



**Worry** is one form of anxiety that can be targeted with CBT interventions such as exposure, problem-solving and cognitive change techniques.

## **What is worrying, and when is it a problem?**

Worrying is thinking too much about something bad that could happen. Everyone worries sometimes; but excessive worrying is distressing and makes it more difficult to think clearly about the situation. Worry is often a feature of anxiety disorders. And children can sometimes have distressing levels of worrying without having an anxiety disorder.

### ***For worries about a problem that can be solved, use the technique of problem solving:***

Some worries are about current or future situations that the child has some control over. Kids who perceive they have some control and have a plan worry less.

Problem-solving steps:

1. Identify the problem
2. Brainstorm possible solutions
3. Evaluate the solutions (pros and cons) and select one or two to try
4. Make a solid plan to try those solutions, practicing any new skills that might be needed
5. Check back to see if adjustments or new solutions are needed

### ***For worries about unlikely, hypothetical or uncontrollable events:***

A. **Have a conversation about the worry.** The goals of the conversation are to better understand the worry thinking, to provide exposure to the worry content so it becomes less scary, and to help shift the core types of anxiety thoughts (“The bad outcome is likely” and “I could not handle the bad outcome if it happened”).

**Elements can include:**

1. **Identify and clarify the feared outcome(s).** What is it that the child is worried will happen? What is the worst thing that can happen? Use follow up questions (“And what would be so bad about that?”) to find out what is the real fear. Often talking through the feared outcomes and how to cope if they did occur helps children see these outcomes as less likely and more manageable.
2. **Provide new information.** When worries reflect misunderstandings, clear them up with information. For example, children who fear choking, dying in their sleep, or being harmed in other unlikely ways may be unaware of what would be involved for these events to actually happen and what is in place to keep them safe. This does not always work, but is worth trying.
3. **Use Socratic questions to explore evidence that the feared outcome will happen, would be as bad as imagined, or could not be coped with if it did.** For example, a child who is preoccupied with the possible death of a parent is encouraged to talk about it and specifically explore what they fear. Further discussion might include how the child might cope, how to continue to live a meaningful life that includes happiness and connection. Evidence that even events like death, while very sad, can be managed is not hard to find.
4. **Model the ability to discuss and think about and find meaning in difficult topics.** For example, for children preoccupied with death, it would be useful to have a conversation including the parents

about the family's belief system and values on this topic where the parents model the ability to live with this truth, cope with personal losses, and derive meaning from mortality or related spiritual belief systems. Socratic questions might include: What would the world be like if no people or animals ever died? How would you live if you thought you would never die?

5. **Exposure without avoidance/safety behaviors.** Children with high worry are likely engaging in avoidance behaviors or unhelpful safety/reassurance behaviors that maintain the fear. Identify these forms of avoidance and help the child "ride the wave" of their fears in the situation without engaging in them. The child will notice that the bad things don't happen or that they can handle it if they do. The preoccupation will quickly decrease.
6. **Make tolerating uncertainty the goal.** Many worriers are very uncomfortable with uncertainty about the future. Worrying is trying to find reassurance that the future can be controlled. Because the future IS uncertain it is best to learn how to cope or accept it. Exposure in this case would be thinking about the feared outcome and instead of reassuring oneself, saying "maybe that will happen" and riding the wave of fear that produces.
7. **Intensive imaginal worry exposure (if needed).** Have the child describe the worry in detail repeatedly, write it down, record and listen to it, or concentrate on/discuss it without distraction or self-reassurance until distress goes down. Say "maybe that will happen" during imaginal exposure.

#### B. **Structured worry time.**

Set a particular time of day and brief length (20 mins) for worrying. The child is instructed to write down the worries that pop up during the day to be worried about during the "worry time." This review can be done together with a caregiver if desired. Worrying is not allowed at other times. Kids can create and decorate a "worry box" (a shoebox or Kleenex box) in which to place the recorded worries. Children are encouraged to worry for the duration of "worry time," but most find that they become bored of worrying and stop early.

#### ***Bedtime Worries: Special Considerations***

It is common for worries to crop up and be difficult to control at bedtime, when there are few distractions and the brain is tired. Strategies for worrying at bedtime:

- Encourage the child/family to have good sleep hygiene (tips sheets can be found on the CBT+ Notebook).
- Recommend the child to write down worries or things to address in the morning.
- Encourage the child to create distance from the day's worries by building calming activities into the bedtime routine, like reading.
- Give the child a calming mental task such as calming imagery, body scans, progressive relaxation, listening to calming tape.

Children with a history of difficulties falling asleep may worry about falling asleep which usually makes the problem worse. Strategies:

- Instruct the child to not try to fall asleep. Instead, recommend that they focus their mind on other calming tasks (see above).
- Emphasize that not sleeping well is not a big deal. Poor sleep one night usually means better sleep the next night (as long as they don't sleep in, nap, or overuse caffeine the next day).
- Don't allow clock watching. Move clocks so that the child cannot become preoccupied by the time.