

Fear and Anxiety in Children

C8821



Module Convenors: Prof. Andy Field & Dr. Kathryn Lester

- NOTE: Most of the questions you need answers to about this module are in this document. Please read it fully and carefully before your first lecture.
- NOTE: This document concerns the structure and content of the module. If you have questions about procedures, please consult the School of Psychology Administration Office in Pev1 2A13 or via psychology@sussex.ac.uk.

Contents

Contents.....	2
Module Overview.....	4
Module Learning Outcomes.....	4
Getting Help.....	4
Module Organisers.....	4
Study Direct.....	4
Teaching and Learning.....	5
Timetable.....	5
Topic Outline.....	5
Lectures.....	6
Independent study.....	6
Assessment.....	7
Submission Information.....	Error! Bookmark not defined.
Late Submissions.....	Error! Bookmark not defined.
Research proposal (2500 maximum).....	7
Learning objectives assessed by this assignment.....	7
Context.....	7
Assignment.....	8
How will we assess this assignment?.....	8
Rules.....	9
Student Evaluation.....	9
Reading Material.....	9
What to read on this module.....	9
General Background Reading.....	10
Topic 1: The Normal Development of Fear (AF).....	10
Topic 2: Information Processing.....	11
Topic 3: Genetics (KL).....	12
Topic 4: Temperament (AF).....	12
Topic 5: Direct Traumatic Experiences (AF).....	13
Topic 6: Indirect Pathways (AF).....	13
Topic 7: Mass Media (AF).....	14

C8821: Fear and Anxiety in Children

Topic 8: Parenting (KL) 14
Topic 9: Prevention and Treatment (KL) 15
Topic 10: Predicting Treatment Response (KL) 15

Module Overview

Anxiety is the most prevalent psychological disorder of childhood, but how do children become anxious? This module looks at the developmental pattern of nonclinical fears in children and asks how these nonclinical fears turn into pervasive fears and phobias. In this module we explore: (1) the factors that contribute to the development, prevention and treatment of child and adolescent anxiety (e.g., genetics, temperament, family (parenting), and learning (information processing, direct and indirect experience, and mass media); and (2) the relationship between research, theory and practice in child and adolescent anxiety. This latter theme is explored by looking at temperament, family (parenting), and learning (information, learning through observation, media exposure and conditioning).

This is a research-focussed module. We do not give broad overviews of theories but focus on particular research articles and critically evaluate them. A major component of this module is, therefore, reading research papers and learning to evaluate their contribution to knowledge. If you do not like reading research papers and critically evaluating them then you are probably on the wrong module!

Module Learning Outcomes

1. Summarize and appraise the research and theory relating to how fear and anxiety develops through childhood.
2. Identify gaps in theory and practice on child and adolescent anxiety and design research that will fill those gaps.
3. Evaluate the contribution of genetics and social and cognitive development on theory and practice in child and adolescent anxiety and fear.
4. Integrate knowledge about different underlying causes of child and adolescent fear and anxiety.

Getting Help

Module Organisers

If you would like to discuss something about the module then we're happy to chat after (or before) lectures. Please check Sussex Direct for our student feedback and drop-in sessions and office locations:

Andy: <http://www.sussex.ac.uk/psychology/people/peoplelists/person/9846>

Kate: <http://www.sussex.ac.uk/psychology/people/peoplelists/person/214966>

We really do appreciate it when people take the time to check this module document, FAQs and the study direct forum for an answer first. During working hours we live in room 2B7 Pevensey 1 Building, ext. 7150 (877150 from outside) and room 4B11 Pevensey 2 ext 6655.

Study Direct

Another place to look for help is the module forum on StudyDirect. The forum has been set up so that you can ask questions to which we'll respond. During term time we check the forum regularly and we prefer this method of communicate to email because everyone can benefit from our responses.

Teaching and Learning

It is **CRUCIAL** for you to understand that formal examination on this module will be based on material covered in the lectures and your “essential reading” for each week. It is also important for you to understand that lectures will **NOT** attempt to ‘cover’ all such material. That is, lectures are not intended to provide an alternative to you learning the material in your essential reading. Any attempt to rely solely on learning material presented in lectures will severely restrict your ability to do well during formal assessment of this module. Lectures are intended to fulfil functions other than repeating or précising material covered in the essential readings.

Timetable

- Please consult **Sussex Direct** for the times of lectures and practical classes.

Topic Outline

Week	Lecture
1	<ul style="list-style-type: none"> • Introduction to the Module
2	<ul style="list-style-type: none"> • Normal Fears (AF)
3	<ul style="list-style-type: none"> • Information Processing (KL)
4	<ul style="list-style-type: none"> • Genetics (KL)
5	<ul style="list-style-type: none"> • Temperament (AF)
6	<ul style="list-style-type: none"> • Direct Pathways (AF)
7	<ul style="list-style-type: none"> • Indirect Pathways (AF)
8	<ul style="list-style-type: none"> • Media (AF)
9	<ul style="list-style-type: none"> • Parenting (KL)
10	<ul style="list-style-type: none"> • Prevention and Treatment of Child Anxiety (KL)
11	<ul style="list-style-type: none"> • Predictors of Treatment Response (KL)
12	<ul style="list-style-type: none"> • None

Lectures

There will be one 1-hour lecture per week. Lectures on this module are intended to perform several functions.

1. First, they will provide another 'channel' of communication, allowing you to hear as well as read about (selected) material relevant to the module.
2. A second function of the lectures is to point you towards important research that you should then go and read. We will not cover all of the important material, but will point you towards some key historical studies, or important recent developments in the field.
3. A third function of the lectures is to illustrate the nature of a critical approach to you. We will sometimes simply explain material. At other times, however, we will criticise the material in some way. University education is about learning how to constructively criticise as well as simply absorb information. Evaluate our criticisms. Are they simply personal evaluations – critique our critiques!

You should note that all the study skills advice in existence suggests that straightforward 'absorption' of material (i.e., reading, listening, rote-learning and memorising) should take up about 20% of learning time. The other 80% should come from 'interrogating' that information (e.g., looking for links, attempting to summarise and synthesise, looking for strengths and weaknesses and possible improvements, applying to different areas, etc.). Our job is to provide examples and guidance of how to critically evaluate research and theories in child anxiety. Your job is to extrapolate what you have learnt to new situations, students who work hard at doing this typically get the best marks. Students who simply regurgitate things that we have said typically don't do very well at all.

Independent study

The difference between studying at university and study you may have done previously is that at university the emphasis is on you finding out things for yourself. Just as fitness clubs attempt to foster and facilitate (but cannot impose) fitness, universities attempt to foster and facilitate (but cannot impose) academic excellence. Results will (and can only) come as a direct result of you making appropriate use of the facilities at your disposal. Lectures, seminars and the like are there to support and guide your independent learning – they are not there to "pass information from tutors' heads to students' notebooks without passing through the brains of either." Not everything you will need or want to know will be covered in the lectures or essential readings. You need to become familiar with the material you are guided towards, but you also need to learn to 'manipulate' that material: apply it to new domains, compare and contrast across topics, synthesise it, evaluate it, consider its relevance to issues of interest to you, supplement it, etc. This can only be done by being interested and working hard because you want to. An exclusive focus on passing exams will undermine that motivation and will make you perform less well as a result. Thus, study because you want to learn and stop when you have answers to your own satisfaction for the questions you care about. Finally, note that independent study is study you engage in outside of formal contact hours with faculty – it does not have to be solitary.

Assessment

Information on the following can be found at the link below:

- submitting your work
- missing a deadline
- late penalties
- MEC – mitigating evidence
- Exams
- Help with managing your studies and competing your work
- Assessment Criteria

<http://www.sussex.ac.uk/psychology/internal/students/examinationsandassessment>

Very Important Note: Appropriately completing and submitting formally assessed work is your responsibility. Definitive guidelines on this are provided in the examinations and assessment handbook for undergraduate students (link above) or via the school office. If you are in any doubt about the rules concerning submissions check with the school office. **We cannot grant extensions.**

Research proposal (2500 maximum)

Learning objectives assessed by this assignment

1. Summarize and appraise the research and theory relating to how fear and anxiety develops through childhood.
2. Identify gaps in theory and practice on child anxiety and design research that will fill those gaps.
3. Evaluate the contribution of social and cognitive development in childhood anxiety and fear.
4. Integrate knowledge about different underlying causes of childhood fear and anxiety.

Context

Our knowledge about how child anxiety develops and, therefore, how to prevent and treat it relies on generating theories and hypotheses, and doing research to test them. What we understand to be the 'truth' about child anxiety is only as reliable as the science behind that truth. As such, a core skill as an evidence-based clinician or researcher is the ability to evaluate theories, develop them, and finding ways to test those developments. The process of generating theoretical ideas and thinking systematically about how to test them is also an important transferable skill for situations in life in which you need to 'think outside of the box' and think through a plan of action in a critical and systematic way.

Assignment

Based on **at least two** topics from the module, we want you to generate a research question that needs answering (i.e., has not been answered before) and, more important, is *worth* answering. Having identified a question, we want you to write an outline of how you would conduct a piece of research to answer this question. You can assume for this purpose that you have unlimited money and resources. We also want you to explain why you have chosen the method that you have, and to consider the ethical implications of what you plan to do. Finally, we want you to consider the wider impact of the research (i.e., what are the implications for the real world). Your report should, therefore, be in five parts (in order of importance, words limits are a guide only):

1. **Topics (a sentence):** please list the topics covered by your proposal.
2. **Rationale (1000 words approx.):** what is your research question and why is it important? You will need to include some background information to explain from where the question originates. This section gets the most marks because it assesses your ability to integrate material from the whole module and come up with a sensible idea.
3. **Methods (750 words approx.):** Describe the research that you will do to answer your question. What measures/tasks will you use and why? What is the design?
4. **Potential problems (400 words approx.):** What are the potential problems with your research plan AND the theory that you're testing?
5. **Translational Impact (350 words approx.):** by answering your question, how will the world benefit? Imagine you were asking someone for the money to fund this research; you would need to convince them of the importance of the work for the real world. In this section, you need to write a statement that convinces us that there are real world benefits from the research that you plan to do. (These benefits need not be particularly grand, like an end to famine and war; we simply want to know how children will benefit from what you're planning to do).

There is an example of a proposal on the study direct page.

How will we assess this assignment?

We will basically apply the same marking criteria as for any essay or practical report (you can find these criteria online). However, alongside these criteria, we are looking for:

- **Integration of the topics and the logic of your idea:** students will get better marks for cohesively integrating the topics that they choose and providing a logical rationale for their idea. It goes without saying that if you happen to be able to generate completely original and innovative ideas then you'll get credit for that whereas modest alterations to existing studies will impress us less. For example, suggesting replicating a study but analysing gender will not garner fantastic marks unless there is a very strong theoretical reason why gender needs to be explored in that context.
- **Appropriateness of the design:** students will get better marks for elegant and appropriate research designs. You will receive lower marks for badly designed studies, or designs that don't test your research question, or if there are flaws in the design etc.
- **Creativity/originality:** students will get better marks for showing creativity and originality both in the research idea and in the design of the research. (Students doing final year

projects with either of us should note that you will do very badly if you write up the idea on which your project is based; see the rules below.)

- **Translational Impact:** We are interested in your ability to convey the ‘important message’ from the research that you’re suggesting.
- **Critical thought:** as with every piece of assessed work that you ever submit, we want to see you thinking (for yourselves) about what you do and showing evidence that you have cast a critical eye over your research plan.

Rules

- Your research ideas must integrate **at least two** topics from the module. This isn’t as hard as it sounds because all of the topics on the module are inter-related anyway.
- Your research proposal must not be the same as your final year empirical project (which is mainly important for those doing their final year projects with either of us, or a related member of faculty). You can, however, suggest a new piece of research that is related to your project, provided it is clear to us that there is a substantial difference between your research proposal and your project.

Student Evaluation

All modules at Sussex are fully audited. You will be asked to complete an anonymous student evaluation form near the end of each term, allowing you to comment on and criticise all aspects of the module. You may also comment on the module at any time, either to convenors or seminar tutors, and you may do this directly or via some intermediary (e.g., a student representative). Feedback received in this way will be collated and shown to all tutors and convenors for the module. It will also be reported to all relevant psychology teaching group meetings. Reactions and responses to such student feedback will be reported back to students via student representatives (who attend departmental meetings). You should also feel free to give us informal feedback on the module during the teaching sessions. We want the module to be as good as it possibly can be so all and any feedback is gratefully received.

Reading Material

What to read on this module

The reading comes mainly from journal articles so there isn’t a set text for this module. However, there are some books that give good/recent overviews of a lot of the research discussed on this module. We wouldn’t suggest you buy these because they are expensive and quite focussed in the material they cover, but they might be useful to look at in the library:

- Silverman, W. K. & Field, A. P. (Eds.) (2011). *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd edition). Cambridge: Cambridge University Press.
- Muris, P. (2007). *Normal and abnormal fear and anxiety in children and adolescents*. Oxford: Elsevier.
- Hadwin, J. A. & Field, A. P. (Eds.) (2010). *Information processing biases and anxiety: a developmental perspective*. Chichester: Wiley.

For coursework we will be expecting you to read journal articles, and to track down recent journal articles (not on the reading list) relevant to the module. Some journals that you might find useful are (this is not an exhaustive list):

- Behaviour Research & Therapy
- Clinical Child and Family Psychology Review
- Clinical Psychology Review
- Cognition and Emotion
- Emotion
- Journal of Abnormal Child Psychology
- Journal of Abnormal Psychology
- Journal of Behaviour Therapy and Experimental Psychiatry
- Journal of Child Psychology and Psychiatry
- Journal of Clinical Child and Adolescent Psychology
- Journal of Consulting and Clinical Psychology
- Journal of Experimental Psychopathology

The specific readings we suggest for each topic are articles to get you started: they are not all of the reading that you need to do; they are just starting points. The specific papers that we suggest will also give you a broader context for the lecture, so if you have time to read one or more of them before the lecture, you will get more from it. Typically we try to include classic papers, review articles and something relatively recent.

General Background Reading

1. Murray, L., Creswell, C., & Cooper, P. J. (2009). The development of anxiety disorders in childhood: an integrative review. *Psychological Medicine*, 39(9), 1413-1423.
2. Ollendick, T. H., King, N. J., & Muris, P. (2002). Fears and Phobias in Children: Phenomenology, Epidemiology, and Aetiology. *Child and Adolescent Mental Health*, 7(3), 98-106.
3. Verduin, T. L., & Kendall, P. C. (2003). Differential Occurrence of Comorbidity Within Childhood Anxiety Disorders. *Journal of Clinical Child & Adolescent Psychology*, 32, 290-295.
4. Treffers, P. D. A. & Silverman, W. K. (2011). Anxiety and its disorders in children and adolescents in historical perspective. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd edition, pp. 3-24). Cambridge: Cambridge University Press.

Topic 1: The Normal Development of Fear (AF)

1. Gullone, E., King, N. J., & Ollendick, T. H. (2001). Self-reported anxiety in children and adolescents: A three-year follow-up study. *The Journal of Genetic Psychology*, 162, 5-19.

2. Muris, P., Merckelbach, H., & Collaris, R. (1997). Common childhood fears and their origins. *Behaviour Research and Therapy*, 35 (10), 929–937.
3. Bauer, D. H. (1976). An exploratory study of developmental changes in children's fears. *Journal of Child Psychology and Psychiatry*, 17, 69-74.
4. Evans, D.W., Gray, F.L., & Leckman J. F. (1999). The Rituals, Fears and Phobias of Young Children: Insights from Development, Psychopathology and Neurobiology. *Child Psychiatry and Human Development*, 29 (4), 261-276.
5. Muris, P. & Field, A. P. (2011). The normal development of fear in children and adolescents. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd Edition, pp. 76–89). Cambridge: Cambridge University Press.
6. Muris, P., Merckelbach, H., Gadet, B., & Moulart, V. (2000). Fears, worries, and scary dreams in 4- to 12-year-old children: Their content, developmental pattern, and origins. *Journal of Clinical Child Psychology*, 29, 43-52.
7. Muris, P. & Ollendick, T.H. (2002). The assessment of contemporary fears in adolescents using a modified version of the Fear Survey Schedule for Children – Revised. *Journal of Anxiety Disorders*, 16, 567-584.

Topic 2: Information Processing

1. Field, A. P., Hadwin, J. A., & Lester, K. J. (2011). Information Processing Biases in Child and Adolescent Anxiety: Evidence and Origins. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd Edition, pp. 103–128). Cambridge: Cambridge University Press.
2. Dudeney, J., Sharpe, L., & Hunt, C., (2015). Attentional bias towards threatening stimuli in children with anxiety: A meta-analysis. *Clinical Psychology Review*, 40, 66-75.
3. Watts S. E., & Weems, C. F. (2006). Associations among selective attention, memory bias, cognitive errors and symptoms of anxiety in youth. *Journal of Abnormal Child Psychology*, 34(6), 841-852.
4. Field, A. P., & Lester, K. J. (2010). Is there room for 'development' in models of information processing biases to threat in children and adolescents? *Clinical Child and Family Psychology Review*, 13, 315–332.
5. Hadwin, J., Frost, S., French, C.C., & Richards, A. (1997). Cognitive processing and trait anxiety in typically developing children: Evidence for interpretation bias. *Journal of Abnormal Psychology*, 106, 486-490.
6. Muris, P., Rapee, R., Meesters, C., Schouten, E., & Geers, M. (2003). Threat perception abnormalities in children: the role of anxiety disorders symptoms, chronic anxiety, and state anxiety. *Journal of Anxiety Disorders*, 17, 271-287.
7. Creswell, C., Murray, L., & Cooper, P. (2014). Interpretation and Expectation in Childhood Anxiety Disorders: Age Effects and Social Specificity. *Journal of Abnormal Child Psychology*, 42, 453-465.
8. Cristea, I. A., Mogoase, C., David, D., & Cuijpers, P. (2015). Practitioner Review: Cognitive bias modification for mental health problems in children and adolescents: a meta-analysis. *Journal of Child Psychology and Psychiatry*, 56, 723-734.

Topic 3: Genetics (KL)

For a general introduction to the area of behavioural genetics and genetically sensitive designs I would recommend chapters 4, 6-9 in Plomin, R., DeFries, J. C., Knopik, V. S., & Neiderhiser, J. M. *Behavioural Genetics* (6th Edition)

1. Eley, T. C., & Zavos, H.M., (2010). Genetics. In J.A. Hadwin & A.P. Field (Eds) *Information Processing Biases and Anxiety: A Developmental Perspective* (pp. 209-232).
2. Trzaskowski M, Eley TC, Davis OSP, Doherty SJ, Hanscombe KB, Meaburn EL, et al. (2013) First Genome-Wide Association Study on Anxiety-Related Behaviours in Childhood. *PLoS ONE* 8(4): e58676.
3. Eley et al. (2008). In the face of uncertainty: a genetic analysis of ambiguous information, anxiety and depression in children. *Journal of Abnormal Child Psychology*, 48, 1184.
4. Zavos, H.M., Gregory, A. M., & Eley, T. C. (2012). Longitudinal genetic analysis of anxiety sensitivity. *Developmental Psychology*, 48, 204-212.
5. Stein et al., (2007). Gene by environment (Serotonin Transporter and Childhood Maltreatment) Interaction for Anxiety Sensitivity, an intermediate phenotype for Anxiety Disorders. *Neuropsychopharmacology*, 33, 312-319.
6. Perez-Edgar et al. (2010). Variations in the serotonin-transporter gene are associated with attention bias patterns to positive and negative emotion faces. *Biological Psychology*, 83, 269-271.
7. Pauli-Pott, U., Friedl, S., Hinney, A., Hebebrand, J. (2009). Serotonin transporter gene polymorphism (5-HTTLPR), environmental conditions, and developing negative emotionality and fear in early childhood. *Journal of Neural Transmission*, 116, 503-512.

Topic 4: Temperament (AF)

1. Field, A. P. (2006). The Behavioral Inhibition System and the Verbal Information Pathway to Children's Fears. *Journal of Abnormal Psychology*, 115 (4), 742-752.
2. Lonigan, C. J., Phillips, B. M., Hooe, E. S. (2003). Relations of positive and negative affectivity to anxiety and depression in children: Evidence from a latent variable longitudinal study. *Journal of Consulting and Clinical Psychology*, 71(3) 465-481.
3. Johnson, S. L., Turner, R. J., & Iwata, N. (2003). BIS/BAS levels and psychiatric disorder: An epidemiological study. *Journal of Psychopathology and Behavioral Assessment*, 25, 25-36.
4. Lonigan, C. J., Vasey, M. W., Phillips, B. M., & Hazen, R. A. (2004). Temperament, anxiety, and the processing of threat-relevant stimuli. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 8-20.
5. Lonigan, C. J., Phillips, B. M., Wilson, S. B., & Allan, N. P. (2011). Temperament. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd edition, pp. 198-224). Cambridge: Cambridge University Press.
6. Rothbart, M. K., Ahadi, S. A. (1994). Temperament and the development of personality. *Journal of Abnormal Psychology*, 103(1), 55-66.

7. Zinbarg, R. E., & Mohlman, J. (1998). Individual differences in the acquisition of affectively valenced associations. *Journal of Personality and Social Psychology*, 74, 1024-1040.

Topic 5: Direct Traumatic Experiences (AF)

1. Dollinger, S. J., O'Donnell, J. P., & Staley, A. A. (1984). Lightning-Strike Disaster - Effects on Childrens Fears and Worries. *Journal of Consulting and Clinical Psychology*, 52(6), 1028-1038.
2. Watson, J. B., & Rayner, R. (1920). Conditioned emotional reactions. *Journal of Experimental. Psychology*, 3, 1-14.
3. Comer, J. S. & Kendall, P. C. (2007). Terrorism: the psychological impact on youth. *Clinical Psychology: Science and Practice*, 14 (3), 179-212.
4. Meiser-Stedman, R., Smith, P., Glucksman, E., Yule, W., & Dalgleish, T. (2008). The post-traumatic stress disorder (PTSD) diagnosis in pre-school and elementary school-aged children exposed to motor vehicle accidents. *American Journal of Psychiatry*, 165, 1326-1337.
5. Ollendick, T. H., Langley, A. K., Jones, R. T., & Kephart, C. (2001). Fear in children and adolescents: Relations with negative life events, attributional style, and avoidant coping. *Journal of Child Psychology and Psychiatry*, 42, 1029-1034.
6. Smith, P., Perrin, S., & Yule, W. (2011). Traumatic events. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd edition, pp. 257–279). Cambridge: Cambridge University Press.
7. Trickey, D., Siddaway, A. P., Mesier-Steadman, R., Serpell, L., & Field, A. P., (2012). A Meta-Analysis of Risk Factors for Posttraumatic Stress Disorder in Children and Adolescents. *Clinical Psychology Review*, 32, 122–138. doi:10.1016/j.cpr.2011.12.001.

Topic 6: Indirect Pathways (AF)

1. Field, A. P., Lawson, J., & Banerjee, R. (2008). The verbal threat information pathway to fear in children: The longitudinal effects on fear cognitions and the immediate effects on avoidance behavior. *Journal of Abnormal Psychology*, 117 (1), 214-224.
2. Mineka, S., Davidson, M., Cook, M., & Keir, R. (1984). Observational Conditioning of Snake Fear in Rhesus-Monkeys. *Journal of Abnormal Psychology*, 93(4), 355-372.
1. Askew, C. & Field, A. P. (2007). Vicarious learning and the development of fears in childhood. *Behaviour Research and Therapy*, 45, 2616-2627.
2. Askew, C. & Field, A. P. (2008). The vicarious learning pathway to fear 40 years on. *Clinical Psychology Review*, 28, 1249-1265.
3. Field, Z. C., & Field, A. P. (2013). How Trait Anxiety, Interpretation Bias and Memory Affect Acquired Fear in Children Learning About New Animals. *Emotion*, 13(3), 409-423. doi: 10.1037/a0031147
4. Reynolds, G., Field, A. P., & Askew, C. (2014). The effect of vicarious fear learning on children's heart rate responses and attentional bias for novel animals. *Emotion*, 14 (5), 995–1006. Doi: 10.1037/a0037225

5. Field, A. P. & Storksen-Coulson (2007). The Interaction of Pathways To Fear in Childhood Anxiety: A Preliminary Study. *Behaviour Research and Therapy*, 45, 3051-3059.

Topic 7: Mass Media (AF)

1. Pearce, L. J., & Field, A. P. (in press). The Impact of 'Scary' TV and Film on Children's Internalizing Emotions: A Meta-Analysis. *Human Communication Research*. doi:10.1111/hcre.12069.
2. Comer, J., Furr, J.M., Beidas, R.S., Babyar, H.M., & Kendall, P.C. (2008). Media use and children's perceptions of societal threat and personal vulnerability. *Journal of Clinical Child and Adolescent Psychology*, 37, 622-630.
3. Otto, M.W., Henin, A., Hirshfeld-Becker, D.R., Pollack, M.H., Biederman, J., & Rosenbaum, J.F. (2007). Posttraumatic stress disorder symptoms following media exposure to tragic events: Impact of 9/11 on children at risk for anxiety disorders. *Journal of Anxiety Disorders*, 21, 888-902.
4. Buijzen, M., Van der Molen, J.H.W., & Sondij, P. (2007). Parental mediation of children's emotional responses to a violent news event. *Communication Research*, 34, 212-230.
5. Comer, J.S., Furr, J.M., Beidas, R.S., Weiner, C.L., Kendall, P.C. (2008). Children and terrorism-related news: Training parents in coping and media literacy. *Journal of Consulting and Clinical Psychology*, 76, 568-578.
6. Comer, J. S. & Kendall, P. C. (2007). Terrorism: the psychological impact on youth. *Clinical Psychology: Science and Practice*, 14 (3), 179-212.
7. Van der Molen, J.H.W., & Bushman, B.J. (2008). Children's direct fright and worry reactions to violence in fiction and news television programs. *Journal of Pediatrics*, 153, 420-424.

Topic 8: Parenting (KL)

1. Creswell, C., Murray, L., Stacey, J., & Cooper, P. (2011). Parenting and child anxiety. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd edition, pp. 299–322). Cambridge: Cambridge University Press.
2. Creswell, C., O'Connor, T. G., & Brewin, C. R. (2006). A longitudinal investigation of maternal and child 'anxious cognitions'. *Cognitive Therapy and Research*, 30(2), 135-147.
3. Whaley, S. E., Pinto, A., & Sigman, M. (1999). Characterizing Interactions Between Anxious Mothers and Their Children. *Journal of Consulting and Clinical Psychology*, 67(6), 826-836.
4. de Rosnay, M., Cooper, P. J., Tsigaras, N., & Murray, L. (2006). Transmission of social anxiety from mother to infant: An experimental study using a social referencing paradigm. *Behaviour Research and Therapy*, 44(8), 1165-1175.
5. McLeod, B.D., Wood, J.J., & Weisz, J.R. (2007). Examining the association between parenting and childhood anxiety: A meta-analysis. *Clinical Psychology Review*, 27, 155-172.
6. Murray, L., Cooper, P., Creswell, C., Schofield, E., & Sack, C. (2007). The effects of maternal social phobia on mother-infant interactions and infant social responsiveness. *Journal of Child Psychology and Psychiatry*, 48(1), 45-52.

7. Bogels, S. & Phares, V. (2008) Fathers' role in the etiology, prevention and treatment of child anxiety: A review and new model. *Clinical Psychology Review*, 539-558.
8. Moller, E. L., Majdandzic, M., & Bogels, S. M. (2014). Fathers' versus mothers' social referencing signals in relation to infant anxiety and avoidance: a visual cliff experiment. *Developmental Science*, 17, 1012-1028.

Topic 9: Prevention and Treatment (KL)

1. Cartwright-Hatton, S., McNally, D., Field, A. P., et al. (2011). A New Parenting-Based Group Intervention for Young Anxious Children: Results of a Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(3), 242–251.
2. Davis, T. E., & Ollendick, T. H. (2005). Empirically supported treatments for specific phobia in children: Do efficacious treatments address the components of a phobic response? *Clinical Psychology-Science and Practice*, 12(2), 144-160.
3. James, A. C., James, G., Cowdrey, F. A., et al. (2013). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database System Rev.* 2013; 6:CD004690.
4. In-Albon, T. & Schneider, S. (2007). Psychotherapy of childhood anxiety disorders: A meta-analysis. *Psychotherapy & Psychosomatics*, 76, 15-24.
5. Silverman, W. K. & Motoca, L. (2011). Treatment: an update and recommendations for research and practice. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd Edition). Cambridge: Cambridge University Press
6. Lyneham, H. J. & Rapee, R. M. (2011) Prevention of child and adolescent anxiety disorders. In W. K. Silverman, & A. P. Field (Eds.) *Anxiety Disorders in Children and Adolescents: Research, Assessment and Intervention* (2nd edition, pp. 299–322). Cambridge: Cambridge University Press.
7. Barrett, P. M., Farrell, L.J., Ollendick, T. H., Dadds, M. (2006). Long-Term Outcomes of an Australian Universal Prevention Trial of Anxiety and Depression Symptoms in Children and Youth: An Evaluation of the Friends Program, *Journal of Clinical Child & Adolescent Psychology*, 35, 403-411.
8. Fisak Jr, B. J., Richard, D., & Mann, A. (2011). The Prevention of Child and Adolescent Anxiety: A Meta-analytic Review. *Prevention Science*, 12, 255-268.

Topic 10: Predicting Treatment Response (KL)

1. Lester, K. J. and Eley, T. C. (2013). Therapygenetics: Using genetic markers to predict response to psychological treatment for mood and anxiety disorders. *Biology of Mood and Anxiety Disorders*, 3:4.
2. Lester, K. J., Roberts, S., Coleman, J. R. I., et al. (2015). Non-replication of the association between 5HTTLPR and response to psychological therapy for child anxiety disorders. *British Journal of Psychiatry*.
3. Hudson, J. L., Keers, R., Roberts, S., et al. (2015) Clinical predictors of response to Cognitive Behavioral Therapy in pediatric anxiety disorders: the Genes for Treatment (GxT) study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54, 454-463.
4. Knight A., Hudson J., McLellan L., Jones, M. (2014) Pre-treatment predictors of outcome in

- childhood anxiety disorders: a systematic review. *Psychopathology Review*; 1, 52.
5. Rapee, R. M., Lyneham, H. J., Hudson, J. L., et al. (2013). Effect of comorbidity on treatment of anxious children and adolescents: results from a large, combined sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52, 47-56.
 6. Compton, S. N., Peris, T. S., Almirall, D., et al. (2014). Predictors and moderators of treatment response in childhood anxiety disorders: results from the CAMS trial. *Journal of Consulting and Clinical Psychology*, 82, 212-224.
 7. Manassis, K., Lee, T.C., Bennett, K., et al. (2014). Types of parental involvement in CBT with anxious youth: a preliminary meta-analysis. *Journal of Consulting and Clinical Psychology*, 82, 1163-1172.
 8. Bennett, K., Manassis, K., Walter, S. D., et al. (2013). Cognitive behavioral therapy age effects in child and adolescent anxiety: an individual patient data meta- analysis. *Depression and Anxiety*, 30, 829-841.