Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders

ABSTRACT

This revised practice parameter reviews the evidence from research and clinical experience and highlights significant advancements in the assessment and treatment of anxiety disorders since the previous parameter was published. It highlights the importance of early assessment and intervention, gathering information from various sources, assessment of comorbid disorders, and evaluation of severity and impairment. It presents evidence to support treatment with psychotherapy, medications, and a combination of interventions in a multimodal approach. *J. Am. Acad. Child Adolesc. Psychiatry,* 2007;46(2):267–283. **Key Words:** anxiety disorders, treatment, practice parameter.

Anxiety disorders represent one of the most common forms of psychopathology among children and adolescents, but they often go undetected or untreated. Early identification and effective treatment may reduce the impact of anxiety on academic and social functioning in youths and may reduce the persistence of anxiety disorders into adulthood. Evidence-supported treatment interventions have emerged in psychotherapy and medication treatment of childhood anxiety disorders that can guide clinicians to improve outcomes in this population.

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A group of invited experts also reviewed the parameter. The Work Group on Quality Issues thanks Boris Birmaher, M.D., Phillip Kendall, Ph.D., Ann Layne, Ph.D., Barbara Milrod, M.D., Thomas Ollendick, Ph.D., Daniel Pine, M.D., and Moira Rynn, M.D., for their thoughtful review.

This parameter was reviewed at the member forum at the 2004 annual meeting of the American Academy of Child and Adolescent Psychiatry.

During September 2005 to January 2006, a consensus group reviewed and finalized the content of this practice parameter. The consensus group consisted of representatives of relevant AACAP components as well as independent experts: William Bernet, M.D., Work Group Co-Chair; Sucheta D. Connolly, M.D., and Gail A. Bernstein, M.D., authors; R. Scott Benson, M.D., Allan K. Chrisman, M.D., and Saundra Stock, M.D., members of the Work Group on Quality Issues; Efrain Bleiberg, M.D., Rachel Z. Ritvo, M.D., and Cynthia W. Santos, M.D., Council Representatives; Gabrielle Shapiro, M.D., Assembly of Regional Organizations Representative; Boris Birmaher, M.D., and Thomas H. Ollendick, Ph.D., independent expert reviewers; and Amy Hereford, Assistant Director of Clinical Practice. Members of the consensus group were asked to identify any conflicts of interest they may have with respect to their role in reviewing and finalizing the content of this practice parameter. One of the consensus group members was on the speakers' bureau for the following pharmaceutical companies: Eli Lilly, Novartis, Ortho-McNeil, and Shire.

This practice parameter was approved by AACAP Council on June 17, 2006.

This practice parameter is available on the Internet (www.aacap.org).

Reprint requests to the AACAP Communications Department, 3615 Wisconsin Avenue, NW, Washington, DC 20016.

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METHODOLOGY

The list of references for this parameter was developed by searches of *Medline*, *OVIDMedline*, *PubMed*, and *PsycINFO*; by reviewing the bibliographies of book chapters and review articles; and by asking colleagues for suggested source materials. The searches covered the period 1996 to 2004 and used the following text words: child, adolescent, and anxiety disorders. Each of these papers was reviewed, and only the most relevant references were included in the present document.

DEFINITIONS

The terminology in this practice parameter is consistent with the *DSM-IV-TR* (American Psychiatric Association, 2001). The major anxiety disorders included in the *DSM-IV-TR* are separation anxiety disorder (SAD), generalized anxiety disorder (GAD), social phobia, specific phobia, panic disorder (with and without agoraphobia), agoraphobia without panic disorder, posttraumatic stress disorder, and obsessive-compulsive disorder. Selective mutism may have a multifactorial etiology, but it is included in this practice

parameter as research indicates that in most cases children with selective mutism also meet criteria for social phobia (Bergman et al., 2002). This practice parameter addresses all of the above-mentioned anxiety disorders with the exception of posttraumatic stress disorder and obsessive-compulsive disorder, which have their own practice parameters.

DEVELOPMENTAL CONSIDERATIONS

Fear and worry are common in normal children. Clinicians need to distinguish normal, developmentally appropriate worries, fears, and shyness from anxiety disorders that significantly impair a child's functioning. Infants typically experience fear of loud noises, fear of being startled, and later a fear of strangers. Toddlers experience fears of imaginary creatures, fears of darkness, and normative separation anxiety. School-age children commonly have worries about injury and natural events (e.g., storms). Older children and adolescents typically have worries and fears related to school performance, social competence, and health issues (Muris et al., 1998; Vasey et al., 1994). Fears during childhood represent a normal developmental transition and may develop in response to perceived dangers, but they become problematic if they do not subside with time and if they impair the child's functioning.

In children of preschool age, there is some emerging evidence that clear subtypes of anxiety may be less differentiated than in primary schoolchildren (Spence et al., 2001). The clinical impact of these anxiety symptoms may be significant even if full criteria are not met.

CLINICAL PRESENTATION

Children with anxiety disorders may present with fear or worry and may not recognize their fear as unreasonable. Commonly they have somatic complaints of headache and stomachache. The crying, irritability, and angry outbursts that often accompany anxiety disorders in youths may be misunderstood as oppositionality or disobedience, when in fact they represent the child's expression of fear or effort to avoid the anxiety-provoking stimulus at any cost. A specific diagnosis is determined by the context of these symptoms.

Youths with SAD display excessive and developmentally inappropriate fear and distress concerning separation from home or significant attachment figures. This distress can be displayed before separation or during attempts at separation. These children worry excessively about their own or their parents' safety and health when separated, have difficulty sleeping alone, experience nightmares with themes of separation, frequently have somatic complaints, and may exhibit school refusal.

Specific phobia is fear of a particular object or situation that is avoided or endured with great distress. A specific fear can develop into a specific phobia if symptoms are significant enough to result in extreme distress or impairment related to the fear. It is common for youths to present with more than one specific phobia, but this does not constitute a diagnosis of GAD.

GAD is characterized by chronic, excessive worry in a number of areas such as schoolwork, social interactions, family, health/safety, world events, and natural disasters with at least one associated somatic symptom. Children with GAD have trouble controlling their worries. These children are often perfectionistic, show high reassurance seeking, and may struggle with more internal distress than is evident to parents or teachers (Masi et al., 1999). The worries of GAD are not limited to a specific object or situation, and worry is present most of the time.

Social phobia is characterized by feeling scared or uncomfortable in one or more social settings (discomfort with unfamiliar peers and not just unfamiliar adults) or performance situations (e.g., music, sports). The discomfort is associated with social scrutiny and fear of doing something embarrassing in social settings such as classrooms, restaurants, and extracurricular activities. These children may have difficulty answering questions in class, reading aloud, initiating conversations, talking with unfamiliar people, and attending parties and social events.

It is common for youths with GAD to have worries in the social domain, but these differ in several ways from worries associated with social phobia. Youths with GAD worry about a variety of areas and not just performance and social concerns. Youths with GAD worry about the quality of their relationships rather than experiencing embarrassment or humiliation in social situations. The anxiety associated with social phobia usually dissipates upon avoidance or escape from the social situation, but anxiety associated with GAD is persistent.