely to influence physiological measures, (such as CO₂ inhalation). The present study took these methodological factors into account in order to establish whether anxious children differ in HR and HRV in stress and non-stress conditions in comparison to non-anxious children. HR and HRV were measured using Actiheart heart rate monitors and software (Version 4) in 50 anxious (25 socially anxious and 25 non-socially anxious) and 25 non-anxious 7-12 year olds. HR was higher during stress than during non-stress conditions, regardless of group. With regards to HRV, the reverse was found, such that HRV was higher during non-stress than during stress conditions across both groups. There were, however, no significant group or group x task effects. These findings suggest that in contrast to previous suggestions, anxious and non-anxious children do not differ in their sympathetic and parasympathetic activity during stress and non-stress conditions. Possible explanations for this will be discussed.

Keywords: Child anxiety, heart rate, heart rate variability, physiology

Afternoon Paper Session II

Bringing Treatment to the Everyday Life of Children

Chairperson: Dr Thomas Ollendick

INCREASING ACCESS TO EVIDENCE-BASED TREATMENTS IN CAMHS: A PILOT EVALUATION OF AN EXTENDED LEARNING PROGRAMME IN COGNITIVE-BEHAVIOURAL THERAPY FOR YOUTH ANXIETY PROBLEMS

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Cognitive-behavioural therapy (CBT) is the most efficacious psychological treatment for anxiety in children and adolescents, yet remains relatively underused in everyday clinical settings. Despite consensus about the need to increase CBT competences in the workforce, little evidence exists to guide the development and delivery of relevant staff training and supervision. A six-month learning programme in CBT for youth anxiety problems was piloted with a diverse cohort of clinicians (N=28) working in community-based CAMHS. The programme comprised introductory workshops, a practice manual, monthly group/weekly email supervision, and submission of an assessed practice portfolio. A repeated-measures cohort design was used to evaluate feasibility (trainee retention rates and their attainment of predetermined standards of competence); acceptability (trainees' satisfaction with teaching, supervision and accompanying materials); learning outcomes (trainees' acquisition of knowledge and skills); and implementation of learning (trainees' perceived barriers to routine use of CBT and actual use of CBT within clinical caseloads). Although the programme was viewed positively by trainees, just under half completed the minimum requirements. Programme completers demonstrated significantly improved CBT/anxiety knowledge and case formulation skills, and more extensive use of CBT techniques. The experience of supervised practice had relatively stronger effects on CBT competences than initial training workshops. Clinicians identified a number of barriers to sustained use of CBT at the conclusion of the programme. These results signal the challenges associated with developing and sustaining CBT capacity in routine CAMHS. Implications for future workforce development initiatives involving CBT are considered.

Keywords: CBT, training, supervision

EMOTION A TRANSDIAGNOSTIC INDICATED PREVENTIVE PROGRAM FOR CHILDREN WITH ANXIETY AND DEPRESSION; RESULTS OF A PILOT STUDY

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The Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Norway

EMOTION is a new transdiagnostic CBT program for youth aged 8 to 12 years, with anxious and/or depressive symptoms (Kendall, Stark, Martinson, O'Neil & Arora, 2011). The program consists of a 20-session group treatment that integrates core components of established evidence based single-target treatments for anxiety and depression in youth (*Coping Cat*, Kendall & Hedtke, 2006; *ACTION*, Stark et al., 2007). The first 10 sessions focus on building skills, coping with negative affect, psycho education, goal setting and problem solving, while the last 10 sessions focus on building a positive self-schema, cognitive change with graded exposure and behavioral tasks. The skills are taught in an experiential manner with games and activities. The group leaders follow a manual and the children have a workbook. The program is designed for implementation in the school or outpatient setting and includes an 8-session parallel parent group component. The transdiagnostic protocol was piloted in 2011 in one school in Norway. The main focus of the pilot was to test whether the program was applicable in the school setting and to develop good recruitment strategies for an indicated intervention. A secondary aim was to measure user satisfaction, in addition to the estimation of program effects. Experiences and results from the pilot study which included eleven children and their families will be presented, along with effect sizes and Reliable Change Index (RCI) for the pre-post scores.

Keywords: Anxiety, depression, children, prevention, transdiagnostic

SCHOOL BASED COGNITIVE BEHAVIOURAL PREVENTION FOR ANXIETY DISORDERS - RESULTS OF A SWEDISH PILOT STUDY

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Anxiety disorders begin early in life, involve great suffering and predict psychiatric problems later in life. Preventative interventions for anxiety disorders are important because only a few children with these problems get in contact with treatment. “FRIENDS for life” is the most frequently evaluated prevention program for anxiety disorders and have many years of research evidence backing its efficacy. The program has been recognized by the World Health Organisation, WHO, and the Swedish Council on Health Technology Assessment, SBU. In 2010 the lecturer did a pilot study in a Swedish school. Fifty children, 8-9 years old, were given the FRIENDS program. Children’s anxiety symptoms, depressive symptoms and general mental health were measured on three occasions with the forms SCAS, CDI and SDQ. Measurements were made 9 weeks before the intervention, the week before and the week after the intervention. The results showed decreases in depressive symptoms and decreased anxiety in children with increased risk of anxiety problems. Teachers reported lower prevalence of problems among the children. The evaluation showed that the children and parents appreciated the FRIENDS program. In conclusion, the study shows that FRIENDS is a promising intervention in the Swedish context.

Keywords: anxiety, prevention, CBT, FRIENDS, school, children

BRIDGING THE GAP BETWEEN EFFICACY TESTS AND EFFECTIVENESS STUDIES: A SECONDARY ANALYSIS OF SINGLE CASE STUDIES WITH THE COPING CAT PROGRAM IN EASTERN AND SOUTHERN NORWAY

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Introducing new evidence-based treatments in practice settings is a challenging process with questions being raised about how robust these treatments are in routine clinical use. Future research has to prove that positive results found in previous studies at university clinics can be transferred to ordinary practice settings. The Coping Cat program is a manualized treatment protocol for children with anxiety disorders. Applying well recognized CBT techniques, Coping Cat is widely used with clinical efficacy trials revealing that the program is an effective intervention method. The main purpose of this study was to investigate if the beneficial effects shown in international studies can be obtained in regular practices in Norway. By following the third step of the deployment-focused model (Weisz, 2004), we investigated on whether the treatment program could be successfully applied by Norwegian therapists in regular outpatient clinics or not. The presentation will focus on the results of a secondary analysis of N=10 single case studies. The studies are conducted independently of each other in 6 different Norwegian outpatient clinics. The secondary analysis will provide an overview of the characteristics of the single case studies, with focus on diagnosis of the treated patients, and self-report ratings on symptoms of anxiety. Results based on these measures will be presented and integrated with the help of effect sizes and Reliable Change Index (RCI).

Keywords: Anxiety, single case studies, effectiveness studies

COGNITIVE BEHAVIORAL THERAPY IN MENTAL HEALTH CLINICS IN NORWAY: A TWO YEAR FOLLOW UP

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A large majority of studies concerning cognitive behavioral treatment for anxiety disorders in youth have been done in settings that differ from usual clinical care. Some have argued that the differences in samples and therapists may produce less favorable outcomes when delivered in community clinics. Few studies have examined the effects of CBT for youth with anxiety disorders in community clinics, and we know even less about the long term effects. The present study examines a follow-up of children with anxiety disorders 2 years after completed CBT-treatment in community clinics in Norway. The study includes 150 children (aged 7-13) with a primary anxiety disorder who have received twelve sessions of individual or group CBT two years earlier in one of five community clinics. Parents and children (completers and non-completers) are assessed separately with diagnostic interviews, child self-reports of anxiety and depression, parent-reports of child anxiety symptoms, clinician ratings of global function and a semi structured interview assessing recall of therapy components. Preliminary results from the ongoing follow-up study will be presented and discussed. Results indicate that a majority of the children show significant improvement after 2 years. Preliminary results indicate that CBT-treatment in clinical care seems to be as effective as treatment offered in university clinics. These results have implications for the use of evidence based treatments in usual clinical care contexts.

Keywords: CBT, long-term effect, anxiety disorders, children, community mental health clinics

Poster Presentations

ACCIDENT RELATED PSYCHOLOGICAL PROBLEMS ON CHILDREN

Authors: Asfaw, A.; Ashagrie, T.

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The main objective of this study was to examine accident related psychological problems of children at three selected hospitals in Addis Ababa. The study also aimed at finding if there are age, sex and accident type differences in exposure to the psychological problems (Anxiety Disorder, Emotional Distress and Posttraumatic Stress Disorder Symptom Scores). Investigation of the psychological services in the three hospitals was also another objective. To meet these objectives, 100 victimized children, 100 parents of children participants and 20 mental health counselors were purposively selected and included in the sample. Three scales measuring the psychological problems (anxiety, emotional distress and posttraumatic stress disorder symptoms) and two structured interviews were used as instruments. Quantitative and qualitative analyses were used to analyze the data obtained through the scales and interviews. Percentage results showed that 75% victimized children showed clinically significant level of anxiety while 98% had clinically significant level of emotional distress. Severe posttraumatic stress symptom was exhibited in 61% of the cases. Results from the analysis of variance indicated that there were no statistically significant age, sex and accident type differences in experiencing anxiety, emotional distress and posttraumatic stress disorder symptom levels. The main and interaction effects of the three-way ANOVA also came up with statistically non-significant results. Interview results with mental health counselors and parents of participants showed the prevalence of little/no professional counseling services in the three hospitals. Recommendations and implications of the study are indicated.

Keywords: Anxiety Disorder, PTSD, Emotional Distress, Children, Accident

PSYCHO TRAUMATIC SCREENINGS INSTRUMENTS FOR REFUGEE CHILDREN, CONSIDERATIONS AND RECOMMENDATIONS

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No standard for the testing of PTSD in refugee children, or for the treatment of traumatized individuals, has been set in Denmark. This limits the possibility for national comparisons and the use of a single definition of trauma, PTSD and well-tested treatment options. The present results aim to be the first step in the establishment of standards for screening in the field. A review of the literature in the field of psychometrics, child testing, cross-cultural testing and child PTSD gave access to a large number of instruments testing for child PTSD. Criteria were formulated to narrow down the search results and ultimately recommend the most suitable instruments. A short presentation of these criteria is given at the conference. The seven short-listed instruments, resulting from criteria application are: CAPA-PTSD; CPTSDI; CPSS; CSDC; PTSS-C; SCARED Traumatic Stress Disorder Scale and UCLA PTSD Reaction Index. Two instruments are found to be the most recommendable in the field today for measuring PTSD in refugee children in Denmark: The UCLA PTSD Reaction Index and the Child PTSD Symptom Scale (CPSS). The CPSS has since been translated into Danish.

Keywords: PTSD, children, psychometric testing, cross-cultural

PREVALENCE OF ANXIETY AND DEPRESSIVE SYMPTOMS AMONG SCHOOL CHILDREN IN DENMARK WITH ETHNIC DANISH, IMMIGRANT AND REFUGEE BACKGROUNDS

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Little is known on how refugee and immigrant children cope with and thrive in the Danish school system and their respective levels of anxiety have not been studied. As part of a collaborative project between OASIS - a centre for traumatized refugees, and Copenhagen Child Anxiety Project (CCAP), 12 – 18 year old students were asked to fill out the following screening questionnaires: SDQ, HBSC-SCL, RCADS and AQ-C a child attachment test (P. Muris). The aim was to test a hypothesis regarding differing levels and types of anxiety among these populations in comparison with children of Danish origin. The sample consisted of 300 school children, all of which were refugee children, immigrant children or Danish classmates to the aforementioned subgroups. The preliminary findings show that refugee children seem to have more emotional difficulties than their classmates (scored highest on the SDQ Total Difficulties Score) and the immigrant and Danish children had very similar score on the scales of the SDQ and the RCADS. A major difference was found, though, on the scores of the HBSC-SCL. Immigrant children scored much higher than both Danish and refugee children, indicating that immigrant children suffer from more somatic issues than the other subgroups of children. Further results on these matters, as well as on the differences in attachment styles of these subgroups of children will be presented at the conference.

Keywords: Refugee children, immigrant children, thriving, mental health

A CASE BASED RESEARCH PROJECT ON CHILDREN WITH ANXIETY DISORDERS, WHO DO NOT RESPOND TO MANUAL BASED COGNITIVE BEHAVIOURAL TREATMENT

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Even though the Cool Kids Program has proved to be very effective (e.g. Hudson, Rapee, et.al. 2009) in the treatment of childhood anxiety disorders, some children do not profit from manual based cognitive behavioural therapy. Through case-based research we explore possible reasons for non-response and evaluate whether an individualized treatment form effectively reduces those children's anxiety. Children who three months after the end of the manual based group treatment show a limited response or a lack thereof (measured by the Clinical Global Impression-Improvement of Anxiety scale (CGI-I)), are offered additional treatment in cases where the primary problem is still in the internalising/negative affect (anxiety-depression) field and treatment is not received elsewhere. The reasons for non-response are explored and the effectiveness of that individualised treatment is assessed on the basis of qualitative data gathered in the form of journal notes on the course of therapy, DVDs of therapy sessions, case studies written by psychology students and semi-structured interviews of the therapists and the families, as well as quantitative data that consist of standardised questionnaires completed by children and parents (pre-, post-, treatment and 3-, 12- months after the end of treatment) and process measures completed on a session to session basis. Preliminary results on the two first case studies developed will be presented.

Keywords: Youth anxiety, CBT, Non-responders

ASSOCIATION BETWEEN PERFECTIONISM, ANXIETY AND DEPRESSION AMONG CHILDREN

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Striving for flawlessness in all aspects of life is one of the most simple definitions of perfectionism (Flett & Hewitt, 2002). Researches clearly indicate relation of this multidimensional construct with negative outcomes and even with psychopathology. Although it is known that childhood and adolescence are the most important periods for the development of perfectionism, this is almost unknown research area in R. Macedonia. The data were obtained in two primary schools in Stip. The sample consisted of 468 students, aged 11-14 years, from the 5th till 8th grade of primary school, of which 279 were female, and 189 male. This research aimed to explore the relationship of perfectionism dimensions with anxiety and depression among children. We examined possible difference among four groups of children (children with the anxiety symptoms, symptoms of depression, anxiety and depression symptoms, and children with no apparent symptoms) with regard to the level of dimensions of perfectionism. The following instruments were used: Adaptive/Maladaptive Perfectionism Scale (Rice & Preusser, 2002), Revised Children's Manifest Anxiety Scale (RCMAS, Reynolds & Richmond, 1978) and Children's Depression Inventory (CDI, Kovacs, 1981). The results show that there is a statistically significant difference among four groups of children with regard to the level of dimensions of perfectionism. When the impact of anxiety was controlled, depression was significantly correlated with the dimensions Sensitivity to Mistakes and Contingent Self-Esteem, and when the impact of depression was controlled only the correlation of anxiety and Contingent Self-Esteem was not statistically significant.

Keywords: Perfectionism, anxiety, depression, children

PARENTAL REJECTION, PERSONALITY MALADJUSTMENT AND ANXIETY SYMPTOMS IN ADOLESCENTS WITH SOMATOFORM DISORDERS IN PAKISTAN

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The present study investigated the relationship between perceived parental rejection, personality maladjustment and severity of anxiety symptoms in adolescents with somatoform disorders (N=300). The hypotheses were including that (a) there is likely to be relationship between perceived parental rejection, personality maladjustment and severity of anxiety symptoms in adolescents with somatoform disorders, (b) parental rejection and personality maladjustment are likely to be the predictors of anxiety symptoms in adolescents with somatoform disorders, (c) adolescents with somatoform disorders are likely to report more parental rejection, have developed maladjusted personality and manifest higher level of anxiety symptoms compared to the normal controls. Total 300 female adolescents (150) diagnosed with somatoform disorders and those (150) with general medical conditions were recruited from different hospitals of Lahore city in Pakistan. Parental behavior was assessed through Parental Acceptance-Rejection Questionnaire (PARQ, Rohner, 2005). Somatoform Symptoms Scale (SSS; Naz & Kausar, 2011) was used to assess the severity of somatoform symptoms. Interpersonal Relationship Anxiety Questionnaire (IRAQ; Rohner, 2005) was used to assess severity of anxiety symptoms. Results revealed that adolescents with somatoform disorder perceived their parents being significantly more hostile, aggressive, rejecting and neglecting, have maladjusted personality and had significantly higher anxiety symptoms compared to the normal controls. Parental behavior and maladjusted personality had significant positive correlation with anxiety symptoms and with severity of somatoform disorder's symptoms. Parental rejection and maladjusted personality had significant association with anxiety symptoms. Implications of the findings for parents, health professionals and policy makers are discussed in the context of Pakistani culture.

Keywords: Somatoform Disorders, Parental Rejection, Personality Maladjustment, Anxiety Disorder, Adolescents

ASSESSMENT OF SPEAKING BEHAVIOUR IN CHILDREN WITH SELECTIVE MUTISM

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Children with selective mutism (SM) can talk but are characterized by a consistent lack of speech in important social situations. Although not conceptualized as an anxiety disorder in the ICD-10/DSM-IV, it is currently understood as such in the literature. SM can be diagnosed using the SM module in The Anxiety Disorders Interview Schedule (ADIS-IV) and, in addition, assessment of speaking behaviour in different situations is considered to be crucial. The Lindsey Bergman's Selective Mutism Questionnaires (SMQ and SSQ) are among the few available standardized instruments. Whether the SMQ and SSQ are applicable to Nordic children and reflect the wide variability in speaking behaviour found in SM, is not known. Elisa Shipon-Blum at the Selective Mutism Anxiety Research and Treatment Center (USA) has developed a non-standardized measure called the Social Communication Anxiety Inventory; SCAI. The SCAI is meant for clinical evaluations of SM before and during therapy. It reflects the gradual increment of speech from a completely non-communicative state through a non-verbal phase, a transitional phase, and finally the verbal phase. Aim: The aim of this poster is twofold: 1. to describe the usefulness of the Norwegian versions of the SMQ/SSQ used in two treatment studies, and 2. to present a Norwegian translation of the Social Communication Anxiety Inventory.

Keywords: Selective Mutism, Anxiety Disorders, Assessment

NEURODEVELOPMENTAL PROBLEMS IN A CLINICAL SAMPLE OF CHILDREN WITH ANXIETY DISORDERS

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Anxiety disorders (AnxDs) are among the most common conditions in childhood/adolescence and may persist into adulthood. Children with neurodevelopmental disorders have been shown to exhibit an increased prevalence of anxiety disorders. However, literature on neurodevelopmental disorders in children with AnxDs is sparse, and whether the presence of neurodevelopmental disorders constitutes a frequent problem among children with AnxDs is unresolved. To investigate the association between AnxDs and neurodevelopmental impairment in clinically referred children. A total of 141 children (90 males) aged 7-13 years were assigned to four groups: referred children with AnxDs ($n = 41$), attention deficit/hyperactivity disorder (ADHD) ($n = 39$), comorbid AnxD and ADHD ($n = 25$), and non-referred controls ($n = 36$). Diagnoses were established using the Kaufman's KSADS-PL. All participants had IQ > 70. Motor ability was assessed using the Movement Assessment Battery for Children. Language skills were assessed using the Wechsler Abbreviated Scale of Intelligence and the Children's Communication Checklist (CCC-2), and social skills were measured with the Social Skills Rating System. Neurodevelopmental disorders, as conceptualized by motor and language impairment were frequent among children with anxiety disorders: 46 % of children with AnxDs and 36 % of the comorbid AnxDs/ADHD exhibited motor impairment. 50 % of the children in the AnxDs group and 76 % of the comorbid AnxDs/ADHD had scores consistent of language impairment. Language skills were significantly related to social skills. The present findings underscore the importance of routinely assessing neurodevelopmental disorders in children with AnxDs.

Keywords: Anxiety disorders, Neurodevelopmental problems, Social Competence

STRESSFUL LIFE EVENTS AND TEMPERAMENT, BUT NOT PARENTING STYLE, MEDIATE THE RELATIONSHIP BETWEEN NEIGHBOURHOOD DISADVANTAGE AND INTERNALIZING SYMPTOMS IN ADOLESCENTS

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Disadvantaged neighbourhoods are associated with increased risk for anxiety and depression in adolescents. However the mechanism for this relationship is not known. Using a longitudinal study design, we investigated several potential mediators including stressful life events, parental hostility and warmth (tested using direct observation), and adolescent temperament (Surgency, Negative affectivity, Effortful Control). A community sample of 245 adolescents and their parents participated in a range of assessments at baseline, including an observational assessment of parent-adolescent interactions, and a battery of adolescent-rated questionnaires. Adolescents were followed-up approximately 4½ years later and completed a questionnaire assessing depressive and anxious symptomatology. Stressful life events and all temperament dimensions, but not parenting style, significantly mediated the relationship between neighbourhood disadvantage and symptoms of depression and anxiety at baseline and follow-up. Results suggest that neighbourhood disadvantage may increase risk for adolescent depression and anxiety partially through its association with increased risk for stressful life events, and differences in adolescent temperament. These findings suggest potential targets for prevention programs aimed at minimising psychopathology in adolescents.

Keywords: Adolescence, temperament, parenting style, stress, neighbourhood, anxiety, depression

**ANXIETY AMONG YOUTH BORN WITH EXTREMELY LOW
BIRTH-WEIGHT OR EXTREMELY LOW GESTATIONAL AGES: A
LONGITUDINAL FOLLOW-UP STUDY**

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Premature birth and low birth weight may lead to psychiatric and behavioural challenges, including anxiety. It is not clear how the relation is mediated. This study fits a longitudinal general equation estimation model with early and current parenting behaviour, measured with Parenting Sensitivity Assessment Scale (PSAS) and Rearing Behaviour Questionnaires (RBQ). Outcome is measured with a self-reported Revised Child Anxiety and Depression Scale (RCADS) at age 17, and the model is tested on a cohort of extremely prematurely and very low birth weight born ($n = 116$), and a matched control group ($n = 54$). The a priori model predicts anxious symptoms from gender (Wald $\chi^2 = 17.51$; $p < .001$), and parental warmth (Wald $\chi^2 = 19.91$; $p < .001$) and granting of autonomy (Wald $\chi^2 = 6.47$; $p = .01$), but no direct effect of being born prematurely (Wald $\chi^2 = 1.54$; $p = .21$). A post hoc model, however, also predicted level of anxious symptoms from PSAS acceptance subscale (Wald $\chi^2 = 6.25$; $p = .04$), and an interaction term between early inhibition and birth status (Wald $\chi^2 = 4.18$; $p = .04$). The interaction suggest that excess anxiety among prematurely born may be mediated through biological factor.

Keywords: Anxiety, Birth Weight, premature birth

INTERNET-DELIVERED CBT FOR CHILDREN WITH SPECIFIC PHOBIA: A PILOT STUDY

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An open trial was conducted to evaluate internet-delivered CBT (iCBT) for children with specific phobia. Twenty four children aged 8-12 with a principal diagnosis of specific phobia were recruited through media advertisement and completed pre- and post treatment assessment. They received six weeks of iCBT, consisting of psycho education and exposure and mainly directed to the parents, with therapist support. Therapist support was principally given through written messages on the participants' exercises but also included three telephone calls. The primary outcome measure was a clinical severity rating (CSR) assessed with the Anxiety Disorder Interview Schedule (ADIS) which was assessed before and after treatment by a trained psychologist. Preliminary results show that clinical severity ratings were significantly lower at post treatment with a large within group effect size (Cohen's $d=1.14$). Ratings of global functioning were significantly improved with moderate within group effect sizes. Ten participants (35%) no longer met criteria for specific phobia at post treatment. The participants were overall satisfied with the treatment and self-report measures from parents and children showed small to moderate reductions in anxiety. Preliminary results show that iCBT with therapist support for children with specific phobia can reduce anxiety severity and self-reported anxiety and increase global functioning. Additional studies, including randomized controlled trials, are required before the iCBT can be implemented in a clinical setting.

Keywords: Internet-delivered treatment, CBT, Children, Anxiety disorders, Specific Phobia

CHILDHOOD ANXIETY DISORDERS, ALBANIAN CASE

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Psychological service in Albania, is taking place in this country only in the last twelve years, so there exist so many problems in diagnosing and treatment of several psychological disorders for all the stages of the lifespan in Albanian people. So by this paper, I'd like to emphasize a new fact I'm affording every day at my work like a psychologist. The number of children, who experience an anxiety disorder, during their early childhood stage, or the middle one stage, is increasing rapidly, recently in Albania. The major factor that affects this rapid increase seems to be all the consequences of the social and economical transition that Albania and Albanian are facing day to day, during these twenty years of democracy. From an anthropological point of view, the Albanian family nowadays is trying hard to reach a new lifestyle, resembling the European one, but deep inside it, it can't escape from the old patriarchal Albanian style. This battle from one part and the lack of appropriate information for the parenting process, from the other, outside emigration, the low level of education at schools, and the low economical level at most of the Albanian families, seem to be the main factors that affect the increasing of childhood anxiety disorders in Albania. Almost total absence of the valid assessment tools, for identifying these disorders, is another main problem for psychologists in Albania, which can lead to wrong treatment or the absence of it. So what's the future of this country, if the number of such children is increasing rapidly?

Keywords: Family lifestyle, Psychological service in Albania, Absence of the valid assessment tools

PREDICTORS OF TREATMENT DROPOUT

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Premature treatment termination is common in public child mental health clinics. Little is known about factors associated with premature termination among children with anxiety disorders. This study examines predictors of dropout from a 10 week randomized controlled effectiveness trial of a group (GCBT) versus individual (ICBT) cognitive behaviour therapy program conducted in seven public mental health outpatient clinics in Norway. Participants were children (N= 182, ages 8-15) with primary diagnosis of separation anxiety disorder, social anxiety disorder or general anxiety disorder. There were altogether 26 dropouts (14.3%), with similar dropout rates ICBT and GCBT. Child and parent treatment credibility child self concept, and parent-rated behaviour inhibition differentiated significantly completers from non- completers. Only child treatment credibility significantly predicted dropout from treatment (OR 0.845, CI 0.77-0.93, $p < 0.001$). The most frequent reason given for dropout was lack of motivation. Implication of the findings for research and practice will be discussed.

Keywords: Childhood anxiety disorders, CBT, effectiveness study, Dropout