Behavioural Treatment For Pediatric Anxiety

Overview:

Theoretical framework for exposure work in the behavioural treatment of anxiety

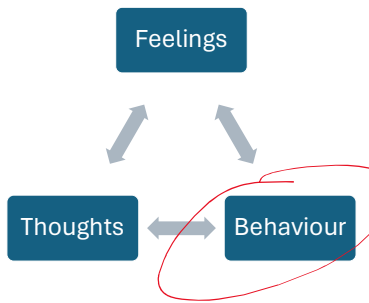Practical considerations before, during, and after an exposure task to optimize outcomes

Common problems, barriers, and solutions to exposure work

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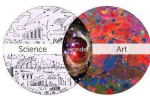# What is Behaviour Therapy?

Feelings

Thoughts ⟷ Behaviour

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What is Exposure Therapy?

• A behavioural treatment approach designed to help the client to approach and engage with anxiety-provoking situations, items, or individuals that pose no more than everyday risk **without the use of coping skills** (Abramowitz, et al, 2019)

• A science and an art

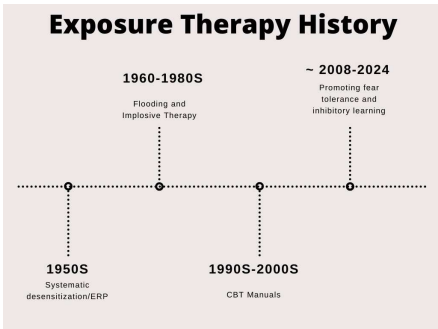• An individualized treatment approach

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Treatment Goals

- Broadly speaking....
  - Have the child 'face their fears' and avoid the child's world from getting small
  - Ensure they are making decisions for themselves, and anxiety is not making it for them
  - Ensure kids are not missing important opportunities to grow and learn because of anxiety
  - To get comfortable being uncomfortable

- Specific goals and rationale in anxiety treatment have changed over time...

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Exposure Therapy History

1960-1980S
Flooding and Implosive Therapy

~ 2008-2024
Promoting fear tolerance and inhibitory learning

1950S
Systematic desensitization/ERP

1990S-2000S
CBT Manuals

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What is the <u>current</u> aim of exposure work in treatment?

- Help our clients approach a fear stimulus
  - ... without the use of safety behaviours
  - ... so the client can learn that the feared outcome is not as likely or as severe as they expected
  - ...AND that feelings of anxiety are safe and manageable regardless of their intensity or duration

- To get better at having anxiety, not better at making anxiety go away (Abramowitz, Storch, & McKay, 2002)

- To do exposure work <u>both</u> IN-session and BETWEEN sessions
  - CREATE <u>planned</u> opportunities to practice working through anxiety
  - CREATE repeatable steps that will set the child up for success

- To eventually adopt 'an exposure lifestyle'

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What does the client need to learn?

- <u>Expectations</u> for a situation do not happen
  - That X is not as dangerous as their brain 'tricked' them into believing (feared situations are generally safe)

Type of Anxiety	What does the child need to learn?
Social Anxiety	Negative evaluations from others are not as horrible as they think
Panic Attacks	Arousal-related body sensations do not lead to physical or mental catastrophe
OCD	Intrusive thoughts are safe and manageable, rather than predictors of danger (just a thought)
Generalized Anxiety	The uncertainty about events and their possible outcomes are tolerable

- Their <u>reaction</u> to their thoughts and fears is the issue!
  - That their safety-seeking behaviours are not needed

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Good Assessment = Good Treatment

- Formulation questions to ask:

  - **"What triggers Anxiety for you?"**
    - Alive (dogs, peers, teacher)
    - Inanimate (balloons, toilets)
    - Situational (school, separating from parents)
    - Cognitive (intrusive thoughts)
    - Physiological (racing heart, dizziness)

  - **"What does Anxiety think will happen if you face that trigger?"**
    - What's the WORST THING your Anxiety tries to convince you will happen?
    - Plan B: "Anxiety is intolerable"
      - "I can't handle X"

  - **"What are the rules that Anxiety tells you to follow?"**
    - Safety-seeking and avoidance behaviour

- The answers to these question creates a very tailored roadmap to treatment
  - A list of feared situations to be confronted to help the child challenge/check their feared expectations

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Case formulation

Anxiety Disorder	Triggers	What does the 'anxiety' expect to happen?	Safety-seeking & avoidance behaviours
Social Anxiety	Raising hand in class Joining a lunch table Party	I won't know what to say I'm going to embarrass myself I can't handle it! (neg evals)	Avoid raising hand Sit by myself Stay home Look at phone
Generalized Anxiety	Thoughts about future/uncertainty/unlikely negative events	I can't tolerate the anxiety that comes with the thoughts, I can't tolerate uncertainty	Ruminate as a form of problem solving Reassurance seeking Distraction
Phobias	Needles, dogs, heights, **tests**, etc.	There is danger I can't tolerate the distress and anxiety	Stay home on test day Write test in a private room Check ++ answers on the test Use every minute available Bring in a safety kit
Panic Disorder/Panic attacks	Racing heart, dizziness, leaving the house	It is not safe to experience these symptoms	Check pulse Reassurance Doctor appointments Stay home
Separation Anxiety	Separating from caregivers	Something will happen to me/other when we are apart or we will always be separated	Cling, cry, avoid separation
Selective Mutism	Expectation to speak	I can't talk to certain individuals I can't talk in certain places I won't know what to say	Avoid speaking Look to talking helpers to rescue

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Exposure to what?

- **In vivo** – directly face feared object, situation, or activity in real life
  - *Separation:* Parent steps out of the treatment session
  - *Selective Mutism:* Library scavenger hunt
  - *Social:* Create social challenges/experiments – coffee shop, message friend group
  - *Test Anxiety*: Do practice tests in-session
  - *Making mistakes*: Art, schoolwork practice sheets
  - *Presentations*: Do presentations!

- **Imaginal** – leaning into anxiety-provoking thoughts, images, or narratives
  - Write, say aloud, or even sing those feared outcomes!
  - Draw feared scenarios
  - Write a worry script

- **Interoceptive** – inducing the somatic symptoms associated with threat
  - Run up the stairs
  - Spin in a chair
  - Breathe through a straw

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How to create an in-session exposure opportunity?

- Get out of your office

- Bring props (e.g., picture of the neighbour's dog)

- Use the www!

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Bravery Ladders/Confidence Challenges

- A list of those anxiety triggers, listed in order… to some extent

- Estimate anxiety rating using an age-appropriate scale
  - Or even simply – small, medium, large challenge
  - Avoid getting caught up in ratings

- Consider the child when creating a complete ladder – it may be more valuable to focus on 1-2 next steps rather than the full plan

  - Get parent and child input
    - Developmentally appropriate

The importance of smaller steps

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Bravery Ladder: Facing Fear of Making Mistakes

END GOAL: Child can continue with an activity or hand in a homework assignment even when it feels less than perfect.

Share mistakes where it really counts for the child. Make an intentional low-stakes mistake on a school sheet or at extracurricular activity.

Share mistakes with safe individuals. Child could make cards for family members, friends, or teachers with intentional small mistakes or flaws.

Repeat with other subject areas and work toward subjects that cause more distress when there are mistakes.

Print an academic worksheet and make a mistake on purpose. For example, make a spelling mistake or math error (whichever is easier) and 'hand it in' to a parent/therapist.

FIRST STEP: Make a mistake on a colouring sheet or drawing.

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Learning from exposures

- Maximizing expectancy violation
  - The goal of exposures is to highlight the mismatch between what the client believes will happen and what actually occurs when a fear is confronted
  - The more clients see that the feared outcome of exposure does not occur, the more inhibitory learning takes place

- Rather than tracking anxiety – track their expectations
  - Rating their belief in the prediction as time passes during and after exposure
  - Trial ends when the threat-based expectations have shifted (rather than when anxiety level decreases)

- After the exposure trial – spend time consolidating what was learned by further discussing the discrepancy between what was expected and what was actually learned
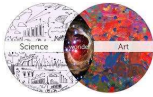
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Optimizing outcomes

- Model the process...
  - Of CREATING a planned in-session exposure task,
  - using language to help the child learn from the exposure,
  - and create the opportunity to give parents' feedback about their support during exposures

- Combine fear cues
  - Avoid systematically working up the ladder, one fear cue at a time, from easiest to hardest
    - Bring in multiple cues
    - E.g. in vivo and arousal-related body sensations

- Eliminating safety-seeking behaviours and cues
  - Stuffie, scent stick, fidgets, hair in face, went to the bathroom, went to the sensory room, left the school, reassurance-seeking, looked at their phone

- Maximizing variability
  - Different **stimuli** (e.g., different types of dogs, leaning into anxiety-provoking thoughts and images, using different elevators)
  - Different **conditions** (night/day, tired, hungry, good day, tough day)
  - Different **settings** (your office, with parent, alone)

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Things to Keep in Mind

- Pace
  - Client-led…
  - But don't get stuck!
  - Take a chance, with permission and collaboration

- Repeat same step several times
  - Don't rush up the ladder

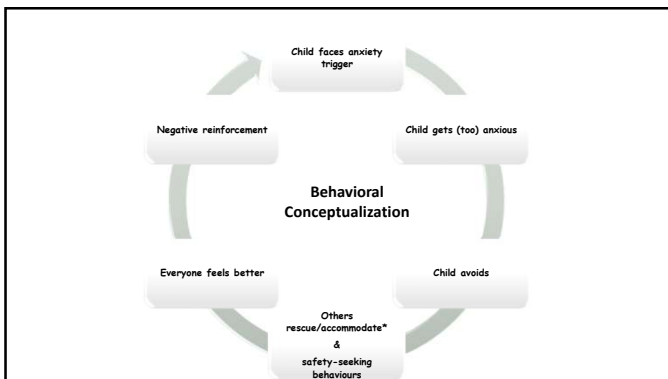- Practice, practice, practice will get results

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Anxiety Disorders

Introducing treatment to families…

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Behavioral Conceptualization

- Child faces anxiety trigger
- Child gets (too) anxious
- Child avoids
- Others rescue/accommodate* & safety-seeking behaviours
- Everyone feels better
- Negative reinforcement

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Treatment Overview For Families:

Step 1: <u>Create</u> **planned** opportunities to practice bravery
- Create an 'bravery map'
- No surprises

Step 2: Create a <u>reward plan</u>

Step 3: Set <u>clear</u> and specific goals:
- One step-at-a-time
- Meet your child "where they're at"
- Repeat steps on the ladder
  - Each step gets easier with practice!

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Setting things up: language

- Your message to the child:
  - **Externalize anxiety** – consider a name, drawing, or model to represent their worries
    - "We are going to say 'bring it on' to Anxiety"
    - "We are going to face Anxiety head-on, take that control back, and break Anxiety's rules"
    - "We are going to stand-up to the Anxiety bully."
    - "We will do it one step-at-a-time and we'll do it together in-session. Then you'll know what to do to keep practicing at home before our next appointment."
  - **No surprises** here! You can trust me and my intentions!
    - Take the time to build trust and rapport

- Your message to caregivers:
  - Coach parents to **model confidence** and **align** with their child
    - "You are so brave!"
    - "I'm here to support you and NOT Anxiety"
    - "You've got this!"

Hello
my name is

Anxiety

- Your message to both:
  - Importance of work IN-session and BETWEEN sessions

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Creating an exposure task: Language

- To help get started on an exposure step:
  - Focus on their 'willingness'
  - "How <u>willing</u> are you to take the next (small) step?"

- Incorporate body language as well: Game face!

- Focus on bravery rather than on anxiety

- Try out other language as needed:
  - "How big will the <u>urge</u> be to _____?"
  - "How <u>nervous/distressed/upset/angry</u> do you think you will be?"

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Language <u>during</u> exposures is important!

- Help them 'lean in' to the thoughts, feelings, and physical sensations (total experience) of facing their fear
  - Help them understand how it feels in their body
  - Help them understand that it is uncomfortable AND that they are tolerating it
  - Ask them to describe what it is like
  - Ask them, "What is Anxiety saying?"

- Consider your language about anxiety
  - Avoid praising them for lowered anxiety ratings
  - Refrain from language related to trying to lower their anxiety

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Language <u>after</u> an exposure is important!

- "Wow you weren't sure if you could do that, but you did!"
- "You can tolerate challenging things."
- "What does this tell us about Anxiety? What does this tell us about you?"
- "Did you surprise yourself?"
- "Amazing, how were you able to do that?" (rhetorical?) "That's incredible."
- "So, Anxiety said X would happen but what actually happened?"

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## Continued... Language is Important!

- Be authentic and genuine
  - Labeled vs. unlabeled praise

- When creating (home) exposure tasks
  - Incorporate MI language:
  - Potential barriers?

1. How **important** is it to you to ....

Not At All Important					Neutral					Very Important
0	1	2	3	4	5	6	7	8	9	10

2. How **willing** are you to ....

Not At All Willing					Neutral					Very Willing
0	1	2	3	4	5	6	7	8	9	10

3. How **confident** are you to ....

Not At All Confident					Neutral					Very Confident
0	1	2	3	4	5	6	7	8	9	10

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How to help kids challenge themselves

★ DO THE THING ★

- Continue to build rapport and trust…
  - Understand your client's values
  - No surprises/be transparent

- Give them agency

- Rewards
  - From the beginning
  - Take the time to create an effective reward plan

- Keep it fun! – scavenger hunts, improv, social experiments, play games, incorporate their interests, use humour
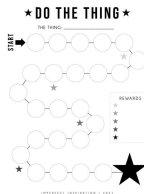
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Track treatment progress & Celebrate success

- Keep the ladder updated

- Keep a list of those people, places, activities, and/or situations that are initially challenging

- Ensure everyone can see practical positive changes…OR tweak the plan

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Common Problems and Solutions

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What if an exposure is not anxiety-provoking
or
they do not appear to be learning competing information?

- Too dissimilar to spontaneous anxiety triggers

- Person is blocking or avoiding exposure
  - Using another's presence as a safety signal
    - Check that you are not accidentally providing reassurance or helping them 'lean out' of the exposure
  - Precautions have already been taken
  - Dissociating from the exposure
  - Being overly perfectionistic
  - 'White-knuckling' it

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What if every exposure is rated 10/10?

- Pause and name it
  - Get curious
  - Consider a more meaningful step to them

- Let them know that we can always find a smaller step
  - What variables can you play with?
    - Who | What | Where | When

- Go slow – Focus on 1 step

- Help them find evidence that they can do this
  - Get curious about their previous distress tolerance/success
  - Praise them for previous distress tolerance/success
  - Focus on past bravery

- Consider the basics
  - Increase reward
  - Build rapport and trust

#becurious

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"I can't wait to do an exposure today!"

...said no client ever.

Thinking...
PLEASE WAIT

That's too much information!

WHAT IS THE MEANING OF LIFE?

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Our Own Barriers as Therapists

• Top 3 reasons cited by therapists for NOT doing exposure work:

1. Comorbidity

2. Concerns about provoking anxiety

3. Concerns about client dropout

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