COGNITIVE AND BEHAVIORAL PRACTICE 3, 63-90, 1996

Building a Reasonable Bridge in Childhood Anxiety Assessment: A Practitioner's Resource Guide

Kevin R. Ronan
Massey University

This article presents a resource guide for the practice-based assessment of childhood anxiety. Transporting empirically based methods and measures from research to clinical settings can be difficult, and often these methods do not underlie current practice as carried out by assessment-active professionals (Watkins et al., 1995). Consequently, the focus in this paper is on building a reasonable bridge between research-based methods and current assessment practice. Information is provided that can be useful when issues of childhood anxiety are present during assessment (and ongoing treatment). Suggestions are provided regarding brief and focused functional assessment. Methods and measures are described that can be used with school-aged children in the practice setting. Consideration is given to practice implementation of these methods, including recommendations concerning both comprehensive and goal-oriented assessment. Clinical vignettes are provided to illustrate salient issues.

Applications of cognitive behavioral therapy, including broad-based assessment and treatment procedures, entail a number of obstacles that require planning and decision-making (e.g., Nezu & Nezu, 1995). Although such approaches may genuinely interest the practicing professional, the realities of practice-based settings (e.g., time, economics, managed care issues) often do not allow for the full-scale "transport" of methods formulated in research settings (Kendall & Southam-Gerow, 1995). In addition, issues other than planning and simple logistics underlie the widely acknowledged gap between research and practice. For example, clinicians (e.g., Raw, 1993), at times, question the utility of research-

1077-7229/96/63-90$1.00/0

based approaches in "real world" settings (see Weisz, Donenberg, Han, & Weis, 1995). Regarding assessment practice, a recent study found that many assessment-active practitioners continue to use methods and measures very similar to those used three decades ago (Watkins, Campbell, Nieberding, & Hallmark, 1995). This practice includes a battery of both objective and projective instruments. The literature (authored generally by researchers) often strongly recommends research-based methods while disparaging more clinically based instruments, but there seems to be little research-based change in traditional assessment practice.

As this article will present, some changes to traditional assessment procedures can enhance standards of care. They can also lead to more efficient assessment practice and improved treatment. For example, Billy, a 9-year-old boy, was referred by his pediatrician and parents to the psychology service of the pediatrics clinic. Initial contact with his mother indicated attention and distractability to be a potentially prominent issue. Billy was also "fidgety" and appeared to exhibit oppositionality in school. His mother noted him to be fearful on occasion, particularly regarding school matters. Billy's teacher noted no problems with anxiety. The teacher and parents suggested attention-deficit/hyperactivity disorder (ADHD) directly and wondered aloud about simply proceeding with a trial of Ritalin. However, the referring pediatricians in our service, through continuing consultation and increased sensitivity (Ronan, 1996), were aware of the value of a more broad-based assessment in such cases.

In our example, the first step was to have parents and teacher fill out empirically validated rating scales (to be discussed later) to ensure their availability prior to the first face-to-face meeting. This step was in line with both efficiency and cost-savings. At the initial appointment, the child filled out self-report measures in the waiting room while the parents were interviewed using a functionally based and focused interview. The latter part of the interview was focused on meeting with Billy, acknowledging his clear reluctance to be there, explaining the assessment process in terms of how it might benefit him (e.g., get information that could be used to help him have more fun in his life), and beginning to develop a relationship with him.

The second appointment was devoted to focused functional assessment using information from available measures. Billy denied that anxiety was an issue in the session, though he did endorse some anxiety-related behaviors and cognitions on self-report. A behavioral observation task and cognitive assessment were revealing. When asked to "tell me about yourself," Billy appeared to become visibly frustrated as well as increasingly fearful. Although he was somewhat able to generate coping thoughts, he could not translate them into effective coping. Instead, he showed a tendency to react through oppositionality. In school settings, these behaviors carried added value. They helped him avoid threatening academic situations and, in some instances, won him the accolades of his peers. Feedback to Billy and his parents included conceptualizing infor-