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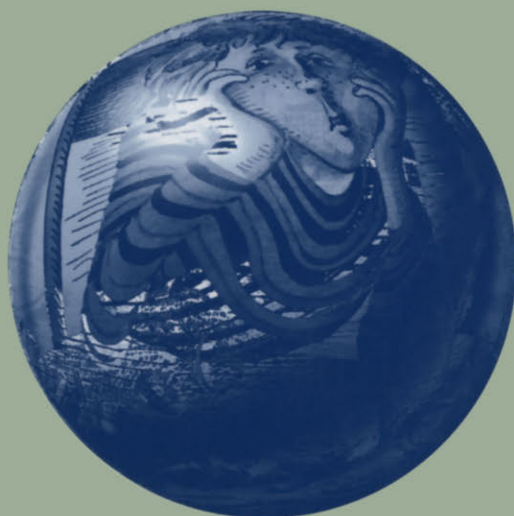
Anxiety and Phobic Disorders

A Pragmatic Approach

Wendy K. Silverman
William M. Kurtines



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A Pragmatic Approach

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In memory of my father, Nathan

—WKS

Foreword

For many years, anxiety and phobic disorders of childhood and adolescence were ignored by clinicians and researchers alike. They were viewed as largely benign, as problems that were relatively mild, age-specific, and transitory. With time, it was thought, they would simply disappear or "go away"—that the child or adolescent would magically "outgrow" them with development and that they would not adversely affect the growing child or adolescent. As a result of such thinking, it was concluded that these "internalizing" problems were not worthy or deserving of our concerted and careful attention—that other problems of childhood and adolescence and, in particular, "externalizing" problems such as conduct disturbance, oppositional defiance, and attention-deficit problems demanded our professional energies and resources. These assumptions and assertions have been challenged vigorously in recent years. Scholarly books (King, Hamilton, & Ollendick, 1988; Morris & Kratochwill, 1983) have documented the considerable distress and misery associated with these disorders, while reviews of the literature have demonstrated that these disorders are anything but transitory; for a significant number of youth these problems persist into late adolescence and adulthood (Ollendick & King, 1994). Clearly, such findings signal the need for treatment programs that "work"—programs that are effective in the short term and efficacious over the long haul, producing effects that are durable and generalizable, as well as effects that enhance the life functioning of children and adolescents and the families that evince such problems.

In this context, Wendy Silverman and Bill Kurtines present their treatment-oriented book, *Anxiety and Phobic Disorders: A Pragmatic Approach*. The basic premise of this book is, of course, its emphasis on pragmatism. Pragmatism represents both an attitude about treatment and an approach toward determining and implementing treatments that work. As they succinctly note, the pragmatic therapist "does what is useful and what works" (p. 11). The pragmatic therapist is guided by a problem-solving approach that examines problems such as anxiety and phobias in the rich contexts in which they are embedded and that selects treatments that work from a diversity of theoretical viewpoints in order to resolve or at least ameliorate these problems. Thus, both a pragmatic and contextualist

approach is recommended by Silverman and Kurtines. The bulk of this book explicates and illustrates this approach in the assessment and treatment of these difficult and frequently refractory problems. Consistent with their point of view, Silverman and Kurtines acknowledge that the procedures they recommend might not be effective or efficacious with all youth who present with such problems; in such instances, they recommend a return to their contextualistic and pragmatic problem-solving approach to select and implement (or, in some cases, design) treatments that do work.

Silverman and Kurtines have done a major service to professional clinicians working with youth and their families by writing this book and sharing with us their rich insights and clinical acumen. For the practicing clinician, there is much to offer. Clear guidelines for selecting and using major assessment devices and treatment procedures are presented. In addition, verbatim transcripts of actual cases illustrate how and when to use these various strategies, as well as how to problem solve when "blocks" or obstacles are encountered in the assessment or treatment process. The book is, however, much more than a handbook or "cookbook." It instructs us in how to use the pragmatic, contextual approach and how to solve problems that we will inevitably encounter in our own clinical practices. For many of us, our practices will be enhanced as a result of reading this book and using the recommendations contained therein.

The authors have also presented a considerable challenge to the research community. Their emphasis on "treatments that work" goes against the grain of many of our long-held beliefs that effective and efficacious treatments must be wedded to, and presumably derived from, well-defined and articulated theories. We might ask, for example, whether treatments that borrow from such diverse theories as psychodynamic theory and social learning theory can be truly integrated into a viable treatment plan. Would not, at least in some instances, the tenets of these theories conflict and predict different treatment or assessment strategies? Do not some strategies or procedures based on theory "work" better than others? Defining "treatments that work" is, of course, a contentious issue at this time (Chambless, 1995), and one that is not easily resolved. Silverman and Kurtines are to be commended for presenting us with this fascinating challenge. The ball is in our court.

In sum, this is an excellent book. Clinicians and researchers alike will be stimulated by its crisp and penetrating analysis of the "realities" of treating anxious and phobic children and adolescents. We have ignored these youth for far too long; they deserve our concerted attention and energies. It is comforting to know that seasoned clinicians and researchers such as Silverman and Kurtines are addressing the problems of these youth and their families. They are in good hands.

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REFERENCES

Chambless, D. (1995). Training in and dissemination of empirically validated psychological treatments: Report and recommendations. *The Clinical Psychologist, 48,* 3–23.

King, N. J., Hamilton, D. I., & Ollendick, T. H. (1988). *Children's phobias: A behavioural perspective.* Chichester: John Wiley & Sons.

Morris, R. J., & Kratochwill, T. R. (1983). *Treating children's fears and phobias: A behavioral approach.* New York: Pergamon Press.

Ollendick, T. H., & King, N. J. (1994). Diagnosis, assessment, and treatment of internalizing problems in children: The role of longitudinal data. *Journal of Consulting and Clinical Psychology, 62,* 918–927.

Preface

This book is addressed to students and professionals in the mental health field who work with children who suffer from excessive fear and anxiety. In this book we share with you some of our ideas about what you can do to enhance the quality of life for these children and their families. Our ideas about how treatment can be used to help children were refined as part of a program of therapy and clinical research that has been evolving at the Child and Family Psychosocial Research Center at Florida International University in Miami. The center grew out of our earlier efforts to address the problem of developing effective interventions for use with internalizing problems in children and adolescents. The center is comprised of a number of programs and laboratories and provides multifaceted child and family interventions that include both outpatient and community-based services. The center has been actively involved in formulating and articulating systematic and broad-based approaches to all types of interventions with youth and families, including both prevention and treatment.

The techniques and procedures for helping anxious children described in this book were refined as part of the activities of the Childhood Anxiety and Phobia Program (CAPP) at the center. Within the center, CAPP has the distinctive mission of developing and evaluating approaches to assessment and intervention specific to the phobic and anxiety disorders of youth. CAPP is currently conducting two projects involved in the development of this intervention funded by the National Institute of Mental Health (#44781 and #49680), with other grant applications under review or preparation for projects that seek to extend and refine this intervention.

CAPP's goal of developing interventions targeted at internalizing youth and their families emerged from a persistent problem in the literature that has considerable implications for both practitioners and researchers: Because children and adolescents with externalizing disorders are likely to have a direct and disruptive effect on the lives of other individuals and institutions, these are the youth who have been more likely to be referred to mental health professionals, and who have thus been the primary focus of research attention. As a consequence, our conceptual and practical knowledge pertaining to internalizing

problems of youth lagged far behind. Only recently have children with internalizing problems, particularly anxiety and fear problems, become a primary interest of psychosocial intervention researchers.

In this book we share with you some ideas about how to help these troubled children. The book will provide you with an introduction to our "transfer-of-control" treatment approach and a practical, detailed description of how we use this transfer-of-control approach to implement our exposure-based treatment program with children with anxiety and phobic disorders.

In addition to providing clinically useful information about working with children, this book will also provide you with another type of information—information that will prove useful beyond working with children with anxious and phobic disorders. This book will introduce you to a broader perspective that we have found useful in organizing our thinking about all of the issues that we, as mental health professionals, face in our efforts to work with people in distress. This perspective, which is pragmatic in orientation, has helped to organize the way that we, as therapists, think about the clinical issues that we face in implementing our treatment approaches. It also has helped to organize the way that we, as clinical researchers, think about the research issues that we face in evaluating these treatment approaches.

We have, as a consequence, found this pragmatic perspective to have implications that extend beyond working with children with anxious and phobic disorders. This perspective offers a way of thinking about human behavior and development that we have found useful in our work with all types of people experiencing all types of distress. It has served to define the "attitude" that we as therapists bring to all of our efforts to work with people in distress. This book is therefore intended to be more than a "how-to" book or a "cookbook" for treating children with anxious and phobic disorders. It is intended to do more than explain and illustrate techniques and procedures. It will offer you a fresh perspective on helping troubled children that has implications for the broader orientation that you, as a mental health clinician or researcher, adopt in all your professional activities.

The book is organized into four parts. Part I, *Background*, introduces you to the perspective, the pragmatic "attitude," that makes up the broader framework for our basic treatment approach. Part II, *Evaluation*, describes some of the ways that we have found our pragmatic attitude to be useful in addressing the problem of assessing anxiety and phobic disorders in children. Part III, *Treatment*, describes our basic transfer-of-control approach for implementing an exposure-based treatment program with children with anxiety and phobic disorders. Although the transfer-of-control approach that we describe is applicable to both children and adolescents, adaptation would be necessary for the very young child or for the older adolescent. In this book, our focus is on applying the model with

elementary- and middle-school-age children. Part IV, *New and Better Ways*, describes some of the ways that we have extended our basic treatment approach to include working with other problems, populations, and contexts.

This book would not have been possible without the help of the children and the families with whom we have worked over the years. We express our deepest gratitude to them—and the strength and wisdom they have shared with us. We also wish to thank the editors of the series, Michael Roberts and Annette La Greca, for their thorough and constructive review of the manuscript that preceded this book. We also want to thank the editorial staff at Plenum Press for their patience and all our other colleagues and students for their help throughout the various stages of the book. Finally, we thank our families—Effie, Daniel, and Rachel, and Heather and Robyn—for being sources of support for us through both anxious and nonanxious times.

Wendy K. Silverman and William M. Kurtines

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I

Background

1

A Pragmatic Attitude

No particular results then, so far, but only an attitude of orientation, is what the pragmatic method means. The attitude of looking away from first things, principles, "categories," supposed necessities; and of looking toward last things, fruits, consequences, facts.

—William James, 1907

Marie, an 11-year-old female, was referred to our center for treatment by a school counselor because of periodic episodes of school refusal, excessive social withdrawal, and an extreme need for reassurance. When her mother brought her in for treatment, she described Marie as being "scared of everything." Even such an ordinary thing as going to sleep at night was a major event—her mother had to stay with Marie in her room until the girl fell asleep. She said that ever since she could remember Marie was different from other kids in this type of excessive fearfulness, timidity, and her constant need for reassurance. Marie, she said, spent a lot of time worrying about little things and making these little things into big things. She worried about her grades even though she was just finishing the year as an "A" student in a gifted program. In fact, her mother said, she wouldn't be surprised if Marie spent this summer as she did last summer—worrying about the teacher she'll get in the fall.

When the therapist talked to her, Marie was initially quiet and compliant and said very few words. She began by describing how she often has trouble falling asleep at night because she is afraid that burglars might break in and kidnap her and kill her family. She talked about recent burglaries in the neighborhood and about the missing children whose pictures are on milk cartons. She talked about how much this worried her. Although her initial focus was on personal security and safety, as she began to warm up to the therapist it became clear that her worries and fears were much more pervasive, and that they had an extensive impact on the quality of her life as well as that of her family.

Marie's worries dominated her life. She worried a lot about what other people thought of her, especially other kids. At school, she even worried about

having to walk up to the front of the classroom to throw scrap paper into the wastebasket because the other kids would look at her. Being evaluated by her teacher for anything was even more painful. After school, she spent most of her time at home with her mother and did not like to be away from her. She rarely had anything to do with other children outside of school.

Marie's worries were extremely disruptive for her family. Many "everyday" family activities were prohibitive because of her worries. Going to restaurants, for example, was out of the question because Marie felt uncomfortable eating in public. Family conflicts were arising as a result of Marie's worries. Although Marie's parents had grown accustomed to changing family plans and routines so that Marie would not have to face things that made her feel anxious, they were beginning to feel angry and resentful. They wanted to go to restaurants every now and then! A particular area of conflict related to Marie's nighttime fears. Marie's mother was very tired of having to stay in her daughter's room for at least one hour every night at bedtime, until Marie fell asleep. It deprived her of her own greatly needed "alone time" with her husband—time for just the two of them, without the children.

These are the types of problems that all therapists who work with children commonly see. The specific areas of concern may not be exactly like Marie's; the areas may be more pervasive than Marie's or they may be less. They are, however, problems that cause extreme duress and suffering in many children. Large numbers of these children are so preoccupied with excessive, troublesome thoughts and feelings that they are unable to engage in many common activities—activities that may involve the family, the peer group, or the school. By not engaging in such activities, additional areas of difficulty and impairment usually arise. In Marie's case family conflict and impaired peer relationships arose. In other cases, academic failure, self-esteem difficulties, and other related problems may ensue.

As mental health professionals we recognize that the types of excessive and interfering thoughts, feelings, and behaviors that cause these children distress are problems that are diagnosed as anxiety and phobic disorders. These are children of great concern, and as mental health professionals our concern is about what can we do to help them.

Evidence is accumulating that anxiety and phobic disorders are highly prevalent among children and adolescents. Depending on the type of disorder and method of assessment employed, prevalence rates have been estimated as ranging between 1% to 17% (e.g., Kashani & Orvaschel, 1988; McGee et al., 1990). These rates reflect youth who have anxiety and phobic conditions severe enough to impair their daily functioning. For example, a proportion of these youth may be unable to attend school, to interact with peers, or to stay alone in bed at night. A sizable segment of these children and adolescents require

professional help to improve their functioning and to alleviate the psychological distress associated with excessive anxiety and fear.

The long-term costs of *not* intervening are high. Many of the associated problems of childhood anxiety disorders such as excessive school absenteeism and impaired peer relations have been linked with later developmental problems (e.g., school drop-out, inadequate vocational adjustment, self-concept problems). In addition, although longitudinal data on childhood anxiety disorders are sparse, existing evidence coupled with retrospective reports of adults with anxiety and phobic disorders suggests some continuity between child and adult disorders (e.g., Abe, 1972; Ost, 1987). Many adult patients report being anxious or fearful "all their lives" or "as long as they can remember." Finally, youth and their parents expend considerable time and energy in the treatment process (e.g., Kazdin, 1993). An estimated $1.5 billion is being spent each year on treating children with "mental disorders" (Institute of Medicine, 1989), a proportion of which goes for treating childhood anxiety and phobic disorders.

In this book we share with you some ideas about how to help these troubled children. The chapters that follow will provide you with a wealth of clinically useful information specifically about treating children with anxious and phobic disorders. The chapters will include a brief outline of our basic "transfer-of-control" treatment approach, and a practical, detailed description of how we use this transfer of control approach to implement our exposure-based procedures that target maladaptive behavioral, cognitive, and affective processes.

In addition to providing clinically useful information about working with children, this book will also provide you with another type of information—information that will prove useful beyond working with children with anxious and phobic disorders. This book will introduce you to a broader perspective, a pragmatic "orientation," that we have found useful in organizing our thinking about all of the issues that we as mental health professionals face in our efforts to work with people in distress. Although we have found it useful in our work with children, this pragmatic orientation is not in itself an intervention approach. Nor is it a particular school of therapy in the way that we think of, for example, psychodynamic therapy, family therapy, cognitive behavior therapy, and so forth. You do *not*, as a consequence, have to be a "pragmatic therapist" to use the treatment we describe in this book. You *can be* a pragmatic therapist and use this treatment approach but, as you will see, you can also be psychodynamic, family, cognitive behavioral, etc.—or eclectic, integrative, or even atheoretical.

This pragmatic orientation is thus not a treatment approach in the usual sense. Rather, it is a way of thinking about clinical and research issues that goes beyond the particulars or specifics of any one treatment approach or school of therapy. This pragmatic orientation provides the broader perspective or framework that gives direction to all our intervention efforts. This pragmatic orienta-

tion has become the cornerstone of all of our efforts to develop effective interventions with children and adolescents. It helps to organize and guide the way we think about the clinical and research issues we face in implementing and evaluating our treatment approaches. Because it provides the framework that we use to organize our ideas about treatment, we will use this first chapter to introduce you to this pragmatic orientation.

THE PRAGMATIC TRADITION

"Pragmatic" is sometimes interpreted as meaning simple and expedient—and sometimes that's what pragmatic means. It can, however, mean more. Much more. The pragmatic tradition in modern thought, for example, has played a key role in shaping the way we think about many issues, including complex philosophical as well as theoretical and conceptual issues. The pragmatic principle is American in origin, and pragmatism encompasses a long and distinguished tradition that contains some of the most prominent thinkers in American philosophy, including Charles Pierce, William James, and John Dewey. Indeed, the pragmatic principle, the main contribution of pragmatism, has been proposed as American philosophy's most important contribution to 20th-century thinking (White, 1955). Moreover, pragmatism continues to have a strong influence on contemporary thought. In fact, in the works of the American philosopher Richard Rorty (see, e.g, Rorty, 1979, 1985, 1992), neopragmatism has emerged as one of the most prominent philosophical traditions in the world today—one that has been at the center of the revolutionary changes that have been taking place in contemporary philosophical thought. The concept of pragmatic that defines our orientation draws, in part, on this tradition. For us, pragmatic thus means something more than simply being expedient.

Pragmatic is sometimes also interpreted to mean atheoretical, eclectic, or even antitheoretical. Our pragmatic approach is none of these. As will become clear, we are not opposed to particular theories or schools of therapy that focus on particular processes, clinical procedures, or research methods. It is not even that we do not use theories to guide our work or that we do not think that theories are useful things to have. On the contrary, being pragmatic, we sometimes think that it is useful to focus on particular processes, procedures, and methods, just as we also think that theories are often useful things to have.

We are, however, opposed to the idea that any *one* particular theory provides the one right way to think about the clinical and research issues, or that any particular method or technique provides the *one* right way of working with children (or adults) in distress. Our pragmatic perspective, as a consequence, is not built on any basic assumptions about procedures/methods or grounded in any

particular theoretical orientation. We do not, therefore, have foundational assumptions that dictate that one process or some processes (procedures, methods, etc.) are intrinsically more interesting, useful, or important than others.

If our pragmatic perspective is not defined by assumptions about the right way of thinking about any of these things, then what is it? One way to describe it is as *a way of thinking* about all of these things. A way of thinking about procedure and method. A way of thinking about theory and therapy, and about process and outcome. To borrow a phrase from James, it is an "attitude." It is an attitude of orientation toward *all* of human experience. This chapter will introduce you to the attitude or orientation that we call pragmatic—the attitude we bring to our work.

PRAGMATIC ATTITUDE

Being pragmatic means having an attitude, but not just any attitude. It means having an attitude with certain identifiable characteristics. We continue our description of what it means to be pragmatic by describing the characteristics of a pragmatic attitude, beginning with its problem-solving orientation.

Problem Solving

As we have already discussed, our pragmatic attitude does not begin with first principles or basic assumptions. Rather, where it begins is with concretely experienced human problems. It is an orientation that begins with concretely experienced human problems because the pragmatist adopts a *problem-solving* orientation.

Although there are many approaches to problem solving (see, e.g., Spivack, Platt, & Shure, 1976; Spivack & Shure, 1974, 1982), the pragmatist's approach is "pragmatic." As you might expect, we mean something specific by the concept of "pragmatic" problem solving. We mean more than simply being expedient in solving problems. Perhaps the most useful way of telling you what we mean by the concept of pragmatic problem solving is to first tell you what pragmatic problem solving is not. For example, one might be interested in problem solving as a domain of knowledge in the sense of "pure" knowledge. The pragmatist, however, is not interested in solving problems simply for the sake of solving problems or for the sake of developing "pure" knowledge. Quite the opposite, the pragmatist adopts a practical approach to problem solving and does not believe that solving problems can be separated from the practical effects or consequences of solving problems. To borrow (and paraphrase) another expression from James, the practical meaning and significance of any problem can