Looking for mediators: cognition, perceived control and coping in the treatment of anxiety-disordered children
Hogendoorn, S.M.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Supplements
The ASICA is an adaptation of the CY-BOCS by E. De Haan, S.M. Hogendoorn, P.J.M. Prins, L. Vervoort, and L. Wolters with permission from W.K. Goodman.

Version March 2008 (translation February 2009)

THE ANXIETY SEVERITY INTERVIEW FOR CHILDREN AND ADOLESCENTS (ASICA)

The ASICA is a clinician-rated, semi-structured interview, designed to measure the severity of anxiety symptoms over the previous week in children and adolescents with an anxiety disorder. It is a modified version of the CY-BOCS for obsessive compulsive disorder in children (Scahill et al., 1997). Anxiety symptoms are divided in three different components: anxious feelings, avoidant behavior and anxious thoughts. Analogue to the CY-BOCS, the severity of each component is rated on five severity items each on a 5-point ordinal scale. The answers have to reflect the average for each day in the previous week.

The ASICA is a semi-structured interview. The clinician has to ask all questions in the indicated order and phrase them as stated in the interview. However, the clinician is free to rephrase questions when necessary and ask extra questions if there are any doubts or the answer is incomplete. Clinicians are also allowed to take their clinical knowledge in consideration. For example, when the clinician knows from a previous session that a child avoids many situations, but the child denies this, the clinician can discuss this with the child.

The final score is based on clinical opinion. In the instructions, the clinician gives a definition of anxious feelings, avoidance and anxious thoughts and gives general examples. For each component, the individual problems of the child are mentioned. For the first assessment, information from the intake and the ADIS-C can be used; for the next assessments information from the therapy is used. In principle, the child is the only informant, however information from the parents is allowed when the child is very young or otherwise incapable of answering the questions and the extra informant is present each assessment.

Extra instructions
- read aloud the questions as literally as possible
- with each question, give examples relevant for the specific child
- ask for examples with each answer, to be sure the child understood the question
- Do NOT read aloud the answers or present them as a multiple choice question. The child should not see the answers. Do not say aloud the resulting score.
- Sometimes with younger children it is necessary to include the parents. This has the preference over not assessing the ASICA. Visualizing the answers (e.g. with a feelings thermometer) is allowed.
- Keep in mind if you question a feeling, avoidance or thought. Sometimes it is difficult to disentangle the three, but try by giving and asking many examples.

**Scoring**

Use the separate score form. Three different subscale scores can be obtained by adding the scores of all 5 items from each component (range 0 - 20). The total score is a sum of the three components (range 0 - 60). Higher scores indicate more anxiety symptoms. A score of 13 or higher indicates clinically significant anxiety problems.

**Assessment**

Text in bold print should be read aloud. First give a definition of anxiety feelings, avoidance and anxious thoughts.

ANXIOUS FEELINGS: This is an anxious or nervous feeling. An example of an anxious feeling is pain in your stomach and sweaty hands when you have present something.

AVOIDANCE: This is when you do not do things anymore because you are afraid. For example, not sleeping over at a friends place because you are afraid to sleep somewhere else but home. Avoidance is also doing things to make sure you do not experience or encounter the situation or thing you are afraid of. For example, when you are afraid of the neighbor's dog, you walk on the other side of the street so you do not run into the dog. This also helps you not to get scared.

ANXIOUS THOUGHTS are unpleasant ideas, thoughts or images that pop up in you mind regularly. Or these are thoughts about things you are afraid of. This might happen even when you do not want it and these thoughts can be awful. An example of an anxious thought is the idea that something awful will happen to you or your parents. Another example is the thought that you are not able to pass a test, although you learned it by heart.

Do you have any questions about anxious feelings, avoidance of anxious thoughts? (If not, continue)

When repeatedly administering the ASICA to the same child, it is not always necessary to repeat these definitions and examples, as long as it is clear the child understands them.
A. Anxious feelings

"Now I will ask you some questions about your anxious feelings. That is the feeling you have when you are scared, afraid or anxious." [Mention the most important fears and anxious feelings of the child]

1. TIME OCCUPIED BY THE ANXIOUS FEELINGS

“How often do you feel afraid? When we consider an average day, how often are you afraid or anxious in the morning, afternoon or evening?” (Hint: go over the day and consider how often the child is anxious and how long this lasts. Do not ask: is it 1-3 hours, 3-8 hours, etc.)

0 = None  
1 = Mild: less than 1 hour per day, or now and then  
2 = Moderate: 1-3 hours per day, or regularly  
3 = Severe: 3-8 hours per day, or very often  
4 = Extreme: more than 8 hours per day, or almost continuous

2. INTERFERENCE FROM ANXIOUS FEELINGS.

“How much does this anxious feeling bother you, does it influence your life? Additional: “What would be different if you were not anxious? For example, do you have many quarrels, do you have problems sleeping, do you feel sad or can't you do the things you like anymore?”

(Hint: do NOT score avoidance (e.g. school refusal). Do score quarrels, sad feelings, problems sleeping, and attention problems. When the child does not attend school because it is a holiday period: determine the effect when the child would have attended school.)

0 = None, no interference  
1 = Mild: little interference, without harming daily functioning  
2 = Moderate: evident but controllable interference with daily functioning (school, social contacts)  
3 = Severe, considerable interference with some domains (school, friends, family)  
4 = Extreme, interfering with all domains
3. DISTRESS FROM ANXIOUS FEELINGS.

“When you are afraid, then how afraid are you?” Additional: “How strong is your fear, how upset do you feel? For example, do you feel uncomfortable, very tense, or do you panic?”
(Hint: Ask for examples: do you have to cry, do you get angry, do you hyperventilate?)

0 = None
1 = Mild: not very upset
2 = Moderate: upset but controllable
3 = Severe: very disrupting
4 = Extreme: almost continuing invalidating agony.

4. RESISTANCE TO ANXIOUS FEELINGS.

How often do you try to resist your anxious feelings or try to get it away? What do you do?
(Hint: do not score avoidance, but do score seeking distraction or trying to relax, etc.)

|Score only the effort of resisting, not the success or failure. How often the child tries to resist anxious feelings, is not necessarily linked to his/her ability to actually control those feelings. This item does not directly measure the severity of the intrusive anxious feelings; it is an indicator of mental health, insofar that it reflects the effort to master anxious feelings without using avoidance. The bigger the resistance is, the less disturbed his/her functioning is. There are ‘active’ and ‘passive’ ways of resistance. Children who are treated with behavioral therapy are often encouraged to resist anxious feelings by not fighting them (e.g. "allow yourself to feel your emotions"); passive resistance), or even to evoke their anxious feelings. With this item, consider the use of behavioral techniques as ways of resistance. When the child does not need to resist anxious feelings because they are too insignificant, give a score of 0.|

0 = Always tries to resist anxious feelings, or symptoms are so insignificant resistance is not necessary
1 = Tries to resist anxious feelings most of the time
2 = Sometimes tries to resist anxious feelings
3 = Does not try to resist anxious feelings, but reluctantly
4 = Never tries to resist anxious feelings
5. CONTROL OVER ANXIOUS FEELINGS.

“When you try to resist to your anxious feelings, how often do you succeed?” When there are not many anxious feelings left, you can ask a hypothetical question: “Imagine that your anxious feeling would return sometime, would you be able to get it away?”

(Contrary to item 4, the ability of the child to control its anxious feelings is related to the severity of the anxious feelings).

0 = Always
1 = Often: feelings can be controlled with some effort and concentration
2 = Sometimes it is possible to control feelings
3 = Little control: it is very difficult to control feelings
4 = No control: it is not possible to control feelings
B. Avoidance

"The next questions are about avoidance, or the things you don’t do anymore because you are afraid". [Mention avoidant behavior of the child]

1. TIME OCCUPIED BY AVOIDANCE.

"How often do you avoid something because you are afraid?" Additional: "How often do you do things differently because you are afraid?" or: "When we consider an average day, how often do you avoid situations in the morning, afternoon of evening?" (Hint: go over the day and consider how often the child avoids something and how long this lasts. Do not ask: is it 1-3 hours, 3-8 hours, etc.)

0 = None
1 = Mild: less than 1 hour per day, or now and then
2 = Moderate: 1-3 hours per day, or regularly
3 = Severe: 3-8 hours per day, or very often
4 = Extreme: more than 8 hours per day, or almost continuous

2. INTERFERENCE FROM AVOIDANCE

"How much does this avoidance bother you, does it influence your life (mention actual avoidant behavior)? Additional: "For example, do you have many quarrels, do you have problems sleeping, do you feel sad or can't you do the things you like anymore?"

Hint: if the child does not experience any interference from the avoidance (e.g. school refusal), because everything is arranged around the avoidance, consider any actual limitations related to the developmental phase. E.g.: when the child does not attend school and says not to be bothered by it, DO score interference, because the child is hindered in his/her development.

Hint: When the child does not attend school because it is a holiday period: determine the effect when the child would have attended school.

0 = None, no interference
1 = Mild: little interference, without harming daily functioning
2 = Moderate: evident but controllable interference with daily functioning (school, social contacts)
3 = Severe, considerable interference with some domains (school, friends, family)
4 = Extreme, interfering with all domains
3. DISTRESS FROM AVOIDANCE

“How would you feel if you would do the things you don’t dare to do?” Additional: “Do you feel relaxed, upset or do you even panic?” (Hint: score how upset the child would be or how lousy it would feel. Ask for examples: crying, hyperventilating, getting angry.)

0 = None
1 = Mild: not very upset
2 = Moderate: upset but controllable
3 = Severe: very disrupting
4 = Extreme: almost continuing invalidating agony.

4. RESISTANCE TO AVOIDANCE

“How often do you try to resist avoiding situations?” Additional: “How do you try?”

[Score only the effort of resisting, not the success or failure. How often the child tries to resist anxious feelings, is not necessarily linked to his/her ability to actually control those feelings. This item does not directly measure the severity of the intrusive anxious feelings; it is an indicator of mental health, insofar that it reflects the effort to resist avoidance. The bigger the resistance is, the less disturbed his/her functioning is. When fear is minimal, the child might not feel like resisting. Then give a score of 0.]

0 = Always tries not to avoid, or symptoms are so insignificant resistance is not necessary.
1 = Tries not to avoid most of the time
2 = Sometimes tries not to avoid
3 = Avoids, without trying not to, but reluctantly
4 = Always avoids (no resistance)

5. CONTROL OVER AVOIDANCE

“When you try not to avoid, so doing things you are afraid of, how often do you succeed?”

When there is no avoidance, you can ask a hypothetical question: “Imagine that you feel like avoiding something sometime, would you be able to resist this?”

0 = Always
1 = Often: it is often possible not to avoid with some effort and concentration
2 = Sometimes it is possible not to avoid
3 = Little control: it is very difficult not to avoid
4 = No control: always avoids (no control)
C. Anxious thoughts

"Now I will ask you some questions about your anxious thoughts. These are unpleasant ideas, thoughts or images that pop up in you mind regularly. (Mention the child’s anxious thoughts)

1. TIME OCCUPIED BY ANXIOUS THOUGHTS

“How often do you have anxious thoughts, do you have to think about scary things?”
Additional: “When we consider an average day, how often do you have anxious thoughts in the morning, afternoon or evening?” (Hint: go over the day and consider how often the child has anxious thoughts and how long these last. Do not ask: is it 1-3 hours, 3-8 hours, etc.)

0 = None
1 = Mild: less than 1 hour per day, or now and then
2 = Moderate: 1-3 hours per day, or regularly
3 = Severe: 3-8 hours per day, or very often
4 = Extreme: more than 8 hours per day, or almost continuous

2. INTERFERENCE FROM ANXIOUS THOUGHTS

“How much do these anxious thoughts bother you, do they influence your life? Additional: “For example, do you have many quarrels, do you have problems sleeping or paying attention at school, do you feel sad or can’t you do the things you like anymore?” or “How much are you caught up by it?”

(Hint: do NOT score avoidance (e.g. school refusal). Do score quarrels, sad feelings, problems sleeping, or attention problems. When the child does not attend school because it is a holiday period: determine the effect when the child would have attended school.)

0 = None, no interference
1 = Mild: little interference, without harming daily functioning.
2 = Moderate: evident but controllable interference with daily functioning (school, social contacts).
3 = Severe, considerable interference with some domains (school, friends, family)
4 = Extreme, interfering with all domains.
3. DISTRESS FROM ANXIOUS THOUGHTS

“How upset do you feel by these thoughts, how scary are they?” “For example, do you feel uncomfortable, very tense, or do you panic?” (Hint: Ask for examples: do you have to cry, do you get angry, or do you hyperventilate?)

0 = None
1 = Mild: not very upset
2 = Moderate: upset but controllable
3 = Severe: very disrupting
4 = Extreme: almost continuing invalidating agony.

4. RESISTANCE TO ANXIOUS THOUGHTS.

“How often do you try to get these anxious thoughts out of your mind? How do you try?” (Hint: do not score avoidance, but do score seeking distraction or trying to relax, etc.)

[Score only the effort of resisting, not the success or failure. How often the child tries to resist anxious thoughts, is not necessarily linked to his/her ability to actually control those thoughts. This item does not directly measure the severity of the intrusive anxious thoughts; it is an indicator of mental health, insofar that it reflects the effort to master anxious thoughts without using avoidance. The bigger the resistance is, the less disturbed his/her functioning is. There are ‘active’ and ‘passive’ ways of resistance. Children who are treated with behavioral therapy are often encouraged to resist anxious thoughts by not fighting them (e.g. “allow your thoughts to flow”; passive resistance), or even to evoke their anxious thoughts. With this item, consider the use of behavioral techniques as ways of resistance. When the child does not need to resist anxious thoughts because they are too insignificant, give a score of 0.]

0 = Always tries to resist anxious thoughts, or symptoms are so insignificant resistance is not necessary
1 = Tries to resist anxious thoughts most of the time
2 = Sometimes tries to resist anxious thoughts
3 = Does not try to resist anxious thoughts, but reluctantly
4 = Never tries to resist anxious thoughts
5. CONTROL OVER ANXIOUS THOUGHTS.

"When you try to get your anxious thoughts out of your mind, how often do you succeed?"

When there are not many anxious thoughts left, you can ask a hypothetical question: "Imagine that your anxious thoughts would return sometime, would you be able to get them out of your mind?"

0 = Always
1 = Often: thoughts can be controlled with some effort and concentration
2 = Sometimes it is possible to control thoughts
3 = Little control: it is very difficult to control thoughts
4 = No control: it is not possible to control thoughts
CHILDREN’S AUTOMATIC THOUGHTS SCALE – NEGATIVE / POSITIVE (CATS-N/P)

Name :  Sex : Male / Female
Date of Birth :  Date :

Instructions: Listed below are some thoughts that children and adolescents have said pop into their heads. Please read each thought carefully and decide how often, if at all, each thought popped into your head over the past week. Circle your answer in the following way:
0 = not at all, 1 = sometimes, 2 = fairly often, 3 = often, 4 = all the time.

Say to yourself: “Over the past week I thought…”

1. I enjoy life
2. Kids will think I’m stupid
3. I know that everything I do will work out well
4. I have the right to take revenge on people if they deserve it
5. I can’t do anything right
6. I’m going to have an accident
7. Other kids are stupid
8. I’m worried that I’m going to get teased
9. I’m going crazy
10. Kids are going to laugh at me
11. I don’t give up
12. I’m going to die
13. Most people are against me
14. I am worthless
15. My mum or dad are going to get hurt
16. Nothing ever works out for me anymore
17. I’m going to look silly
18. I won’t let anyone get away with picking on me
19. Other people understand me
20. I’m scared of losing control
21. Only good things will happen to me
22. It’s my fault that things have gone wrong
23. People are thinking bad things about me
Say to yourself: “Over the past week I thought…”

24. If someone hurts me, I have the right to hurt them back 0 1 2 3 4
25. I’m going to get hurt 0 1 2 3 4
26. I’m afraid of what other kids will think of me 0 1 2 3 4
27. Some people deserve what they get 0 1 2 3 4
28. I feel good about myself 0 1 2 3 4
29. I’ve made such a mess of my life 0 1 2 3 4
30. Something awful is going to happen 0 1 2 3 4
31. I look like an idiot 0 1 2 3 4
32. My future looks bright 0 1 2 3 4
33. I’ll never be as good as other people are 0 1 2 3 4
34. I always get blamed for things that are not my fault 0 1 2 3 4
35. I am a failure 0 1 2 3 4
36. Other kids are making fun of me 0 1 2 3 4
37. Everything will turn out well 0 1 2 3 4
38. Life is not worth living0 1 2 3 4
39. Everyone is staring at me 0 1 2 3 4
40. Kids my age like me 0 1 2 3 4
41. I’m afraid I will make a fool of myself 0 1 2 3 4
42. I’m scared that somebody might die 0 1 2 3 4
43. I will never overcome my problems 0 1 2 3 4
44. People always try to get me into trouble 0 1 2 3 4
45. I feel great 0 1 2 3 4
46. There is something very wrong with me 0 1 2 3 4
47. Some people are bad 0 1 2 3 4
48. I hate myself 0 1 2 3 4
49. Something will happen to someone I care about 0 1 2 3 4
50. Bad people deserve to get punished 0 1 2 3 4

The CATS-N/P (Hogendoorn, Wolters, Vervoort, Prins, Boer, Kooij, & De Haan [2008], COTR 34 [5], 467-478) is an adaptation of the Children's Automatic Thoughts Scale (Schniering & Rapee [2002], BRAT 40, 1091-1109)