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 or GAD7
PSC 17

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 children.
- 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.

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. Behavior: Goal is to try new behaviors that help reduce sense of threat and increase confidence.

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

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/tolerable (e.g., being in the dark, being away from parents, talking in front of class)

- Practice exposure in session (imaginal and in-vivo) starting with low anxiety situations and moving to in-vivo exposure in the real world (at home, at school, etc.).
- If needed, involve caregiver/parents to prompt and reinforce practicing out of session.
- Expect clients to have anxiety during the exposure task in the beginning. Experiencing anxiety is okay, safe AND necessary for it to work.
- If client balks, STEP BACK without BACKING DOWN. You want them to leave having had a MASTERY experience, not avoidance (which makes approaching fears and returning to sessions harder in the future). Identify a smaller forward step they CAN do.

  "I can see you don't feel ready to do that step. How about we do it together with your mom first."

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

Behavior, continued:

Interoceptive exposure: Bringing on physical sensations that are feared and avoided to learn they are not dangerous and can be tolerated. E.g., hyperventilating, spinning in chair, breathing through straw.

Exposure and Response Prevention (E/RP): This is the treatment for OCD. It involves bringing up the obsession (uncomfortable thoughts, image or feeling) by encountering feared situations or thoughts and NOT engaging in the compulsion (rituals designed to reduce, distract or neutralize the obsession, e.g., washing, ritualized praying, counting or ordering toys, repeated reassurance seeking). Compulsions make the client less nervous in the moment but prevent them from learning situations are safe/tolerable and fuel increased anxiety in the future. E/RP helps them tolerate uncertainty. Avoid teaching cognitive challenging or emotion regulation skills for OCD, as these can become compulsions. The CY-BOCS is a free inventory to help clinicians identify obsessions and compulsions to target.

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

Cognitive coping: Helping child come up with a more helpful or accurate thought when nervous, to help them face their fears or function when anxious.
("I can do this." ♦ "Anxiety helps me perform my best!" ♦ "Avoidance feels good but it's a trap" ♦ "I need to learn to tolerate uncertainty" ♦ "I need to face my fears in order to feel better")

Debriefing exposures: Asking questions during and after exposures (or about past encounters with feared situations) to identify evidence that situations are not as dangerous or intolerable as the client thought. Looking for ways the client's own experiences violate their "fear expectancies" (i.e., their expectation that in feared situations bad outcomes are very likely, cannot be handled).
("What surprised you about your time in the elevator?" ♦ "Any evidence that you actually could handle it?" ♦ "You said at first that it felt like 95% likely the spider would try to bite you. How about now?")

Socratic dialogue: Asking questions about unhelpful or inaccurate thoughts instead of trying to persuade the client to adopt new and more helpful thoughts. Simply examining the evidence for or helpfulness of thoughts together, and then developing more helpful or accurate self-statements.

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

Emotion regulation skills can help very anxious children to face fears (e.g., "a few deep breaths, then we jump in the water") or to replace avoidance behavior (e.g., deep breathing or muscle relaxation vs. going to see the school nurse for somatic symptoms). However, clinicians should take care not to imply that even high levels of anxiety are dangerous (they aren't!) or need to be avoided (they don't!).

Emotion Regulation:

- ***Feelings intensity rating strategy***: Use a "feelings thermometer," or "subjective units of distress (SUDS)". This can be a 0-10 scale (10 is most anxious ever, 0 none at all) or other (e.g., feelings faces for younger kids). Use to track intensity during exposures, or to determine how client feels before and after emotion regulation activities.
- ***Relaxation***: Progressive Muscle Relaxation or tense/relax exercise, body scan, 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:*** Replacement of anxious rumination with healthy alternatives (e.g., body scan vs. worrying about not being asleep).
- ***Mindfulness:*** Learning to accept and tolerate distressing internal experiences instead of fighting them. Learning to notice anxious thoughts without buying into them. Sitting with a feeling, like a wave that washes over, knowing it won't last forever and is tolerable; mindful walking or eating; focusing on important activities in the present.