



Dr Marilyn Campbell
School of Learning and Professional Studies
Queensland University of Technology
ma.campbell@qut.edu.au
Phone 07 3864 3806
Fax 07 3864 8265

Innovative counselling with anxious children

Abstract:

It is estimated that anxiety disorders can affect up to 18% of 6-17 year-olds (Costello & Angold, 1995). In addition, there are many children who are excessively anxious although they do not meet criteria for an anxiety disorder. Cognitive behaviour counselling techniques have been the therapy of choice for most anxious children in the last few years. This is usually because they have been the most researched and thus have an evidence-base. Kendall's *Coping Cat* program and variations such as the *FRIENDS* program, have found a 65% success rate in treating anxious children. However, for preschool and primary aged children other therapeutic counselling techniques using a wider range of child-friendly intervention can also be successful. Bibliotherapy, puppets, drawing, sandplay and games are also useful for counselling anxious children (Jalongo, 1993; Quakley, Reynolds, & Coker, 2004) as is the method of cross-age peer tutoring (Campbell, 2003).

Keywords:

anxiety disorders, children, cognitive-behavioural therapy, play therapy

It is estimated that anxiety disorders can affect up to 18% of 6-17 year-olds (Costello & Angold, 1995; Kashani & Orvaschel, 1990). In fact, excessive anxiety is the most prevalent type of disorder experienced by children and young people (Albano, Chorpita & Barlow, 1996; Verhulst, van der Ende, Ferdinand, & Kasius, 1997). Furthermore, the incidence of childhood anxiety disorders is thought to be increasing (Mash, 2006). Not only do many children have co-morbid conditions with anxiety but it has been proposed that anxiety and depression lie on a developmental continuum and that anxiety predates many other disorders (Dobson, 1985). Evidence suggests that childhood anxiety may play a causal role in the development of depression among young people (Cole, Peeke, Martin, Truglio, & Senczynski, 1998) and anxiety disorders have been shown to precede eating disorders in most cases (Godart, Flament, Lecrubier, & Jeammet, 2000). There is preliminary evidence to suggest that anxiety disorders may predispose children in the development of substance use

disorders (Burke, Burke, & Rae, 1994; Deas-Nesmith, Brady, & Campbell, 1998; Rodhe, Lewinsohn, & Selby, 1996) and that there is an increasing risk of suicide as a consequence of anxiety (Mattison, 1988). Students with anxiety disorders have been shown to have lower academic achievement (Ialongo, Edlesohn, Werthamer-Larsson, Crockett, & Kellam, 1994; 1995), peer relationship problems (Strauss, Frame, & Forehand, 1987) and impairments in general social competence (Messer & Beidel, 1994). Excessive school absenteeism and impaired peer relationships associated with anxiety lead to poor vocational adjustment (Hibbert, Fogelman, & Manor, 1990) and self-concept problems (Asher & Coie, 1990) as well as psychiatric disorders later in life (Kovacs & Devlin, 1998). Early intervention with children is therefore warranted.

Successful treatment approaches

Most published programs for anxiety disordered children that are evidenced-based are cognitive behavioural therapy (CBT) programs. Kendall's *Coping Cat* youth CBT anxiety program has strong empirical support with two large-scale randomised controlled trials (Kendall, 1994; Kendall et al., 1997). Barrett's adaptation of *Coping Cat*, *Coping Koala*, now referred to as the *FRIENDS* program also has strong empirical support (Barrett, Dadds, & Rapee, 1996; Barrett, Duffy, Dadds, & Rapee, 2001) with 57% of children in the CBT only condition compared to 26% of children in the waitlist condition being diagnosis-free at the end of treatment. Many other group CBT programs also evaluated by randomized control trials (Silverman et al., 1999; Spence, Donovan, & Brechman-Toussaint, 2000) have found that CBT intervention was superior to wait-list control. Additionally, these positive results seem to apply to children with co-morbid disorders (Kendall, Brady, & Verduin, 2001). Furthermore, most studies have found that group treatment is equally effective as individual treatment (Manassis et al., 2002). While evidence for these programs is strong, CBT has not yet not been compared extensively with other counselling therapies.

Despite these successes however, not all children who have undertaken CBT programs have benefited. In a systematic review of ten randomised control studies of CBT with children it was found that the remission rate in the CBT groups was 56.5% compared to 34.8% in the control groups (Cartwright-Hatton, Roberts, Chitsaben, Fothergill, & Harrington, 2004). While this is a significant effect, there are still 40% to 50% of children who still meet criteria for an anxiety disorder at the end of treatment. Long term follow-up studies have found that the benefits have been maintained and many children continue to improve (Barrett et al., 2001; Kendall, Safford, Flannery-Schroeder, & Webb, 2004). However, a third to half of the children who underwent treatment were not diagnosis-free long term (Hudson, 2005). Furthermore, most studies have not included children younger than 7-years-old (Cartwright-Hatton et al., 2004).

Why CBT might not work for all children

One consideration in explaining why CBT intervention programs for anxious children might not work with all children is the lack of incorporation of many developmental principles and processes, as these are just beginning to influence cognitive behavioural treatments with children (Mash, 2006). For example, age would seem to be an important consideration in the CBT treatment of anxious children. Most of the existing CBT programs have been designed for use in middle childhood (Dadds, Spence, Holland, Barrett, & Laurens, 1997). Effect sizes have been shown to be larger

for adolescents using CBT than for children, as adolescents function at a higher cognitive level and find it easier to learn the cognitive skills presented (Durlak, Fuhrman, & Lampman, 1991). Wurtele, Marrs, and Miller-Perrin (1987) also noted that young children may have difficulty in understanding some of the abstract concepts presented in cognitive behavioural therapy, while Campbell (1990) maintains that traditional CBT will never be appropriate for very young children.

Additionally, CBT treatments are highly verbal (Kendall, 1994), based on adult models and are often not suitable for young children whose vocabulary is more limited or for those children with a language-based learning disability (Manassis, 2000). Another consideration is the engagement of the child in the therapeutic process. This is important both for the child's learning and to prevent premature termination in counselling. It has been shown that child involvement in therapy indicates outcome, particularly in the later stage of therapy (Chu & Kendall, 2004). Thus, Hudson (2005) suggests a need to modify standard CBT programs for those children who are not benefiting from them.

One suggestion could be to incorporate other modalities such as play therapy techniques into the CBT framework. Traditional "play therapy" has been used with children because it is developmentally appropriate. Play therapy enhances communication by using both verbal and non-verbal techniques, engages children to learn and provides a safe environment for children to consider negative emotions (Reddy, Files-Hall, & Schaefer, 2005). In fact, play therapy was originally developed as a method to work with "nervous and neurotic children" (Carmichael, 2006). Often the "talking therapies" are not appropriate for children, or are not the best modality for some children or even for some adolescents. Other non-verbal methods such as stories, sandplay, puppets and painting could be incorporated into a CBT framework. Counsellors need to be creative in the engagement of anxious children and use innovative and dynamic therapeutic modalities within their preferred framework for working.

Using Stories

Bibliotherapy is not completely unknown as a CBT intervention, particularly with children. Bibliotherapy sometimes means the use of self-help books or manualised workbooks which have been shown to assist in reduction of flying phobia (Beckham, Vrana, May, Gustafon, & Smith, 1990), social phobia (Jerremalm, Jansson, & Öst, 1986) and test anxiety (Register, Beckham, May, & Gustafon, 1991). However, for counsellors, the kind of books that are used with children are more likely to be fiction books. Literature applied to a program using bibliotherapy helps to foster emotional and behavioural growth wherein selected readings portray true-to-life situations in relation to children's cognitive developmental levels (Jalongo, 1993; Riordan & Wilson, 1989). Through guided readings, children can discuss the implications of a story in a less threatening way than talking solely about themselves. Students are also able to consider their own thoughts and feelings about personal issues from the point of view of 'the other'. Stories help children learn that they are not alone, that others share similar problems to them (Christenbury & Beale, 1996; Nickolai-Mays, 1987). Reading about others can help children develop compassion and insight into their own and others' problems.

A common feature in children's literature is the use of animals as the non-specific, identifiable other that can keep a frightening idea from becoming terrifying (Livo, 1994). Animals in stories can create a distance from which children can view their own situations. However, a challenge for counsellors is in choosing material that is age-appropriate and relevant to students' emotional and developmental needs. Christenbury and Beale (1996) suggest that counsellors need to read the material first as a way to know what the story is about and as a way to enter the child's world to become an empathetic listener. Furthermore, chosen literature should be culturally sensitive; it should build a non-stereotypical knowledge base about life in a particular culture. Such literature describes the many commonalities of various cultures but also important differences (Freitag, Ottens, & Gross, 1999). Furthermore, bibliotherapy should not be used by itself but as one of many different techniques within a planned counselling framework.

There are many non-fiction books dealing with anxious feelings such as Crary's (1994) *I'm Scared*, as well as fiction books: From books for preschoolers such as Waddell's (1999) *Can't You Sleep, Little Bear?* and Varney's (1995) *Jelly Legs*, to books suitable for primary school students such as Browne's (1995) *Willy the Wimp* and Campbell's (2006a) *Cilla the Worried Gorilla*, to books suitable for secondary school students, such as Duff's (1999) *Duffy's Once Were Worriers* and Ruth Park's (1989) *Things in Corners*.

Sandplay

Sandplay therapy is one technique that presents as a potentially valuable tool for working with anxious children. Sandplay has been defined as a psychotherapeutic technique that enables clients to arrange miniature figures in a sandbox or sandtray to create a 'sandworld' corresponding to various dimensions of his/her social reality (Dale & Wagner, 2003). The process of sandplay therapy involves the use of one or two sandtrays and any number of small objects or figures from categories including, people, animals, buildings, vehicles, vegetation, structures, natural objects and symbolic objects (Allan & Berry, 1987). It is intended that these objects may represent people, ideas, situations, feelings and a potentially limitless range of other possibilities to facilitate children's expression.

Most commonly, the sandplay process consists of two central stages. The first involves the construction of the sand picture, where the perceived needs for the counselling session and the intentions of the facilitator guide the specific instructions given to the child (Pearson & Nolan, 1995). In general, the child is invited to create a picture in the sand tray, using any of the available miniatures. The ways in which the counsellor interacts with the child at this time and also their perspective on the purpose and meaning of the sand picture is largely determined by his/her therapeutic orientation. However, sandplay pictures are generally considered to be a projection of the child's internal experiential world and a representation of his/her worldview (Dale & Wagner, 2003). As such, they provide children with an opportunity to express the negative feelings and memories that exist in their unconscious and impact on their choices, feelings and behaviour (Pearson & Wilson, 2001). It is suggested that bringing these to consciousness is the first stage in disempowering them and allowing them to be released (Pearson & Wilson, 2001).

After the completion of the sand picture, if the child is comfortably able to engage in verbal communication, the second stage of the process involves their sharing of a story or narrative about the sand picture they have created. This stage of the process allows children to clarify personal meanings and to integrate new feelings and insights that may have emerged through the creation of the sand picture. Additionally, the counsellor may engage in interpretation of the child's sand picture based on knowledge of the meanings associated with particular symbols, in conjunction with information about the child's history and current circumstances.

Applying sandplay work to anxiety is similar to working with other emotional and behavioural problems. As the counsellor knows the problem then one can be a little more directive. For example, the counsellor could ask the child to make a picture with a selection of figures in the sand of the things that are worrying him/her. Thus sandplay provides both for emotional release and understanding and guided resolution.

Puppets

Puppets give children the opportunity to distance themselves from their problems and are thus invaluable in engaging anxious children in both assessment and counselling for anxiety. Puppets, like characters in a story, can serve as the unspecified other that children relate to in order to tell their own stories. Puppet interviews have been used successfully with children younger than 8 years old to determine their ability to make self-judgments (Verschueren, Buyck, & Marcoen, 2001) and their abilities to discriminate among thoughts, feelings and behaviours (Quakley, et al., 2004). In the study conducted by Verschueren and colleagues children manipulated the hand puppets, responding to interview questions as the puppets. In Quakely and colleagues' study, scenarios about problems the hand puppets had were read. The children were then asked to help resolve the puppets' dilemmas. Both studies involved children in interactive ways to have them reveal information about themselves. In Quakley's study, the puppets required the children to help them solve their problems, while in Verschueren's study, the children became the puppets. It can be argued that young children are still at an age of hands-on learning as an integral way of internalising concepts and so responded well to interaction with the puppets. This makes them ideal for including in work with anxious children.

CBT in play therapy or play therapy in CBT?

Others have considered using play therapy with CBT techniques incorporated such as the founder of cognitive play therapy (CBPT) Susan Knell. Knell's work incorporates CBT techniques such as modelling, generalisation and response prevention into a play therapy theoretical base (Carmichael, 2006).

CBPT is developmentally sensitive, flexible, promotes cognitive change indirectly through the use of play and relies more on experiential approaches than verbalisations (Knell, 1998). Knell advocates the use of puppets in modelling as well as art, music and books (Knell, 1993). Published case studies have demonstrated success with individual children (Knell & Moore, 1990) but as yet there is no other evidence-base for CBPT.

Although evidence for play therapy has not as yet been subjected to the same rigorous evidence base as CBT therapy for children's anxiety disorders (Labellarte, Ginsburg,

Walkup, & Riddle, 1999) there have been two meta-analytic studies (Le Blanc & Ritchie, 1999; Ray, Bratton, Rhine, & Jones, 2001) which found moderate to large treatment effects (effect sizes of .66-.80) for play therapy in general compared to no treatment. Knell (2000) presented some case illustrations using CBPT for children with fears and phobias while Santacruz, Mendez and Sanchez-Meca (2006) found evidence for the effectiveness of play therapy with children with darkness phobia. They assigned 78 children with darkness phobia between the ages of 4 and 8-years-old to three experimental conditions of bibliotherapy and games, emotive performances and no treatment. The play therapies were applied by parents with both play therapy groups showing a significant improvement in darkness phobia compared to the children in the control group. These gains were maintained and increased at one-year follow-up.

Because of the scant evidence at present for play therapy for anxious children, it could be preferable to incorporate play therapy techniques into an evidenced-based CBT framework rather than incorporating CBT techniques into a play therapy paradigm. This concept has been researched by Miller and Feeny (2003) in a case study, which reported the treatment of a 5-year-old socially phobic girl using games as a technique whilst still adhering to the guiding principles of CBT. La Freniere and Capuano (1997) used an early intervention with parents for their anxious/withdrawn preschoolers combining some play therapy and CBT. Sessions focused on child-directed play, behaviour modification of problematic behaviour and education on the development needs of children. While children's social competence increased compared to the no treatment control group, all the anxious/withdrawn children improved after six months.

The Worrybusters program

A new program for anxious children called the Worrybusters program is CBT framed using different modalities which are developmentally appropriate, educationally sound and able to be flexibly delivered. The program consists of a selection of different activities designed for the counsellor to choose depending on their client's characteristics within a CBT framework. Modules of activities are provided for reducing physiological symptoms associated with anxiety such as feeling nauseous which is a common somatic response in anxious children. An example is the Woolly Mammoth story incorporating the explanation of familial traits of anxiety so that the child does not blame him/her self and 'tummy breathing' to assist in getting rid of the "butterflies". Another module consists of activities for understanding and challenging maladaptive cognitions such as writing on balloons, using Harry the Hand puppet to explain about "head, heart and hands" approach of thinking influencing behaviour and Wonga the Worry Wombat who worries about worries you can't do anything about. Another module supports activities for changing behaviour using exposure. Fiction books for the series, especially written on each of the childhood anxiety disorders, are incorporated into many activities.

This idea of a "modular" design has been investigated by Chorpita, Daleiden and Weisz (2005) and is an important difference from other manualised programs. First, it is important to cater for different client needs and in fact to cater for different children's preferences, as there is some emerging literature that client preference many influence how well treatment works (Lavori et al., 2001). In addition, there is evidence that matching intervention components to specific aspects of a children's

anxiety problem is more efficacious than providing a standardised anxiety treatment package (Eisen & Silverman, 1998). Furthermore, individual counsellors need to have the flexibility to choose from the menu of activities.

Cross-age tutoring

An innovative model of treatment delivery for the Worrybusters program is that of cross-age tutoring. Cross-age tutoring involves older students helping younger students learn new skills or concepts (Jacobson et al., 2001). Older students serve as role models who have first hand experience of what is confronting their young tutees (Gaustad, 1993). Gaustad suggests that, as students themselves, tutors are cognitively closer to their tutees than adult teachers and counsellors and so are more accurate in determining tutees' non-verbal behaviour and are better able to present concepts in ways more understandable to younger students. Consequently, tutor and tutee are able to establish strong bonds not generally realised by the usual teacher-student relationship.

According to Nugent (2001), the cross-age tutoring relationship appears to benefit both tutor and tutee academically, social and affectively. Social skills (Noll, 1997), self-determination in students who had severe emotional or behavioural disorders (Miller & Miller, 1995) and student's self concept (Ellis, Marsh, Craven, & Richards, 2003) have all found to be enhanced by cross-age peer tutoring.

A small pilot study (Campbell, 2006b) found that anxious adolescents who participated as tutors to anxious primary children using the Worrybusters program showed an improvement in anxiety symptoms, compared to a wait list control group. The parents of the anxious primary school students reported a significant improvement in anxiety symptoms in their children, however the children's self-reports remain unchanged from pre-to post-testing. A multiple base-line study involving three groups of anxious high school students tutoring three groups of anxious primary students using the Worrybusters program is currently being undertaken.

Conclusion

With the increasing number of children affected by anxiety disorders and the often severe consequences that can follow, it is important that programs for treating them assist as many children as possible. While at present there is strong evidence for the successful treatment of these children with programs based on manualised cognitive-behavioural counselling, there is still a significant proportion of anxious children who do not benefit from them. Cognitive behaviour therapies for children are still evolving and many clinicians and researchers are trialling new and innovative ways to help anxious children. Programs need to be developmentally appropriate, educationally sound and recognise and cater for individual differences. The incorporation of play therapy techniques into these programs could be one innovative way to improve these children's lives.

References

- Albano, A.M., Chorpita, B.E., & Barlow, D.H. (1996). Childhood anxiety disorders. In E.J. Mash & R.A. Barkley (Eds.), *Child psychopathology* (pp.196-244). New York: Guilford Press.

- Campbell M. (2007) Innovative counselling with anxious children, *Counselling, Psychotherapy, and Health*, 3(1), 59-70, May 2007.
- Allan, J., & Berry, P. (1987). Sandplay. *Elementary School Guidance and Counseling*, 21, 300-306.
- Asher, S.R., & Coie, J.D. (1990) (Eds.), *Peer rejection in childhood*. New York: Cambridge University Press.
- Barrett, P.M., Dadds, M.R., & Rapee, R.M. (1996). Family treatment of childhood anxiety: A controlled trial. *Journal of Consulting and Clinical Psychology*, 64, 333-342.
- Barrett, P.M., Duffy, A.L., Dadds, M.R., & Rapee, R.M. (2001). Cognitive-behavioural treatment of anxiety disorders in children: Long-term (6-year) follow-up. *Journal of Consulting and Clinical Psychology*, 69, 135-141.
- Beckham, J., Vrana, S., May, J., Gustafson, D., & Smith, D. (1990). Emotional processing and fear measurement synchrony as indicators of treatment outcome in fear of flying. *Journal of Behavior Therapy and Experimental Psychiatry*, 21(3), 153-162.
- Browne, A. (1995). *Willy the wimp*. London: Walker.
- Burke, J.D., Burke, K.C., & Rae, D.S. (1994). Increased rates of drug abuse and dependence after onset of mood or anxiety disorders in adolescence. *Hospital and Community Psychiatry*, 45, 451-455.
- Campbell, M.A. (2003). Prevention and intervention for anxiety disorders in children and adolescents: A whole school approach. *Australian Journal of Guidance & Counselling*, 13, 47-62.
- Campbell, M.A. (2006a). *Cilla the worried gorilla*. Brisbane: Post Pressed. (Available from www.worrybusters.com).
- Campbell, M.A. (2006b). A pilot study utilising cross-age tutoring as a method of intervention for anxious adolescents. Paper in preparation.
- Campbell, S. (1990). *Behavior problems in preschool children*. New York: Guilford.
- Carmichael, K.D. (2006). *Play therapy: An introduction*. New Jersey: Pearson.
- Cartwright-Hatton, S., Roberts, C., Chitsabon, P., Fothergill, C., & Harrington, R. (2004). Systematic review of the efficacy of cognitive behaviour therapies for childhood and adolescent anxiety disorders. *British Journal of Clinical Psychology*, 43, 421-436.
- Chorpita, B.F., Daleiden, E., & Weisz, J.R. (2005). Modularity in the design and application of therapeutic interventions. *Applied and Preventive Psychology*, 11, 141-156.
- Christenbury, L., & Beale, A. V. (1996). Interactive bibliocounseling: Recent fiction and nonfiction for adolescents and their counselors. *School Counselor*, 44(2), 44-48.
- Chu, B.C., & Kendall, P.C. (2004). Positive association of child involvement and treatment outcome within a manual-based cognitive-behavioral treatment for children with anxiety. *Journal of Consulting and Clinical Psychology*, 72, 821-829.
- Cole, D.A., Peeke, I.G., Martin, J.M., Truglio, R., & Senczynski, A.D. (1998). A longitudinal look at the relation between depression and anxiety in children and adolescents. *Journal of Consulting and Clinical Psychology*, 66, 451-460.
- Costello, E.J., & Angold, A. (1995). Epidemiology. In J.S. March (Ed.), *Anxiety disorders in children and adolescents* (pp.109-124). New York: Guilford Press.
- Crary, E. (1994). *I'm scared*. Seattle: Parenting Press.

- Campbell M. (2007) Innovative counselling with anxious children, *Counselling, Psychotherapy, and Health*, 3(1), 59-70, May 2007.
- Dadds, M.R., Spence, S.H., Holland, D.E., Barrett, P.M., & Laurens, K.R. (1997). Prevention and early intervention for anxiety disorders: A controlled trial. *Journal of Consulting and Clinical Psychology*, 65, 627-635.
- Dale, M., & Wagner, W. (2003). Sandplay: An investigation into a child's meaning system via the self-confrontation method for children. *Journal of Constructivist Psychology*, 16, 17-36.
- Deas-Nesmith, D., Brady, K.T., & Campbell, S. (1998). Comorbid substance use and anxiety disorders in adolescents. *Journal of Psychopathology & Behavioral Assessment*, 20, 139-148.
- Dobson, K.S. (1985). The relationship between anxiety and depression. *Clinical Psychology Review*, 5, 307-324.
- Duff, A. (1999). *Duffy's once were worriers*. Auckland: Random House.
- Durlak, J.A., Fuhrman, T., & Lampman, C. (1991). Effectiveness of cognitive-behavior therapy for maladapting children: A meta-analysis. *Psychological Bulletin*, 110, 204-214.
- Eisen, A.R., & Silverman, W.K. (1998). Prescriptive treatment for generalized anxiety disorder in children. *Behavior Therapy*, 29, 105-121.
- Ellis, L.A., Marsh, H.W., Craven, R.G., & Richards, G.E. (2003, November). Peers helping peers: The effectiveness of a peer support program in enhancing self-concept and other desirable outcomes. Paper presented at NZARE AARE, Auckland, New Zealand.
- Freitag, R., Ottens, A., & Gross, C. (1999). Deriving multicultural themes from bibliotherapeutic literature: A neglected resource. *Counselor Education and Supervision*, 39, 120-133.
- Gaustad, J. (1993). Peer and cross-age tutoring. *ERIC Digest*, (79).
- Godart, N.T., Flament, M.F., Lecrubier, Y., & Jeammet, P. (2000). Anxiety disorders in anorexia nervosa and bulimia nervosa: Comorbidity and chronology of appearance. *European Psychiatry*, 15, 38-45.
- Hibbert, A., Fogelman, K., & Manor, O. (1990). Occupational outcomes of truancy. *British Journal of Educational Psychology*, 60, 171-179.
- Hudson, J.L. (2005). Efficacy of cognitive-behavioural therapy for children and adolescents with anxiety disorders. *Behaviour Change*, 22, 55-70.
- Ialongo, N., Edlesohn, G., Werthamer-Larsson, I., Crockett, I., & Kellam, S. (1994). The significance of self-reported anxious symptoms in first grade children. *Journal of Abnormal Child Psychology*, 22, 441-455.
- Ialongo, N., Edlesohn, G., Werthamer-Larsson, I., Crockett, I., & Kellam, S. (1995). The significance of self-reported anxious symptoms in first grade children: Prediction to anxious symptoms and adaptive functioning in fifth grade. *Journal of Child Psychology and Psychiatry*, 36, 427-437.
- Jacobson, J., Thrope, L., Fisher, D., Lapp, D., Frey, N., & Flood, J. (2001). Cross-age tutoring: A literacy improvement approach for struggling adolescent readers. *Journal of Adolescent & Adult Literacy*, 44, 528-536.
- Jalongo, M.R. (1993). Using crisis-oriented books with young children. In J.B. McCracken (Ed.) *Reducing stress in young children's lives* (pp. 41-46). Washington: National Association for the Education of Young Children.
- Jerremalm, A., Jansson, L., & Öst, L. (1986). Cognitive and physiological reactivity and the effects of different behavioral methods in the treatment of social phobia. *Behaviour Research and Therapy*, 24, 171-180.
- Kashani, J.H., & Orvaschel, H. (1990). A community study of anxiety in

- Campbell M. (2007) Innovative counselling with anxious children, *Counselling, Psychotherapy, and Health*, 3(1), 59-70, May 2007.
- children and adolescents. *American Journal of Psychology*, 147, 313-318.
- Kendall, P.C. (1994). Treating anxiety disorders in youth: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 65, 627-635.
- Kendall, P.C., Brady, E., & Verduin, T. (2001). Comorbidity in childhood anxiety disorders and treatment outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 787-794.
- Kendall, P.C., Flannery-Schroeder, E., Panichelli-Mindel, S.M., Southam-Gerow, M., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: A second randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 65, 366-380.
- Kendall, P.C., Safford, S., Flannery-Schroeder, E., & Webb, A. (2004). Child anxiety treatment: Outcomes in adolescence and impact on substance use and depression at 7.4-year follow-up. *Journal of Consulting and Clinical Psychology*, 72, 276-287.
- Knell, S.M. (1993). *Cognitive-behavioral play therapy*. Northvale, NJ: Aronson.
- Knell, S.M. (1998). Cognitive-behavioral play therapy. *Journal of Clinical Child Psychology*, 27, 28-33.
- Knell, S.M. (2000). Cognitive-behavioral play therapy for childhood fears and phobias. In H.G. Kaduson, & C.E. Schaefer (Eds.), *Short-term play therapy for children* (pp.3-27). New York:Guilford.
- Knell, S.M., & Moore, D.J. (1990). Cognitive-behavioral play therapy in the treatment of encopresis. *Journal of Clinical Child Psychology*, 19, 55-60.
- Kovacs, M., & Devlin, B. (1998). Internalizing disorders in childhood. *Journal of Child Psychology and Psychiatry*, 39, 17-63.
- La Freniere, P.J., & Capuano, F. (1997). Preventive intervention as means of clarifying direction of effects in socialization: Anxious-withdrawn preschoolers case. *Development and Psychopathology*, 9, 551-564.
- Labellarte, M J., Ginsburg, G. S., Walkup, J. T., & Riddle, M A.(1999). The treatment of anxiety disorders in children and adolescents. *Biological Psychiatry*, 46, 1567-1578.
- Lavori, P.W., Rush, A.J., Wisniewski, S.R., Alpert, J.E., Fava, M., Kupfer, D.J., et al. (2001). Strengthening clinical effectiveness trials: Equipoise-stratified randomization. *Biological Psychiatry*, 50, 792-801.
- LeBlanc, M., & Ritchie, M. (1999). Predictors of play therapy outcomes. *International Journal of Play Therapy*, 8(2), 19-34.
- Livo, N.J. (1994). *Who's afraid...? Facing children's fears with folktales*. Englewood, NJ: Teacher Ideas Press.
- Manassis, K. (2000). Childhood anxiety disorders: Lessons from the literature. *Canadian Journal of Psychiatry*, 45, 724-730.
- Manassis, K., Mendlowitz, S.L., Scapillato, D., Avery, D., Fiksenbaum, L., Freire, M., Monga, S., & Owens, M. (2002). Group and individual cognitive-behavioral therapy for childhood anxiety disorders: A randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 1423-1430.
- Mash, E.J. (2006). Treatment of child and family disturbance: A cognitive-behavioral systems perspective. In E.J. Mash & R.A. Barkley (Eds.), *Treatment of childhood disorders* (3rd ed.) (pp. 3-62). New York: Guilford.
- Mattison, R.E. (1988). Suicide and other consequences of childhood and adolescent anxiety disorders. *Journal of Clinical Psychiatry*, 49(10), 9-11.

- Campbell M. (2007) Innovative counselling with anxious children, *Counselling, Psychotherapy, and Health*, 3(1), 59-70, May 2007.
- Messer, S.C., & Beidel, D.C. (1994). Psychosocial correlates of childhood anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 975-983.
- Miller, V.A., & Feeny, N.C. (2003). Modification of cognitive-behavioral techniques in the treatment of a five year-old girl with social phobia. *Journal of Contemporary Psychotherapy*, 33, 303-319.
- Miller, S.R. & Miller, P.F. (1995). Cross-age peer tutoring: A strategy for promoting self-determination in students with severe emotional disabilities/behavior disorders. *Preventing School Failure*, 39(4), 6-10.
- Nickolai-Mays, S. (1987). Bibliotherapy and the socially isolated adolescent. *The School Counselor*, 35, 17-21.
- Noll, V. (1997). Cross-age mentoring program for social skills development. *School Counselor*, 44, 69-74.
- Nugent, M. (2001). Raising reading standards – the Reading Partners approach: Cross-age peer tutoring in a special school. *British Journal of Special Education*, 28(2), 71-79.
- Park, R. (1989). *Things in corners*. Ringwood Vic: Penguin.
- Pearson, M., & Nolan, P. (1995). *Emotional release for children: Repairing the past - preparing the future*. Melbourne: Australian Council for Educational Research.
- Pearson, M., & Wilson, H. (2001). *Sandplay and symbol work : Emotional healing with children, adolescents and adults*. Melbourne: Australian Council for Educational Research.
- Quakley, S., Reynolds, S., & Coker, S. (2004). The effect of cues on young children's abilities to discriminate among thoughts, feelings and behaviours. *Behaviour Research and Therapy*, 42, 343-356.
- Ray, D., Bratton, S., Rhine, T., & Jones, L. (2001). The effectiveness of play therapy: Responding to the critics. *International Journal of Play Therapy*, 10(1), 85-108.
- Reddy, L.A., Files-Hall, T.M., & Schaefer, C.E. (2005). Announcing empirically based play interventions for children. In L. A. Reddy, T. M. Files-Hall, & C.E. Schaefer (Eds.), *Empirically based play interventions for children* (pp.3-10). Washington, DC: American Psychological Association.
- Register, A.C., Beckham, J.C., May, J.G., & Gustafson, D.J. (1991). Stress inoculation bibliotherapy in the treatment of test anxiety, *Journal of Counseling Psychology*, 38, 115-119.
- Rodhe, P., Lewinsohn, P.M., & Selby, J.R. (1996). Psychiatric comorbidity with problematic alcohol use in high school students. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 101-109.
- Riordan, R. J. & Wilson, L. S. (1989). Bibliotherapy: Does it work? *Journal of Counseling and Development*, 67, 506-508.
- Santacruz, I., Mendez, F.J., & Sanchez-Meca, J. (2006). Play therapy applied by parents for children with darkness phobia: Comparison of two programmes. *Child and Family Behavior Therapy*, 28, 19-35.
- Silverman, W.K., Kurtines, W.M., Ginsburg, G.S., Weems, C. F., Lumpkin, P.W., & Carmichael, D.H. (1999). Treating anxiety disorders in children with group cognitive-behavioral therapy: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 67, 995-1003.
- Spence, S.H., Donovan, C., & Brechman-Toussaint, M. (2000). The treatment of childhood social phobia: The effectiveness of a social skills training-based,

Campbell M. (2007) Innovative counselling with anxious children, *Counselling, Psychotherapy, and Health*, 3(1), 59-70, May 2007.

cognitive-behavioural intervention, with and without parental involvement. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41, 713-726.

Strauss, C.C., Frame, C.L., & Forehand, R.L. (1987). Psychosocial impairment associated with anxiety in children. *Journal of Clinical Child Psychology*, 16, 235-239.

Varney, C. (1995). *Jelly legs*. Adelaide: Essence Prevention Network.

Verhulst, F.C., van der Ende, J., Ferdinand, R.F., & Kasius, M.C. (1997). The prevalence of DSM-III-R diagnoses in national sample of Dutch adolescents. *Archives of General Psychiatry*, 54, 329-336.

Verschueren, K., Buyck, P., & Marcoen, A. (2001). Self-representations and socioemotional competence in young children: A 3-year longitudinal study. *Developmental Psychology*, 37(1), 126-134.

Waddell, M. (1999). *Can't you sleep little bear?* London: Walker.

Wurtele, S.K., Marrs, S.R., & Miller-Perrin, C.L. (1987). Practice makes perfect?: The role of participant modelling in sexual abuse prevention programs. *Journal of Consulting and Clinical Psychology*, 55, 599-602.