

EVERY SESSION: ♦ MODELING ♦ ROLE PLAYING ♦ FEEDBACK ♦ HOMEWORK ♦ HW REVIEW ♦

**Defining Characteristics:**

Feelings: Fear, anxiety, tension, irritability, panic, worry, nervousness, somatization.  
 Thoughts: Unhelpful/unrealistic or inaccurate/untrue fears or worries (can be extreme or irrational).  
 Behavior: Avoidance, withdrawal, clinginess, separation refusal, regression, rituals, self-harm.

**Assessment:**

Clinical interview (feared situations/types of worries; triggers, frequency, duration, intensity of the behavior)  
 Trauma Screen: always want to know trauma exposure  
 SCARED (1<sup>st</sup> set of 5 questions) = positive screen is 3+

**I. Psychoeducation:** Goal is to normalize feelings, empower the client, and instill hope for change.

**Information about anxiety:**

- Anxiety is the most common problem for kids.
- Fear or worry at normal levels and frequency are helpful and adaptive because some situations are really dangerous. Worry can be a way of preparing for a situation.
- Sometimes the ‘fear sensor/alarm’ can become too sensitive so that safe things seem scary, and lead to reacting too quickly or too intensely and/or worries can be for too many things and too much of the time. This can really disrupt daily life.
- Avoiding things/situations that cause nervousness or worry is a temporary solution because it actually leads to MORE nervousness and worry over time (but feels better in the short term).
- Facing fears and worries (exposure) is the key to reducing them by finding out they are not so terrible and can be handled (e.g., A fear of talking in public? Elevators? *Try it out and find out!*).

**Information about the Cognitive Triangle:**

- Thoughts, feelings, and behavior are connected.
- Thoughts drive feelings even if the person is unaware of the thoughts.
- Avoidance (a behavior) can temporarily lower distress (a feeling) but reinforces unhelpful thoughts (X is dangerous). Avoidance can also result in people missing out on “good things.”

**Information about treatment:**

- Treatment is short (8-20 sessions), active (practice/homework), and works!
- It teaches ways to lower anxious feelings, promote helpful thoughts, and face up to fears and worries so they diminish. Children learn tools that can be used anytime.
- After hard work, children feel calmer, more in control, less distracted, and more focused.

**II. Feelings:** Goal is to teach children skills to tolerate, manage, or reduce anxious or worried feelings.

These skills are important for helping the client do exposure/facing fears (e.g. “*I can try exposure b/c I know I can calm down*”) and for empowering children that they can personally change emotional states (“*I can change how I feel. My feelings don’t rule me.*”).

**Emotion Regulation:**

- **Feelings intensity rating strategy:** “Feelings thermometer,” 0-10 scale, faces, etc. Applies to different feelings (use to determine how client feels before and after emotion regulation activities).
- **Relaxation:** Progressive Muscle Relaxation or tense/relax exercise, yoga, meditation, visualization, exercise to learn to calm body tension or stress.
- **Secret calming** (controlled breathing): Slow belly breathing to calm down in the moment.
- **Distraction** (planned avoidance of negative thoughts by engaging in other activities): Listening to music, playing ball or a game, reading, engaging in an enjoyable hobby or activity.
- **Mindfulness** (learning to accept and tolerate distressing emotions instead of fighting them): Sitting with a feeling, like a wave that washes over, knowing it won’t last forever and is tolerable; mindful walking or eating (e.g., melting M&M in mouth while concentrating on it). Focus on “now sensations”.

**III. Behavior:** Goal is to get the client to do new behaviors that will lower the negative feelings

**KEY COMPONENT:** *Exposure [Facing fears and worries, not avoiding them]*

With the client, create a list of feared situations or types of worries, then rank least to most feared.

**Imaginal exposure:** Thinking about and imagining feared memories, situations, objects, and worries, and learning to tolerate the feelings and body sensations.

**In-vivo exposure:** Facing feared situations/things in real life that FEEL scary or unsafe, but are actually safe (e.g., being in the dark in one's room, being away from parents, talking in front of class)

- Practice exposure in session (imaginal and in-vivo) starting with low anxiety situations on the list; then progress to in-vivo exposure in the real world (at home, at school, etc.).
- Set up a support structure: helper [try with mom, dad, aunt] for prompting and reinforcing practicing out of session; start easy and work up (to more anxiety-producing things).
- Expect clients to have anxiety during the exposure task in the beginning—that's why exposure is necessary! Experiencing anxiety is okay AND necessary for it to work.
- If anxiety gets too high (use emotion intensity rating) STEP BACK without BACKING DOWN. This is key for not reinforcing avoidance.

*“Let's have you practice being away from your grandma in the playroom like we were doing, but this time, why don't you keep this stuffed animal with you? Having him always makes you feel a little better.” OR*

*“Okay, if 10 minutes feels too hard right now, let's start with 5 minutes.”*

**Response Prevention** (very important for OCD): Stopping rituals (e.g., counting or ordering toys, washing, repeated reassurance seeking) that make the client less nervous in the moment but don't lead to lower anxiety for the next time.

**IV. Thoughts:** Goal is to identify inaccurate, illogical or unhelpful thoughts and replace them with more adaptive and helpful thoughts and beliefs.

**Cognitive coping** Helping client come up with a more helpful or accurate thought when nervous (“I can do this.” ♦ “When I'm not with my mom, she keeps herself safe.” ♦ “Most bugs don't bite.”)

**Socratic dialogue** Asking questions about unhelpful or inaccurate thoughts instead of trying to persuade the client to adopt new and more helpful thoughts, examining the evidence together. Best tool for changes stuck cognitions!

- Examine accuracy
  - *“How dangerous is it for kids to go to school, why different for you?”*
  - *“What are some of the things that protect other families from (storms, floods, accidents, illnesses)?”*
  - *“How many people fly in planes each day?”*
- Examine helpfulness
  - *“When you think about all the scary things that could happen in the dark, do you usually feel better or worse?”*
- BF Role Play: Dissonance between client's thoughts and what s/he would recommend to other kids
  - *“What would you tell your best friend if he was afraid to go the grocery store?”*