

Investigating the Effect of Cognitive-Behavioral Therapy in the Degree of Anxiety Separation among Children Aged 7-12

JAVANEH JAVDANI¹

Faculty of Philosophy
Lincoln University College Malaysia, Branch Iran

HABIBOLLAH NADERI

Department of Psychology
University of Mazandaran, Iran

Abstract

The purpose of this study was to investigate the effect of cognitive-behavioral therapy on reducing the separation anxiety in children between 7-12 years of age. The method of this experimental study was pretest-posttest with control group. The statistical population of this study included all 7-12 year-old students with separation anxiety who referred to psychiatric and psychiatric clinics of children and adolescents in Sari city between June and March of this year. A total of 40 children from the statistical population of this study were selected as a simple random sampling method. They were divided into four groups of 10, two experimental and two control groups. In the first experiment, 10 children (5 girls and 5 boys) aged 9-7 years old and the second experimental group 10 children (including 5 girls and 5 boys) 10-12 years old and the first control group 10 children (including 5 girls and 5 The boy was aged 7 to 9 years old and the second control group consisted of 10 children (5 girls and 5 boys) aged 12 to 10 years old and grouped into cognitive behavioral therapy during 10 sessions of 30 to 45 minutes. Findings Showed that cognitive-behavioral therapy was effective in separation anxiety between boys aged 7-9 years ($F = 9.75$, $F = 9.35$) ($P < 0.01$); the

¹ Corresponding author: j.javdani62@gmail.com

fractional squares of severity of this effect in separation anxiety (0.885) And cognitive-behavioral therapy were effective in separation anxiety between boys aged 12-9 years ($F = 0.71, 64.1, 161/64$) ($P < 0.01$); the intensity of this effect in the severity anxiety (0.902) and treatment Cognitive-behavioral behavior was effective in the separation anxiety of girls 7-9 years old ($= 0.75$) = (7, 1) F ($P < 0.01$); the intensity of this effect in the separation anxiety (0.875) was also affected by cognitive-behavioral therapy In anxiety, the separation of 12-12 year old girls was effective ($= 7, 1$) F (23.66) F ($P < 0.01$); the fractional intensity of this effect was in separate anxiety (83/0). Thus, we conclude that cognitive-behavioral therapy in reducing anxiety and separation of boys and girls aged 9-12 years significant positive impact.

Keywords: Cognitive-Behavioral Therapy, Separation Anxiety

INTRODUCTION

Anxiety disorders are one of the most common childhood mental health problems, with an estimated prevalence rate of five % to 19% (Costello, Mustillo, Erkanli, Keeler & Angold, 2003). Not only do these anxiety disorders interfere with young people's social and academic development (Pine, Helfinstein, Bar-Haim, Nelson & Fox, 2009), but they often follow a chronic life course and have been implicated in the later development of other mental health conditions such as depression (Cole, Peeke, Martin, Truglio & Seroczynski, 1998) and substance misuse (Last, Hansen & Franco, 1997). The pervasiveness of child and adolescent anxiety disorders and their association with adult psychopathology when left untreated highlights the need for effective, accessible treatments.

Children comprise a majority of the world's population, attention to their physical, emotional, mental and behavioral growth always has been emphasized by researchers, so that during recent 25 years, children's behavioral, social and emotional problems has been discussed as one of the main

subjects of psychotherapy and psychology (Mash and Barkley,2014). When a child is born may has the highest and the most complete features for growing. He/she may be ready to grow as worthy as possible, that's enough born normally and a perfect family and environment be provided to flourish, and find his/her venerable position in this world. But family life and health, educational, social and cultural environment of many people around the world is such that makes difficult or impossible achievement to such goal. It is widely purported that anxiety is the most common disorder of childhood and adolescence, more common than depressive disorders and disorders of behavior (Cartwright-Hatton, McNicol, & Doubleday, 2006; Kessler et al., 2005). However, epidemiological studies vary substantially in their reported prevalence rates, particularly with regard to pre-adolescent youth. According to Cartwright-Hatton and colleagues (2006), the prevalence of anxiety disorders in pre-adolescents may range between 2.6% and 41.2%. While some fears and anxiety can be adaptive and developmentally appropriate, clinical levels of fear and anxiety can engender significant distress in children and their families (Ezpeleta, Keeler, Alaatin, Costello, & Angold, 2001), and are likely to interfere with academic and social functioning.

Now that the fateful period of comprehensive construction and reconstruction of country with increasing acceleration is begins, it is time for retrieving the development and providing the children health and promoting the family and schools health level as an important part of the policies for promotion of country health and the most basic movement for providing the health of future maker generation and realize the social and economic development of country future and also regain its position and true identity. Undoubtedly reduction barrier, facilities, financial credit, lack of trained manpower, increasing growth of population and biology crisis altogether

are a serious threat for the health of next generation then will make several barriers and problems for realizing of above mentioned goals. Solving these problems aren't possible except comprehensive participation of social institutions, especially family. But should be noted that the participation of people without their knowledge and information won't be realized. The way of everyone's participation is their awareness (Plahang, 2005).

Numerous studies, meta-analyses, and reviews have examined gender differences in the prevalence of anxiety disorders in children. Findings are inconsistent; in some population studies, females demonstrate almost twice the risk of males for childhood anxiety disorders (e.g., Costello, Mustillo, Erkanli, Keeler, & Angold, 2003), while other population studies have failed to demonstrate significant gender differences in prevalence of anxiety disorders (e.g., Canino et al., 2004). Among treatment-seeking anxious youth in particular, childhood anxiety disorder presentation appears to be consistent across gender and race (Kendall, et al., 2010). Further, childhood anxiety does not appear to be consistently related to other demographic variables, such as family size, parents' marital status, education level, race or ethnicity (e.g., Canino et al., 2004). Some data indicates a small negative association with socioeconomic status, although such results have not been consistent (e.g., Xue, Leventhal, Brooks-Gunn, & Earls, 2005).

Statement of the Problem

One of the important indicators that ensure the quality of life and children's mental health is relations with parents, their negative relationship is represented as one of the most important starter and maintenance factors for children's mental and emotional disorders (Fattah Zade, 2009). Family functioning is an important aspect of family environment that

affects the children's physical, social, emotional and mental health. In fact, what happens within the family and how it works can be a key factor in creating the flexibility and mitigation current and future dangers which are related to horrible events and inappropriate conditions. Parental anxiety may also place offspring at an increased risk for an anxiety disorder through environmental mechanisms. Compared to non-anxious parents, parents who are experiencing anxiety demonstrate increased cognitive biases towards threat, increased perceptions of danger, and elevated sensitivity to their child's distress (Hudson & Rapee, 2004), as well as increased apprehension when watching their child engage in routine activities (Turner, Beidel, Roberson-Nay, & Tervo, 2003). Thus, as a function of their own anxiety, anxious parents may place limits on their child's experiences, restricting the child's opportunities to face the developmentally appropriate, yet challenging circumstances that will allow the child to develop adaptive coping skills (Murray, Creswell, & Cooper, 2009). Anxious parents may also view anxiety as powerful and something to be avoided, seemingly unable to tolerate anxiety internally or in their child (Suveg et al., 2006).

One of the problems for children at the time of entrance to school and a new environment with stay away from parent is separation anxiety. All children during their life experience fear and anxiety as two natural excitements. Fear and anxiety makes man to do behaviors which are required for survival. In some periods of growth, almost all children when are away from their main caregivers experience a kind of anxiety. In fact emerging separation anxiety in the childish years (18 24 months) from growth view is normal. If symptoms of separation anxiety go beyond this stage and in the next ages and growth stages continue, these symptoms will be considered clinically. Since the problems like symptoms of anxiety disorders by parents considers as a simple part of child development stages,

usually attention to these symptoms will neglected. Prevalence of disorder in boys and girls has been reported equally. Training these skills helps students to understand better themselves and be curious about their idea upon self and the world (life). In this model of treatment, students are encouraged to identify their positive and good experiences, they also learn to adopt an active position in the world and shape their life personally and don't accept whatever comes for them passively. Hence, the aim of present study is that, if cognitive-behavioral treatment is effective in the separation anxiety degree of 7-12 years old children?

Research Design

The hardest step in research process of determining studied issue. At first, there is doubt about one thing, one barrier or ambiguous situation, this doubt must be determined. In any research, at first type, nature, study goals and its range determined to reach realities by using suitable tools and credible ways. The method of this research is an experience of pretest and posttest design with control group. That cognitive-behavioral therapy (CBT) was applied to the children of the experimental group and the control group didn't receive any treatment.

Population and Sampling Procedure

By using information resulted from sampling, we can estimate one parameter points or distance. One of the common methods in sampling of this study is simple random sampling. This type of sampling is the method of selecting n unit of a population with N volume in a way that all samples which could be selected have the same chance for being selected. The statistical population of this research includes all 7-12 year-old students with separation anxiety who referred to psychology and psychiatric clinics of children and adolescents in the city of Sari

from KHORDAD to ESFAND in 1395. 40 children were selected from the statistical population of this research as statistical samples by random sampling and embedded in four groups each of with 10 children as two experimental groups and two control groups. In the first experimental group, 10 children (including 5 girls and 5 boys) aged 7-9 years old and in the second experimental group, 10 children (including 5 girls and 5 boys) 10-12 years old were embedded, and also in the first control group, 10 children (including 5 girls and 5 boys) 7-9 years old and in the second control group, 10 children (including 5 girls and 5 boys) aged 10-12 years were embedded.

Finding of Study

First Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 7-9 year olds boys.

Table 1: The results of cognitive-behavioral therapy in the separation anxiety level of 7-9 year olds boys

Recourse of changes	Sum of squares (Ss)	Degree of freedom (dF)	Mean squares (MS)	F	Significance level	Effect size (η^2)
Separation anxiety of 7-9 year olds boys	154.099	1	154.099	53.935	0.000	0.885
Error	20.000	7	2.857			

According to the results of Table 1, cognitive-behavioral therapy has been effective in separation anxiety, $F = (1, 7) 53.935$, ($P < 0.01$); eta fractional square of the intensity of this effect in separation anxiety is (0.885). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 7-9 year olds boys.

Second Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 7-9 year olds girls.

Table 2: Results of cognitive-behavioral therapy in the separation anxiety level of 7-9 year olds girls

Resource of changes	Sum of squares (Ss)	Degree of freedom (dF)	Mean squares (MS)	F	Significance level	Effect size (η)
Separation anxiety of 7-9 year olds girls	129.600	1	129.600	64.161	0.000	0.902
Error	141.139	7	2.020			

Regarding the results of Table 2, cognitive-behavioral therapy has been effective in separation anxiety, $F(1, 7) = 64.161$, ($P < 0.01$); eta fractional square of the intensity of this effect in separation anxiety is (0.902). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 7-9 year olds girls.

Third Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 9-11 year olds boys.

Table 3. The results of cognitive-behavioral therapy in the separation anxiety level of 9-11 year olds boys

Resource of changes	Sum of squares (Ss)	Degree of freedom (dF)	Mean squares (MS)	F	Significance level	Effect size (η)
Separation anxiety of 9-11 year olds boys	136.569	1	136.569	49.025	0.000	0.875
Error	19.5000	7	2.786			

According to the results of Table 3, cognitive-behavioral therapy has been effective in separation anxiety, $F(1, 7) = 49.025$, ($P < 0.01$) eta fractional square of the intensity of this effect in separation anxiety is (0.875). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 9-11 year olds boys.

Fourth Hypothesis: Cognitive-Behavioral Therapy is effective in the separation anxiety level of 9-11 year olds girls.

Table 4. The results of cognitive-behavioral therapy in the separation anxiety level of 9-11 year olds girls

Resource of changes	Sum of squares (Ss)	Degree of freedom (dF)	Mean squares (MS)	F	Significance level	Effect size (η)
Separation anxiety of 9-11 year olds girls	121.239	1	121.239	34.236	0.000	0.830
Error	24.787	7	3.541			

According to the results of Table 4, cognitive-behavioral therapy has been effective in separation anxiety, $F(1, 7) = 34.236$, ($P < 0.01$); eta fractional square of the intensity of this effect in separation anxiety is (0.83). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 9-11 year olds girls.

Table 5. Results of posttest separation anxiety in 7-9 year olds boys and girls in experimental group

Resource of changes	Mean differences	Degree of freedom (Df)	T independent	F	Significance level
Separation anxiety	2.000	8	2.774	0.125	0.002

According to the results of Table 5, there is a significant difference between the separation anxiety of 7-9 year olds boys and girls, $T(8) = 2.774$, ($P < 0.01$).

Table 6: Results of posttest separation anxiety of 9-11 year olds girls and boys in experimental group

Resource of changes	Mean differences	Degree of freedom (Df)	T independent	F	Significance level
Separation anxiety	0.6000	8	0.490	1.525	0.000

Discussion

The First Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 7-9 year olds girls. According to the results of Table 4-10, cognitive-behavioral

therapy has been effective in separation anxiety, $F = (1, 7) 53.935$, ($P < 0.01$); eta fractional square of the intensity of this effect in separation anxiety is (0.885). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 7-9 year olds boys. The results of this research are consistent with the researches of Amiri, Talebi (1394), Arramis (2010), and Hatton (2010). To explain the cause of the formation of separation anxiety disorder, present theories emphasize the understanding of the relationship between parental and child factors in the context of environmental stressors (Manasis et al., 1994; Rapie, 2001).

The Second Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 7-9 year olds girls. Regarding the results of Table 4-11, cognitive-behavioral therapy has been effective in separation anxiety, $F (1, 7) = 64.161$, ($P < 0.01$); eta fractional square of the intensity of this effect in separation anxiety is (0.902). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 7-9 year olds girls. The results of this research are consistent with the researches of Bagerli (2009), March, Mulle, & Herbel, 1994; Piacentini & Bergman, 2001, Amiri, Talebi (1394). To explain the cause this result, anxiety is one of the most common psychological disorders of childhood and is associated with poor outcomes if left untreated (Cartwright-Hatton, McNicol & Doubleday, 2006). Prevalence studies indicate that 10–15% of young children experience internalizing problems (Egger & Angold, 2006). These problems can result in significant impairment in many areas of a child's functioning including academic achievement, friendships, family relationships and self-image (Drake & Ginsburg, 2012). Furthermore, anxiety disorders are chronic and have been linked to the development of other conditions, such as depression (Kovacs, Gatsonis, Paulauskas & Richards, 1989) and substance misuse (Lehman, Brown & Barlow, 1998). The

high prevalence of anxiety disorders and associated risk of developing additional mental health problems highlights the need for cost effective, accessible treatments.

The Third Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 9-11 year olds boys. According to the results of Table 4-12, cognitive-behavioral therapy has been effective in separation anxiety, $F(1, 7) = 49.025$, ($P < 0.01$) eta fractional square of the intensity of this effect in separation anxiety is (0.875). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 9-11 year olds boys. The results of this research are consistent with the researches of Shibani, Yousefi Loyeh and Delawar (2011), Donna et al. (2010) Leafloor, Harold and Thapar (2008).

The Fourth Hypothesis: Cognitive-behavioral therapy is effective in the separation anxiety level of 9-11 year olds girls. According to the results of Table 4-13, cognitive-behavioral therapy has been effective in separation anxiety, $F(1, 7) = 34.236$, ($P < 0.01$); eta fractional square of the intensity of this effect in separation anxiety is (0.83). The significance of the effect indicates that cognitive-behavioral therapy reduces the separation anxiety of 9-11 year olds girls. The cognitive theory of social anxiety disorder is one of the most widely accepted accounts of the maintenance of the disorder in adults, yet it remains unknown if, or to what extent, the same cognitive and behavioral maintenance mechanisms that occur in adult social anxiety disorder also apply to social anxiety disorder among pre-adolescent children. In contrast to the adult literature, current models of social anxiety disorder in children mostly account for etiology and maintenance processes are given limited attention. Consequently, their clinical utility for the treatment of social anxiety disorder in children may be limited. The results of this research are consistent with the

researches of March, Mulle, & Herbel, 1994; Haan, Hoogduin, Buitelaar, & Keijsers, 1998).

CONCLUSION

Anxiety disorders are among the most common psychological disorders in younger patients, affecting 6% to 20% of developed countries children and adolescents (Walkup et al. 2008). Separation anxiety is the only anxiety disorder restricted to infancy, childhood, or adolescence (APA, 2000). Separation anxiety disorder (SAD) is defined by developmentally inappropriate, excessive, persistent, and unrealistic worry about separation from attachment figures, most commonly parents or other family members. Youths with SAD display distress before separation or during attempts at separation. These children worry excessively about their own or their parents' safety and health when separated, have difficulty sleeping alone, experience nightmares with themes of separation, frequently have somatic complaints, and may exhibit school refusal. Children with separation anxiety disorder exhibit varying degrees of avoidant behavior that correlate with the severity of their symptoms (Albano et al. 2003). This kind of anxiety in adolescents and schoolchildren significantly interferes with daily activities and developmental tasks. Children with separation anxiety disorder are usually brought to the clinician when SAD results in school refusal or embarrassing somatic symptoms. When analyzing responses to shown images, relative to controls, children with anxiety disorders experience greater negative emotional responses to the presented images, are less successful at applying reappraisals, but show intact ability to reduce their negative emotions following reappraisal. They also may report less frequent use of reappraisal in everyday life (Carthy et al, 2010).

The relatively high prevalence level of separation anxiety disorder requires that some actions should be taken to accurately identify children with this disorder and timely treatment of them. In this section, the research hypotheses are explained based on research objectives and research literature. The results of hypotheses analysis in tables (10-11-12) indicated that cognitive-behavioral therapy was effective in the anxiety level of 7 to 12 year olds boys and girls, and also Eta coefficient, i.e. the intensity of the effectiveness of cognitive-behavioral therapy in students' anxiety level, was from most effect to least effect respectively including 9-12 year olds boys, 7-9 year olds boys, 7-9 year olds girls and 9-12 year olds girls. This research showed that we can reduce children's anxiety by identifying ineffective children's thoughts to them, using appropriate coping strategies instead of inappropriate behaviors with modeling, training mothers to establish correct communication, identifying their cognitive errors, trying to eliminate anxiety and not transfer it to children by creating the right behavior and calming them with reinforcement and appropriate rewards. On the other hand, the cognitive-behavioral method provides the practical pattern of the problem of clients and the effective factors of internal and external moderators and regularly addresses these factors in order to identify the fundamental problem of the person and coordinates with the person's problem by individualizing the interventions. These factors deal with individualization of interventions with the person's problem. Therefore, it is necessary to investigate the various factors affecting the characteristics of a child in the analysis of the effect of this method. In this research, the effect of gender and age was investigated among different factors. The findings showed that the average separation anxiety in boys was higher than girls (pretest). Therefore, the gender has a significant effect on the appearance of separation anxiety.

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