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ASSESSMENT OF CHILDHOOD PHOBIAS

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ABSTRACT. *Childhood phobias can be successfully treated using a variety of behavioral strategies, provided there has been a psychometrically sound assessment. Measures are also important for the evaluation of treatment efficacy and the testing of hypotheses generated by new ideas and theories of children's phobias. This paper outlines broad-based assessment procedures used in the evaluation of children's phobias, including the behavioral or problem-focused interview, the diagnostic interview, self-report inventories, caregiver completed instruments, behavioral observations, self-monitoring and physiological assessment. Reflecting recent theoretical and clinical advances in the study of childhood internalizing disorders, we also explore laboratory-based measures and family assessment measures. Particular attention is given to psychometric issues and developmental sensitivity in our discussion of these assessment procedures. © 1997 Elsevier Science Ltd*

CHILDREN EXPERIENCE many fears over the course of development. Numerous studies have documented the quantitative and qualitative changes that occur in the normal developmental fear pattern (reviews by King, Hamilton, & Ollendick, 1988; Morris & Kratochwill, 1983). These fears are usually short-lived and not of sufficient magnitude to be problematic. On the other hand, some children exhibit fear reactions that are maladaptive, persist for a considerable period of time and cause much

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distress. Fears of this nature are referred to as "clinical fears" or "phobias." Common examples of these phobias include excessive fears of animals, water, heights, thunderstorms, darkness, and medical and dental procedures. Following the tripartite model originally developed by Lang (1968, 1977), childhood fears and phobias can be conceptualized in terms of three response systems: cognitive, physiological, and overt-behavioral. King et al. (1988) have documented the variety of cognitive responses (e.g., thoughts of being scared, self-deprecatory thoughts), physiological responses (e.g., increased heart rate and changes in respiration), and overt-behavioral responses (e.g., rigid posture, thumbsucking, and avoidance) that may occur in the fearful or phobic child.

In recognition of their seriousness and stability, phobias are included in the two most widely accepted diagnostic classification systems (American Psychiatric Association, 1994; World Health Organization, 1992). For example, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* specifies the following criteria for "specific" phobia: (a) marked and persistent fear that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation; (b) exposure to the phobic stimulus almost invariably provokes an immediate anxiety response or panic attack; (c) the person recognizes that the fear is excessive or unreasonable; (d) the phobic situation(s) is avoided or else endured with intense anxiety; (e) the phobia causes significant interference to functioning or there is marked distress about having the phobia; (f) in individuals under 18 years, the duration is at least 6 months, and (g) the anxiety or phobic avoidance are not better accounted for by another disorder, such as obsessive-compulsive disorder or separation anxiety disorder. In relation to developmental factors, the *DSM-IV* acknowledges that children may not recognize their fears as excessive or unreasonable. Thus, phobias in young children may be expressed in "childhood" ways, such as crying, tantrums, freezing, or clinging. A similar definition of specific phobia (referred to as "isolated" phobia) is given in the ICD-10.

Fortunately, childhood phobias can be successfully treated using behavioral strategies, such as desensitization and its variants, modeling, cognitive restructuring, and contingency management procedures (see King & Ollendick, 1997). However, successful intervention hinges on a sound behavioral/diagnostic assessment. Consistent with contemporary definitions of child and adolescent behavioral assessment (Ollendick & Hersen, 1984, 1993), we see the assessment of childhood phobias as an exploratory, hypothesis-testing process in which a range of specific assessment procedures are used to understand the child and the relevant social ecology and to provide the basis for formulating and evaluating intervention strategies. Because of their specific relevance to the behavioral assessment of childhood fears and phobias, we shall address the following procedures: the behavioral interview, diagnostic interviewing, self-reports, caregiver-reports, behavioral observations, self-monitoring, and physiological recordings. Reflecting more recent theoretical and clinical developments, we also explore laboratory-based measures and family assessment measures (Ronan, 1996). Consideration will be given to issues of empirical validity and developmental sensitivity. For more detailed information on the assessment of childhood phobias, the reader is referred to other sources (King et al., 1988; Morris & Kratochwill, 1983; Ollendick, King, & Yule, 1994).

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