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# CBT for Anxiety in Young Children





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# Disclosures

My spouse/partner and I have the following  
relevant financial relationship with a commercial interest to disclose:

**Oxford University Press (royalties)**



# Overall Structure of Treatment

- **Skills Training:**
  - Affective Education (recognizing and labeling anxious feelings)
  - Relaxation Training (deep breathing and PMR)
  - Basic Cognitive Restructuring (identifying thoughts and changing self-talk)
- **Exposure:**
  - Graduated Situational Exposure, aided by role play, modeling, take-home practice, and reward



# Affective Education/Relaxation Skills

- What clues is my body giving me that I am anxious?
- How can I use relaxation to address physical symptoms?



# Cognitive Skills



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- What are my anxious thoughts?
- What is in my thought bubble?
- What's another way to look at the situation? What's my coping thought?



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# Coping Skills

What is my Coping Plan?

- Cognitive Restructuring
- Problem-solving



# Self-Reinforcement Skills



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- How did I do? Did I attempt to cope?
- How can I reward myself for trying?

# Putting it Together



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## How to be a Coping Kid:

**Feeling  
scared or  
nervous?**



**Wanting to  
run away?**



**I can use  
my Coping  
Plan**



**And then be  
proud and  
say,  
“Hooray!”  
“Way to go!”  
“I did it!”  
“Yay!”**





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# Exposure to Feared Situations

- Developing hierarchy of feared situations
- Situational exposure, moving from role play to in vivo exposure



# Exposure

- Based on principles of classical conditioning
- Based on animal models of extinction learning
- Gradual exposure to feared stimulus
- Central to treating anxiety disorders



# Possible Mechanisms of Exposure

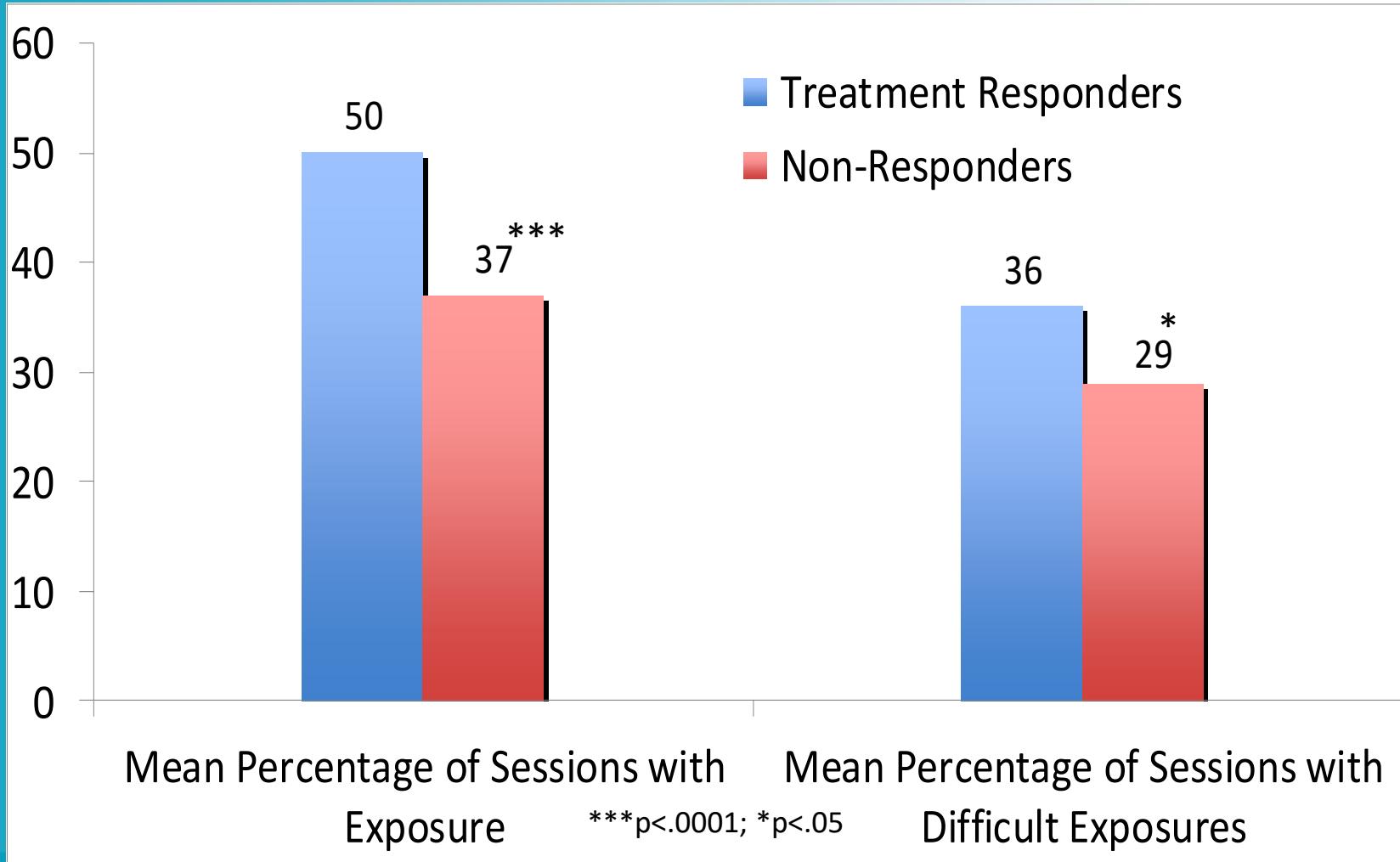
- Extinction learning: learning to stop associating stimulus with anxiety response
- Habituation
- Experientially learning that catastrophic predictions are incorrect
- Building skills for coping with the stimulus

# Dose-Response of Exposure in CAMS Study (N=279 youths ages 7-17 years; Peris et al., 2017)



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# How to Conduct Exposure

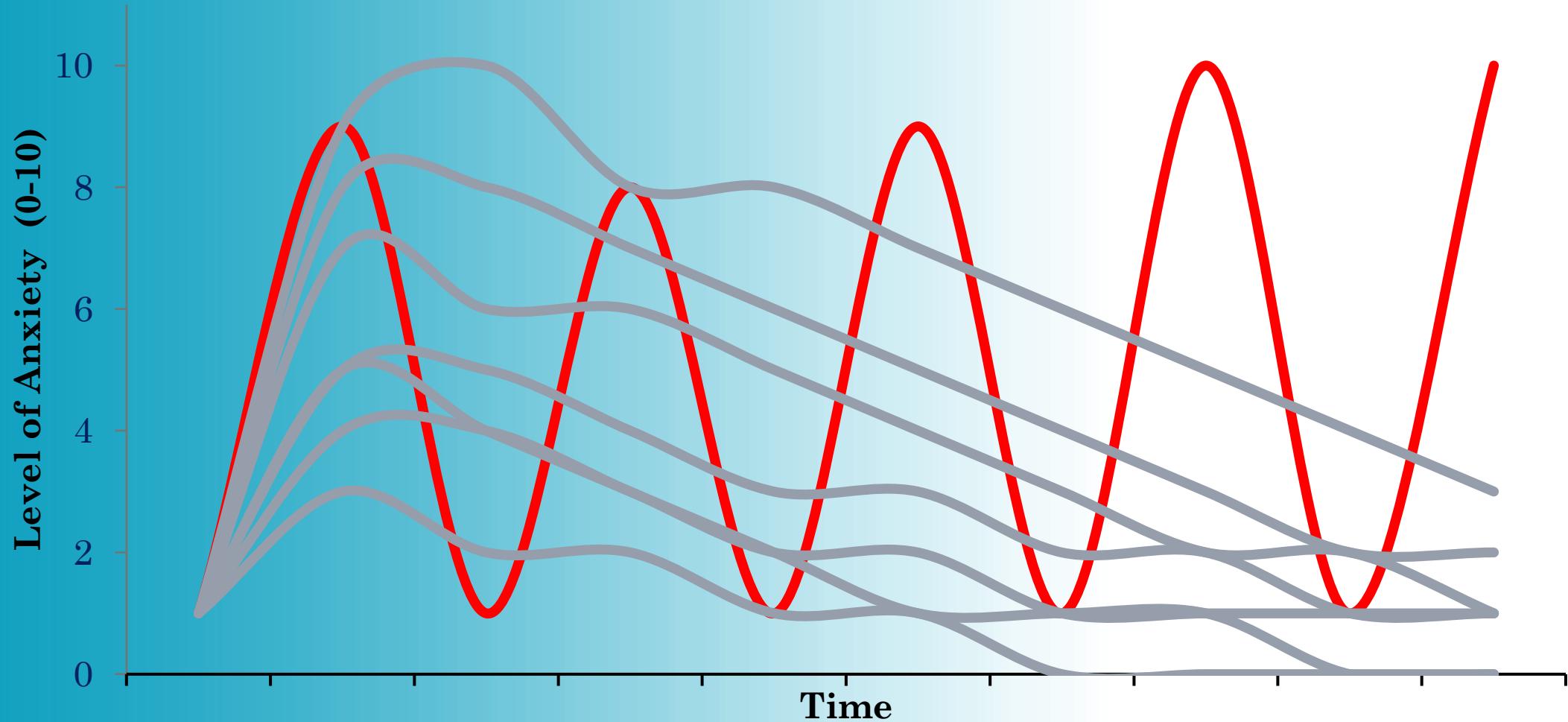
- Focus is on behavioral exposure and behavioral experiments
- Develop a fear hierarchy
- Conduct progressive imaginal and in vivo exposures
- Inhibit avoidance behaviors and rituals
- Exposure assigned between sessions
- Attempts are rewarded
- Parents may be involved as “coaches” if appropriate



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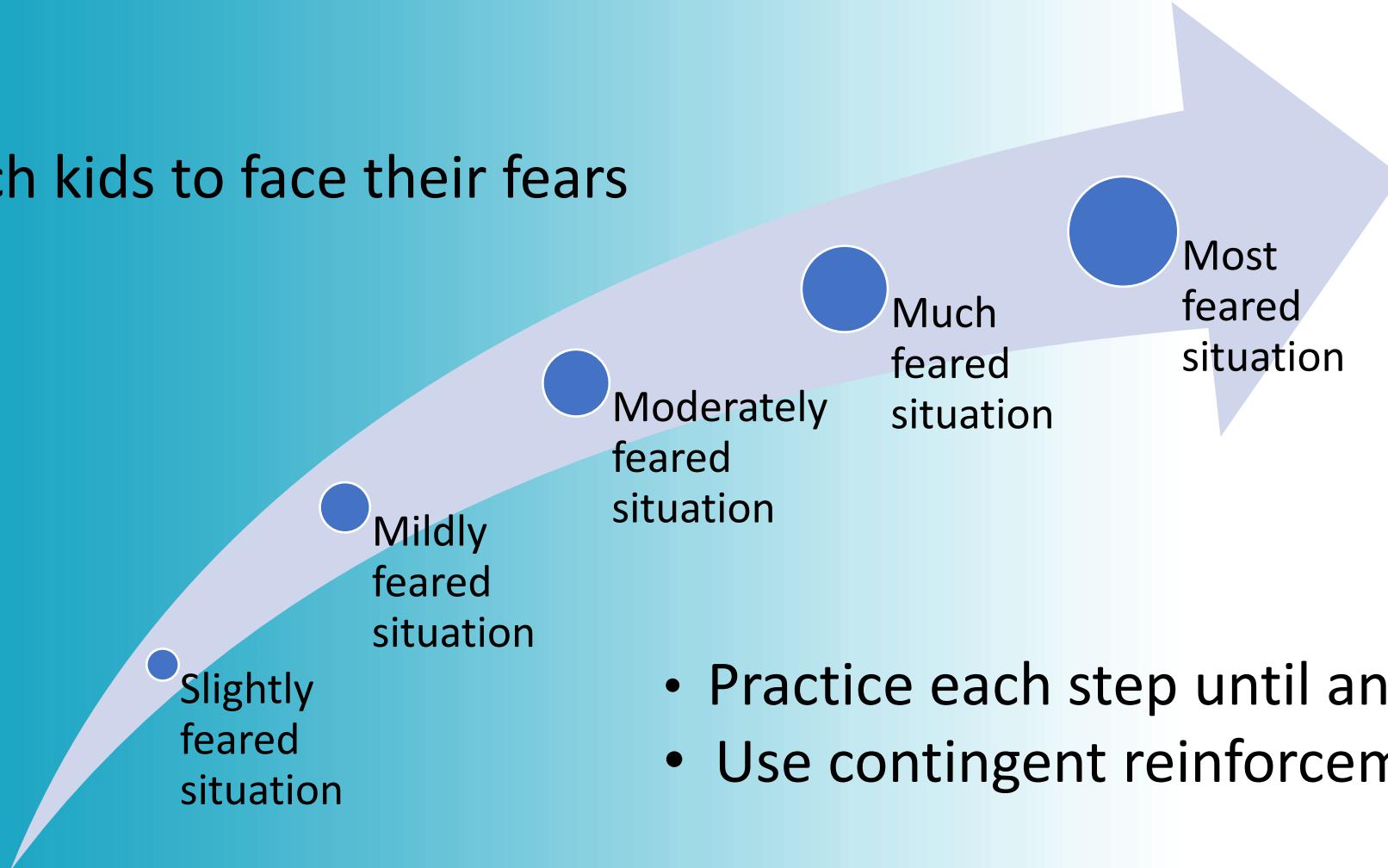
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# Introducing Rationale Behind E/RP



# Graded Exposure

- Teach kids to face their fears



- Practice each step until anxiety decreases
- Use contingent reinforcement

# Sample Fear Hierarchy



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Alone in room during day	4
Alone in room in the evening	5
Falling asleep with parents outside the door	6
Sleeping with parents awake in separate room on the same floor	7
Sleeping with parents on separate floor	8
Falling asleep with parents sleeping in their own room	9

# Details of Exposure



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- Generally includes “arranged” practices
- Can include more naturalistic exposure practice
- Introduce in session, usually in or near the office
- Do not use relaxation during exposure
- Ask child to refrain from avoidance/rituals altogether
- Early steps in the hierarchy can include:
  - doing the avoidance/ritual for less time
  - less frequently
  - in a different way
  - with a delay
- Practice similar exposure between sessions

# Exposures for Separation Anxiety



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- Go into a separate room from the parent
- Go out of the home without parent
- Get dropped off at activities or playdates
- Stay home alone without parent (for increasing amount of time)
- Sleep apart from parent (progressively)
- Sleep overnight outside of the home
- Spend several days outside of the home

# Exposures for Social Anxiety

- Make eye contact
- Respond nonverbally (e.g., nodding)
- Respond with one-word answers
- Respond with longer sentences
- Initiate conversations
- Talk with a group
- Use social media or phone
- Present in front of a group
- Do something embarrassing in public



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# Exposures for Specific Phobia: Injections



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- Use the word “injection” or “shot”
- Describe a previous experience with a shot
- Look at still images of needles
- Watch a movie of an injection/blood draw
- Write a narrative about getting a shot
- Practice preparation (use alcohol swab; tourniquet)
- Get finger stick
- Get injection/blood draw



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# Exposures for OCD

- Exposure and Response Prevention (E/RP)
- Eliminate rituals that accompany anxiety
- Contamination
  - cleaning, washing, eating rituals
- Checking, symmetry, counting, repeating
  - checking, touching, counting, repeating behaviors
- Scrupulosity
  - praying, confessing, checking, reassurance-seeking behaviors
- Decrease avoidance



# Safety Behaviors



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- Behaviors to avoid anxiety
- These can undermine exposures
- Subtle: can be mental ritual, involve others, can be use of “superstitious” objects
- Family accommodation as a safety behavior
- Explore potential safety behaviors
- Monitor and gradually eliminate



# Exposure with Younger Children

- Rationale for treatment is usually explained to parents first, before involving the child
- Parent attends all treatment sessions with the child and learns to conduct exposure with child
- Therapist models coaching for parent
- Child may not be able to rate anxiety accurately, so must rely on therapist and parent judgment.
- Through the E/RP the parent learns to tolerate their own anxiety about the child's distress.

# Making It Fun: Exposure Games

- For social anxiety: surveys, eye-color game
- For fear of being in a separate room: treasure hunt
- For darkness fears: treasure hunt with glow-in-dark items
- For worries about mistakes, criticisms, self-consciousness: “mistakes” game, “reprimands” game, “silly game”
- **WHEN IT CAN’ T BE FUN, MAKE IT REWARDING (POSITIVE REINFORCEMENT)**

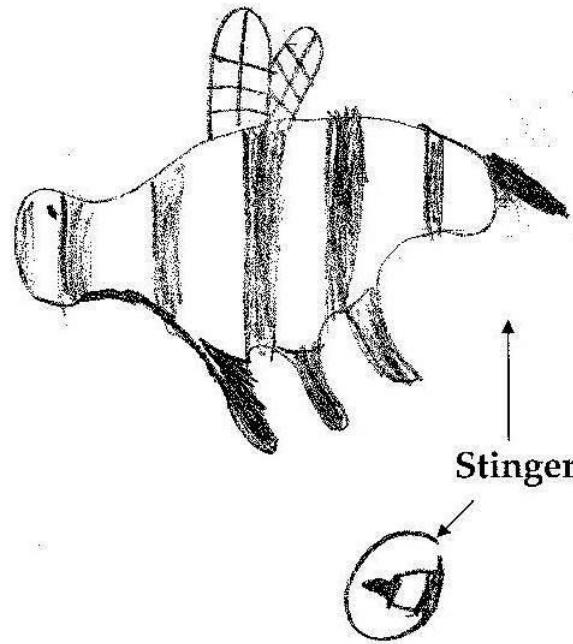


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# Making an “Ad”



If you're afraid of bees, use these tips:

1. Practice standing near a flower bush.
2. Play outside just before dinner in the yard.
3. Play outside in the afternoon.
4. Play outside first thing in the morning.
5. Practice working in your dad's garden.



# Evidence for Efficacy of CBT

- Promising CBT interventions for major childhood anxiety disorders have been developed over the last 10-15 years.
- Over 20 randomized controlled trials of CBT for childhood anxiety disorders have been reported, with all but two showing efficacy for exposure-based protocols.

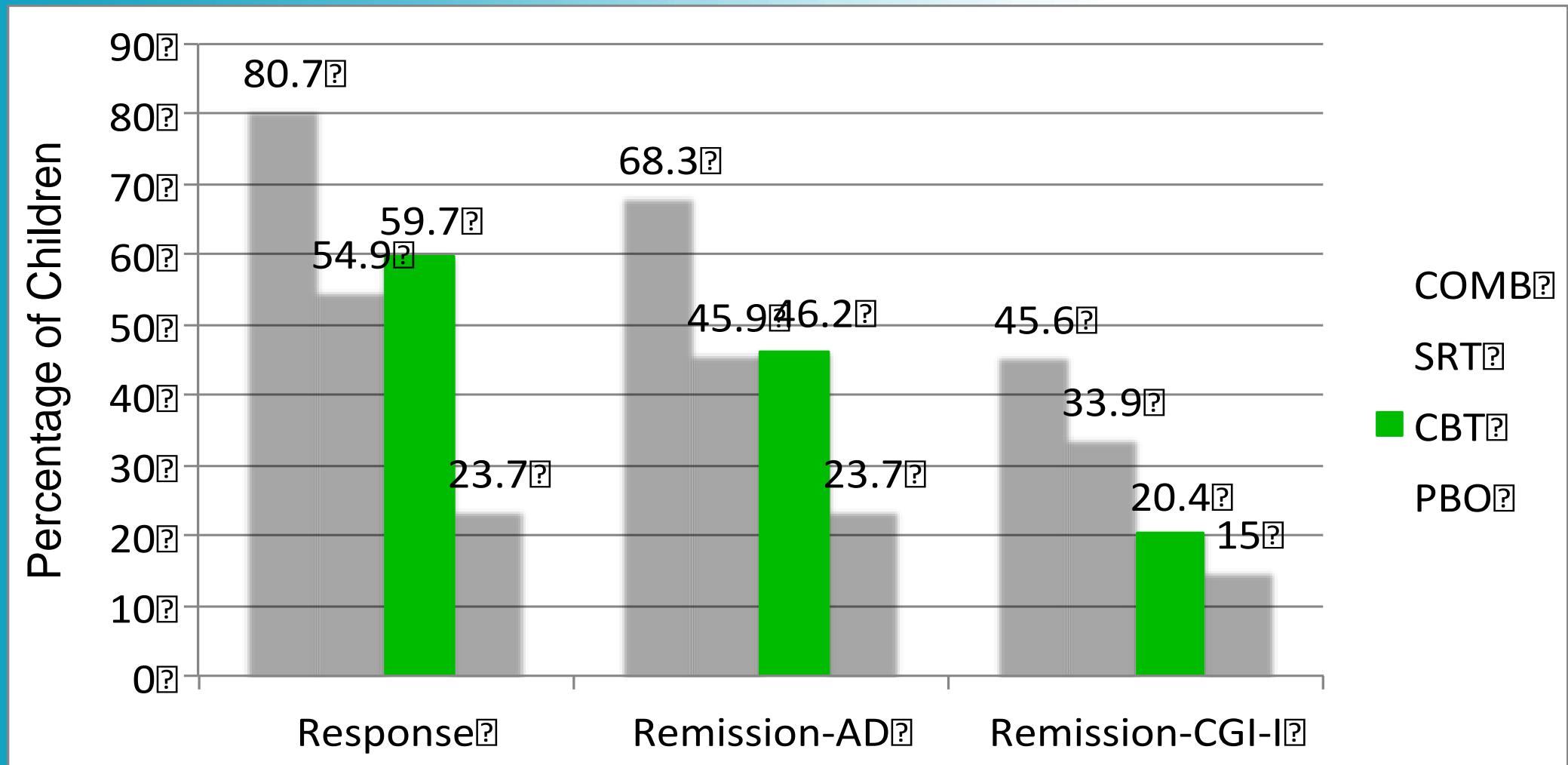
# Rates of Response and Remission (N=488)

Ginsburg et al. *J Consult Clin Psychol.* 2011;79:806-15.



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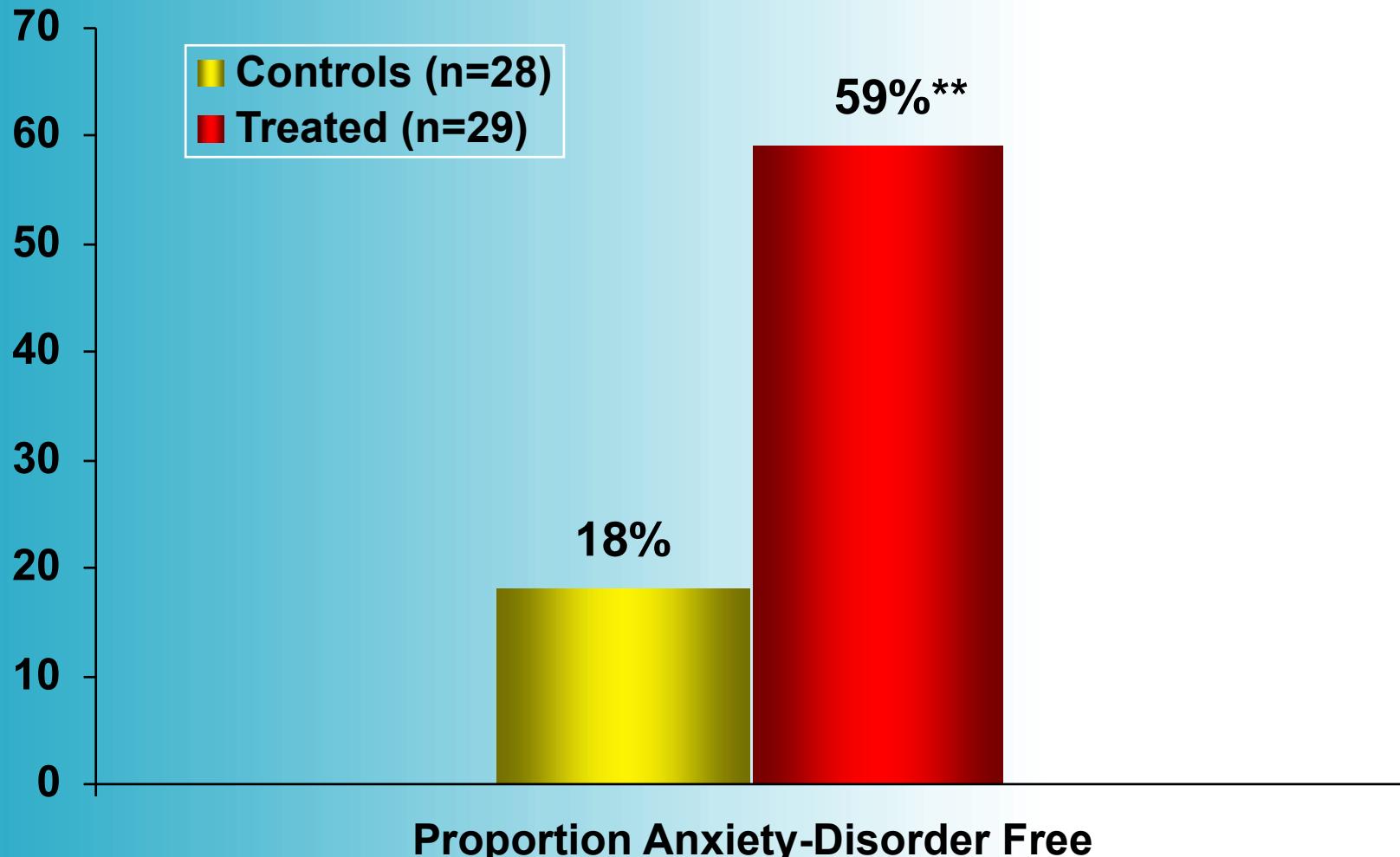
# CBT for Preschoolers: Outcomes



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Hirshfeld-Becker et al. *J Consult Clin Psychol.* 2010;78:498-510.





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# Working with Parents of Young Children with Anxiety





# Rationale for Involving Parents

- Parents influence the triggers and contingency and may need to assist with engineering exposure opportunities.
- Parental behaviors may inadvertently reinforce child's anxious behavior, and guidance in anxiety management can be helpful.
- Parents of children presenting clinically with anxiety disorders have a 50% rate of anxiety disorders themselves (Last 1987, 1991).



# Psychoeducation About Anxiety

- Adaptive functions of anxiety (fight-or-flight, freezing response, attachment behaviors, worry)
- Anxiety disorders as maladaptive expressions of adaptive mechanisms
- CBT model of anxiety
- Rationale for each level of intervention
- Explain idea of skills learning followed by exposure.
- Prepare parents for slow or saw-toothed path to recovery
- Discuss contingent reinforcement

# Addressing Family Accommodation



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- Families adapt over time to reduce child distress and family stress
  - Parental reassurance
  - Changes in family routines or expectations
  - Family rituals (everyone washes their hands)
  - Intervening for the child
- Predicts poor response to treatment
- May need to be targeted first to enhance child motivation for exposure



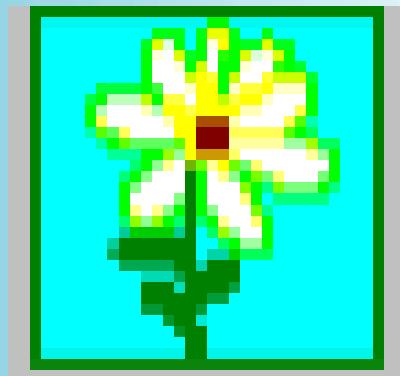
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# Helpful and Unhelpful Responses

## UNHELPFUL

Perfectionistic expectations  
About child's performance



## HELPFUL

Rewarding  
approximations to desired  
outcome



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# Helpful and Unhelpful Responses to Anxiety

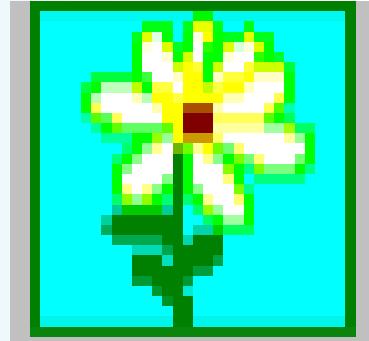
## UNHELPFUL

Repeated reassurance:

Only reduces anxiety

in the short-term

Reinforces expressions of  
worry in the long term



## HELPFUL

Acknowledge anxiety  
and reassure once

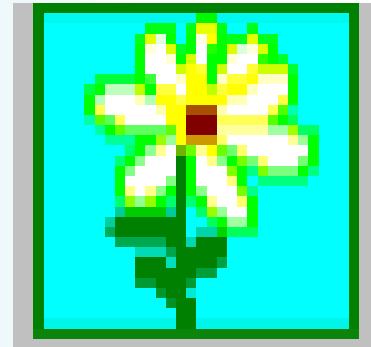
Encourage child to use  
coping tools or plan

# Helpful and Unhelpful Responses

## UNHELPFUL

“Oh no!” response

Amplifies anxiety



## HELPFUL

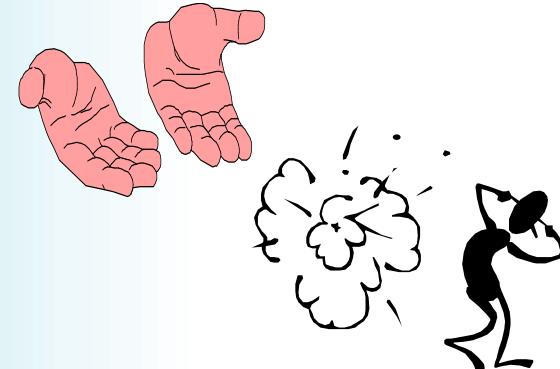
1. “Ho-hum” reaction
  - Low-key, calm
  - Reduces anxiety
2. Model using anxiety as a “cue-to-cope”

# Two Unhelpful Responses to Fear

## UNHELPFUL

Allow or encourage avoidance

- Child keeps pairing situation with anxiety
- Child misses chance to realize their feared outcomes won't really come to pass
- Child misses the chance to build skills for coping with anxiety



## UNHELPFUL

Force or pressure child to face fear before ready

- Can sensitize child to be more fearful



# Helpful Response to Fear: Exposure

In a step-by-step way, practice facing the feared object, activity or situation

- PRACTICE EACH STEP UNTIL ANXIETY DECREASES OR CONFIDENCE INCREASES
- USE REWARDS

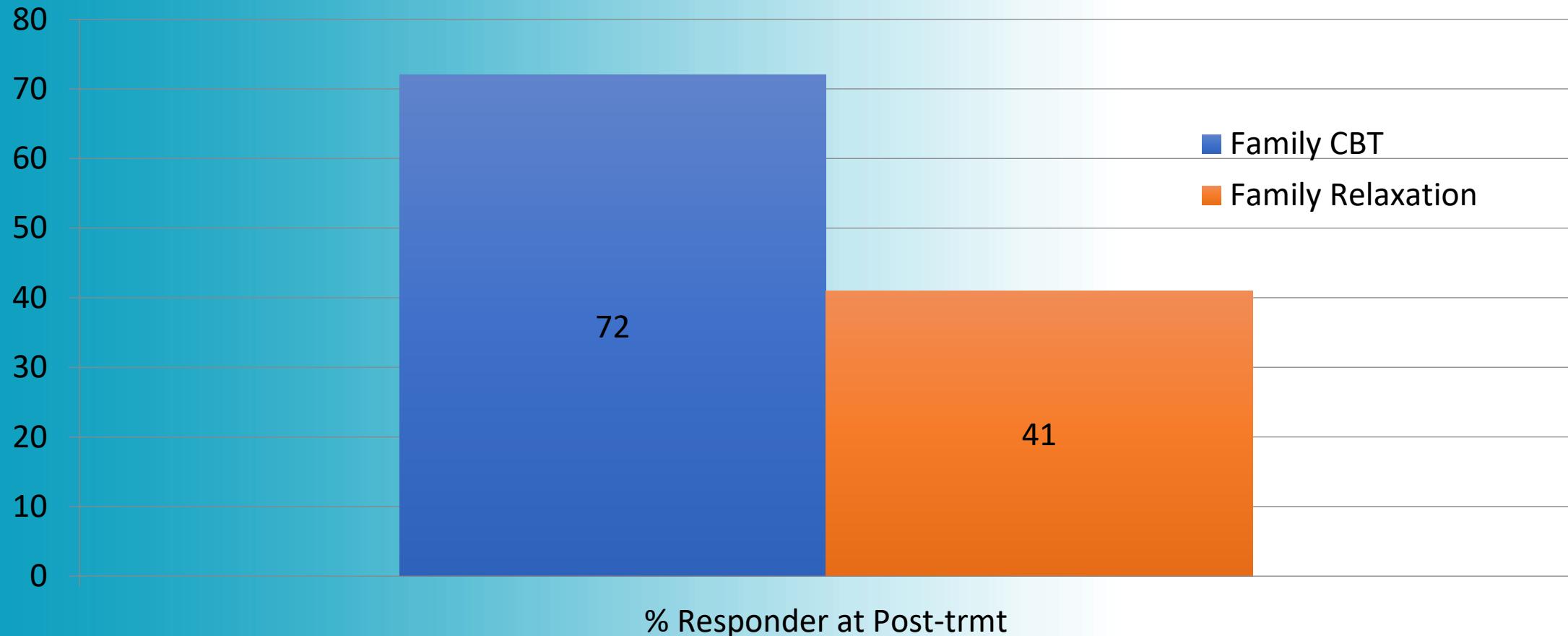




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# Family-Based CBT for OCD in Young Children (Ages 5-8)



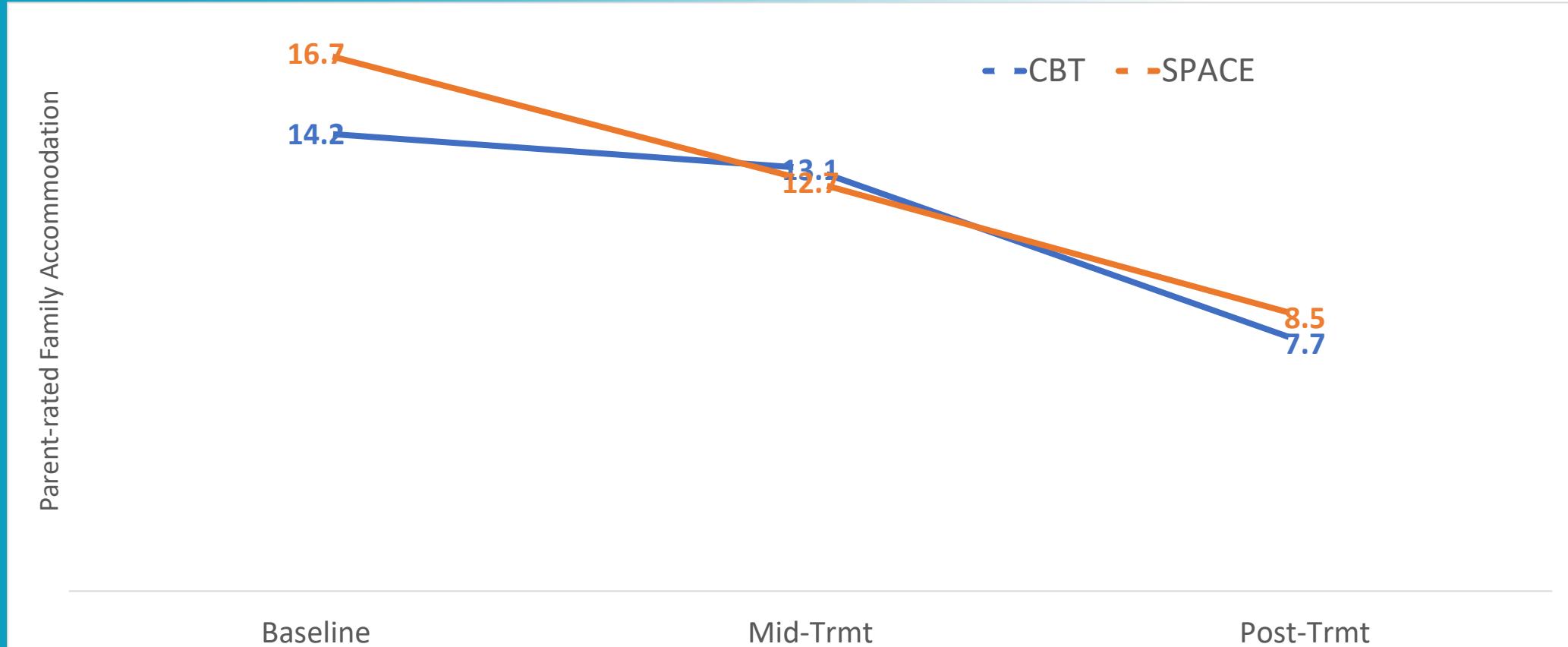
Freeman et al. *JAMA Psychiatry*. 2014;71(6):689–698.

# Efficacy of Supportive Parenting for Anxious Childhood Emotions (SPACE)



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Lebowitz et al. JAACAP. 2020;59:362-72.



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# Resources for Parents

- Books:
  - Chansky, T. Freeing your child from OCD
  - Chansky, T. Freeing your child from anxiety
  - Eisen et al. Helping your child with separation anxiety
  - Rapee, R et al. Helping your anxious child
  - March, J. Talking back to OCD
- Websites:
  - [www.adaa.org](http://www.adaa.org)
  - [www.childanxiety.net](http://www.childanxiety.net)
  - [www.ocfoundation.org](http://www.ocfoundation.org)
  - [www.selectivemutism.org](http://www.selectivemutism.org)