Preface

Childhood Anxiety: Lessons Learned

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Guest Editors

It is an exciting time for clinicians and researchers who specialize in childhood anxiety disorders. Since the last coverage of this topic in 2005, significant advances have been made in both understanding the neurobiology of childhood anxiety and developing effective treatments for childhood anxiety. This issue is organized into three sections that cover a wide range of topics illustrating how far the field has progressed. In addition, each article highlights the areas in childhood anxiety that still require attention. Each of the articles reminds us how important it is to learn what causes pathological anxiety, how to identify it, and how to treat it effectively in order to prevent long-term adverse outcomes for children.

The first section focuses on the developmental epidemiology and the neurobiology of pediatric anxiety disorders to address the important issue of “What causes childhood anxiety?” The section begins with a review of the developmental epidemiology of childhood anxiety by Beeso and Knappe. Developmental epidemiology is a rapidly growing field where epidemiological methods are used to understand the origins and course of psychiatric disorders in large, representative samples. These studies have significantly contributed to the identification of biological and environmental factors that contribute to the origins of childhood anxiety, such as parental psychopathology, child temperament, and exposure to adverse environments. In addition, these studies have demonstrated that anxiety disorders start early and have a long course, including both continued anxiety as well as increased risk for other psychiatric disorders. In the second article, Sakolsky and colleagues review the current findings from genetic studies of anxiety. While rapid advances in genotyping technology have enabled large-scale psychiatric genetic studies, only recently have these studies focused on anxiety disorders. As with other psychiatric disorders, replications of genetic findings are few; however, there are several exciting and replicated findings in post-traumatic stress disorder, obsessive-compulsive disorder, and panic disorder. In the section’s final article, Blackford and Pine review the normative development of fear, the neural circuitry involved in fear, and current neuroimaging findings in childhood anxiety disorders. Advances in neuroimaging technology and pediatric neuroimaging methods have enabled researchers...
to examine the neural circuitry underlying childhood anxiety disorders. In generalized anxiety disorder and social phobia, dysfunction in amygdala-prefrontal cortex neurocircuitry is implicated, whereas in obsessive-compulsive disorder, structural and functional anomalies in the basal ganglia, orbitofrontal cortex, and anterior cingulate cortex are evident. Together these articles demonstrate that anxiety emerges relatively early in life and has a neurobiological basis. To prevent a long course of suffering, it is critical to both preempt the development of anxiety in high-risk children and intervene early with anxious children. Discovering the genetic and neural underpinnings of anxiety disorders will give insight into the underlying pathophysiology, leading to new targets for prevention, intervention, and treatment.

The second section provides the latest advances in treating pediatric anxiety disorders and related disorders from an evidence-based perspective. It begins with an article by Strawn and colleagues on pharmacotherapy for pediatric anxiety. The field of pediatric psychopharmacology for anxiety disorders has grown dramatically over the past 10 to 15 years. All this work has converged to recommend serotonin reuptake inhibitors as first-line medication treatment. However, even with adequate treatment with a medication there are still children who remain symptomatic, highlighting the need to develop new medication treatment options based on what is known about the underlying neurobiology. This section then takes a specific look at each anxiety disorder’s diagnostic criteria, clinical presentation, differential diagnosis, evidence-based treatment and promising methods, and implications for research and clinical practice. First, Jablonka and colleagues begin by describing well-known and innovative cognitive-behavioral treatments for the child anxiety triad, a term that includes separation anxiety disorder, generalized anxiety disorder, and social phobia. Novel treatment approaches discussed include emotion-focused cognitive-behavioral therapy, mindfulness, and attention bias modification treatment. Second, Franklin and colleagues review phenomenological similarities, differences, and comorbidity between obsessive-compulsive disorder and tic-related disorders. They describe how to use exposure therapy and habit reversal techniques separately or in sequence to treat comorbid conditions. Clinical controversies surrounding these treatments’ mechanism of action are addressed. Third, Carrion and colleagues review the presentation, treatment, and biology of childhood post-traumatic stress disorder. The field has advanced to appreciate that the presentation of this disorder in childhood is different from that seen in adults and may have to do with the timing and chronicity of the trauma. These advances have led to the development of psychotherapeutic techniques designed to target the inherent plasticity of the growing child’s brain, for example, techniques that reduce stress-mediated inhibition and promote cortical neurogenesis. Fourth, Hella and Bernstein review the small but expanding literature base on the cognitive-behavioral and pharmacological treatment of childhood panic disorder and agoraphobia as well as the existing treatment literature on school refusal. They delineate the proposed DSM-V criteria for panic disorder. Ideas for collaboration between school professionals and clinicians to improve school attendance rates are also provided. Fifth, Puliafico and colleagues describe two modified versions of Parent-Child Interaction Therapy used to treat separation anxiety. This includes the newly developed CALM program, which incorporates parent-led, in vivo exposure. Finally, Keeton and colleagues focus on similarities, differences, and comorbidity between social phobia and selective mutism. Well-known cognitive-behavioral and pharmacological treatments for social phobia are reviewed. This is paired with an overview of emerging treatments for selective mutism, including internet-based CBT, developmentally modified CBT for preschoolers, and intensive summer camp programs. Together, these articles balance the impressive body of treatment research that has been conducted in the field of child anxiety disorders.
in the last two decades with their pitfalls and promising new interventions that have materialized to address these limitations.

The third section aims to address two cutting edge issues in our field: How can we effectively implement evidence-based treatments for child anxiety in real-world settings? and what are the best ways to address parental psychopathology in the context of managing child anxiety? First, Gandhi and colleagues describe the complexity of determining the presence of an anxiety disorder in children suffering from a chronic medical condition and the modification of present anxiety treatments delivered in the primary care setting. Second, Herzig and colleagues discuss advantages of and empirical evidence for school-based child anxiety interventions. Suggestions are made regarding future directions for schools as a venue that can provide children with access to mental health services they otherwise might not receive. Finally, Vidair and colleagues conducted the first comprehensive literature review aiming to understand the effects of treating parental psychopathology on child anxiety. They discuss research showing that parental psychopathology leads to worse outcomes for children suffering from anxiety disorders and the great need to develop treatment paradigms that equally treat the child and the parent.

In conclusion, during the past decade we have seen many important advances in both identifying some of the neurobiological underpinnings of childhood anxiety and developing effective treatments. We thank each of the authors for contributing to this issue—we could not have put together such an amazing collection of articles without them. We look forward to the advancements of new clinical and research directions in the field of child anxiety that are sure to come in the next decade.

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