Internalising Disorders of Children and Adolescents: An Introduction

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In the past 10 years, a number of well controlled epidemiological studies have documented the prevalence of internalising disorders in community samples of children and adolescents. For example, Anderson and her colleagues examined the prevalence of DSM-III disorders (American Psychiatric Association, 1980) in a sample of 11-year-old children from the general population of New Zealand (Anderson, Williams, McGee, & Silva, 1987). Using child interviews, parent and teacher questionnaires, and behavioural histories, these researchers found prevalence rates of 3.5% for separation anxiety disorder, 2.9% for overanxious disorder, 2.4% for simple phobia, 1.8% for depression–dysthymia, and 0.9% for social phobia. In general, research has shown that the internalising disorders (especially anxiety and phobic disorders) tend to be more prevalent in girls than boys (Ollendick, King, & Yule, 1994).

Although there is considerable variation in prevalence rates across studies due to differences in ascertainment practices and criterion definitions of diagnosis, there is no doubt that internalising disorders are experienced by many children and adolescents (see review by Costello & Angold, 1995; Poznanski & Mokros, 1994). Furthermore, internalising disorders — particularly anxiety disorders and depression — cause much personal distress and significant impairment in functioning for the child or adolescent. In cases of adolescent depression, there can also be an associated risk of suicide (Reynolds, 1992). Despite their prevalence and seriousness, however, the internalising disorders of children and adolescents have been comparatively neglected until recent years. Although much work still remains to be done, considerable progress has been made over the past decade in the understanding, assessment, and treatment of the internalising disorders in children and adolescents (see Kendall et al., 1992; King, Hamilton, & Ollendick, 1988; Ollendick et al., 1994; Reynolds, 1992; Reynolds & Johnston, 1994).

This issue of Behaviour Change (Volume 13 No. 3), is the first of a two-part series that draws together a collection of papers on internalising disorders in children and adolescents. The second part of the series is featured in the next issue of Behaviour Change (Volume 13 No. 4).

In this issue, Eleonora Gullone reviews the rich body of normative data on childhood fears and points out the most common fears of children and adolescents. This author also shows how age, gender, and other variables influence the prevalence and nature of childhood fears. Margaret Warren, Thomas Ollendick, and Neville King present the results of a clinical-developmental investigation of test anxiety in children and adolescents. Their findings have important implications for the way in which test anxiety is viewed by teachers, clinicians, and researchers. In one of the few studies of panic in Australian youth, Neville King, Thomas Ollendick, Sara Mattis, Bin Yang, and Bruce Tonge report data on the prevalence and nature of nonclinical panic attacks, and explore the relations between such attacks and measures of social support, stress, anxiety, fear, and depression.

Many assessment procedures and diagnostic tools are now available to clinicians and researchers interested in childhood phobias and anxiety disorders. In their article, Marilyn...
Campbell and Ron Rapee outline the major assessment methods: structured clinical interviews, self-reports, behavioural observations, thought listing, and physiological recording. These authors remind us of the need for developmental sensitivity, reliability, and validity in the assessment of child anxiety.

In the next issue of *Behaviour Change* (Volume 13 No. 4), Michael Vasey continues our look at child anxiety assessment by cogently arguing for the usefulness of information-processing measures in addition to the traditional clinical measures. Measures of attentional bias seem particularly relevant, given the tendency of anxiety-disordered children to selectively attend to emotionally threatening stimuli. The author reviews several recent studies demonstrating attentional bias, placing particular emphasis on methodological issues that must be considered when applying methods from studies of adults to children.

Fortunately, significant advances have been made in the treatment of internalising disorders in children and adolescents. In their paper, Ellen Flannery-Schroeder, Aude Henin, and Philip Kendall provide an overview of cognitive-behaviour therapy from both a procedural and an empirical standpoint, and evaluate the efficacy of cognitive-behavioural approaches in the treatment of internalising disorders. Elizabeth Cornwall, Sue Spence, and David Schotte report encouraging results from a randomised clinical trial on the efficacy of emotive imagery (a variant of desensitisation) in the treatment of children with darkness phobia. Mark Dadds and Paula Barrett discuss family processes in child and adolescent anxiety and depression. As shown by the authors, family processes are implicated in the etiology, maintenance, and treatment of these problems in children and adolescents.

In the final paper, Sue Spence and Mark Dadds point out that cognitive-behavioural strategies can also be used to help prevent childhood anxiety disorders. They present some preliminary findings from a major study currently underway on the prevention of childhood anxiety disorders in school settings. As acknowledged by the authors, preventative intervention is not always straightforward and raises a number of interesting methodological challenges. It is to be hoped that the work of those presented in this special issue will be useful to clinicians and researchers interested in the promotion of child mental health.

**REFERENCES**


